



APPLICATION FOR EMPLOYMENT OR CIVIL SERVICE EXAMINATION

40 MCMASTER STREET, BALLSTON SPA, NY 12020

518-885-2225

www.saratogacountyny.gov

AN EQUAL OPPORTUNITY EMPLOYER WITH AN AFFIRMATIVE ACTION PROGRAM

Number

APPLICATION

Approved

Conditional

Disapproved

APPLICATION FOR EMPLOYMENT: Title of Position

APPLICATION FOR EXAMINATION: Title and #

This application is part of your examination. Please answer all questions completely and accurately. Attach additional sheets if necessary to provide required information. All statements are subject to verification.

1. NAME AND PERMANENT LEGAL RESIDENCE: (Please notify Saratoga County Department of Human Resources in writing of any information changes.)

Last Name First Name M.I. Social Security Number (Required for exam)

Street City State Zip Code

Indicate below your actual permanent address and the length of time you have resided there continuously, up to and including date of this application.

Table with 4 columns: PROVIDE NAME, YEARS, MONTHS. Rows include School District, Village or City, Town of, County of, State of.

NOTE: It is your permanent legal residence that will determine eligibility for examination and appointment. Specific residency requirements are stated on the exam announcement.

2. MAILING ADDRESS:

(If different from above) Street City State Zip Code

3. EMAIL ADDRESS:

4. PHONE NUMBER: () Home () Business () Cell

5. AGE: If applying for the position of Deputy Sheriff, Police Officer, Correction Officer or any other position with minimum or maximum age limits (check exam announcement), please state date of birth:

6. SPECIAL TESTING ARRANGEMENTS:

RELIGIOUS ACCOMMODATION: Most written tests are held on Saturdays. If you cannot take the test on the announced test day due to a conflict with a religious observation or practice, check the space below.

I cannot be tested on the scheduled examination date due to a conflict with a religious observance or practice.

SPECIAL ACCOMMODATIONS IN TESTING: Saratoga County provides reasonable accommodations for individuals with a disability during application, examination, interview and employment. If you need a reasonable accommodation, check the space below and attach a written description of the accommodation sought. Medical documentation is required.

I require special accommodation to take this examination.

OTHER ACCOMMODATIONS NEEDED: If you require accommodation for reasons other than religious or disability, check the box below and attach a written description of the accommodation sought.

I require special accommodation to take this examination.

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7. CHECK APPROPRIATE BOXES:

If you answer YES to any portion of questions 7a-f, provide details on a separate sheet. Your failure to answer these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities. None of the above circumstances represent an automatic bar to employment. Each case is considered and evaluated on individual merit in relation to the duties and responsibilities of the position for which you are applying.

- a. Were you ever discharged from employment for reasons other than lack of work or funds, disability or medical condition? ___ YES _ NO
- b. Did you ever resign rather than face discharge? ___ YES _ NO
- c. Have you ever been convicted of a crime (felony or misdemeanor)? ___ YES ___ NO
- d. Has there ever been a complaint of workplace violence or harassment against you? ___ YES ___ NO
- e. Are you now under charges for any crime? ___ YES ___ NO
- f. Did you ever receive a discharge from the Armed Forces of the United States that was other than "Honorable", or which was issued under other than honorable conditions? ___ YES _ NO
- g. Are you a retiree from New York State or any civil division thereof? ___ YES _ NO
- h. Are you an exempt Volunteer Fireman? ___ YES NO

8. VETERANS CREDITS: Veteran's credits can be applied for on all examinations but may be used only once. You may not claim additional credits after the eligible list has been established. Any candidate who applies for such credit must submit a copy of DD214 with application.

Do you claim additional credits on this examination as an honorably discharged veteran?

NO -- Please go to Question 9

___ YES -- AS A DISABLED WAR VETERAN ___ YES -- AS A NON-DISABLED WAR VETERAN

___ YES ___ NO Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?

COMPLETE THE REMAINDER OF THIS SECTION IF YOU:

- 1. Wish to claim War Time Veterans Credits, AND
- 2. Have NOT used veteran's credits for appointment to a position in NY State or its civil divisions.

EXTRA CREDITS FOR WAR TIME VETERANS -- Your answers must be "YES" to be eligible for additional credits

___ YES ___ NO I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in service of the United States pursuant to call as provided by law, on a **full-time active duty other than active duty for training purposes.**

___ YES ___ NO I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

In the Armed Forces:

- December 7, 1941 – December 31, 1946;
- June 27, 1950 – January 31, 1955;
- February 28, 1961 – May 7, 1975;
- August 2, 1990 to the date when the Persian Gulf hostilities end.

Or earned the Armed Forces, Navy or Marine Corps Expeditionary medal for service in:

- Granada: October 23, 1983 - November 21, 1983;
- Lebanon: June 1, 1983 – December 1, 1987;
- Panama: December 20, 1989 – January 31, 1990.

Or in the U.S. Public Health Service:

- July 29, 1945 - December 31, 1946;
- June 27, 1950 - July 3, 1952.

___ YES ___ NO I am a United States citizen or an alien lawfully admitted for permanent residence.

___ YES ___ NO I am a New York resident.

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9. STUDENT LOANS:

Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation? ___ NO ___ YES

10. YOUR EDUCATION: Read the exam announcement for educational requirements. Send a copy of your transcript **only** if required by the announcement.

Have you graduated from High School? ___ NO ___ YES

Name and Location of High School _____

If you have a High School Equivalency Diploma, indicate: Issuing Government Authority _____

Number _____

Date of Issue _____

| College, University, Professional or Technical Schools: | Major subject or type of course | Did you graduate? | If you did not graduate, number of college credits | If graduated, type of degree received | Date degree received or expected |
|---|---------------------------------|-------------------|--|---------------------------------------|----------------------------------|
| Name of School & City in which located | | YES NO | | | Mo. / Yr. |
| Name of School & City in which located | | YES NO | | | Mo. / Yr. |
| Name of School & City in which located | | YES NO | | | Mo. / Yr. |
| Name of School & City in which located | | YES NO | | | Mo. / Yr. |

11. LICENSE OR CERTIFICATION:

If required on the announcement, do you have a valid license to operate a motor vehicle in New York State?

___ NO ___ YES License Number: _____ Expiration Date: _____

Class of License: _____ Endorsements: _____ Restrictions: _____

Complete the following if a license, certificate or other authority to practice a trade or profession is required on the announcement(s).

| Trade or Profession | License Number | Date License First Issued | Registration | | | | If you are not currently licensed, check this |
|---------------------|----------------|-------------------------------|--------------|-----|------------|-----|---|
| | | | Mo. | Yr. | Mo. | Yr. | |
| Specialty | | | From | / | to | / | |
| | | Granted by (Licensing agency) | | | City/State | | |

The County of Saratoga does not discriminate because of age, race, creed, color, citizenship, national origin, sex, religion, marital status, criminal record, disability, limited English proficiency, low income status, political affiliation, genetic predisposition or carrier status, domestic violence victim status, pregnancy or sexual orientation.

NOTE: Federal Law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S. and to provide for review certain documents establishing your identity and work authorization, such as birth certificates, etc.

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12. EXPERIENCE: You must complete this section whether or not you submit a resume. Describe any employment, volunteer experience or military experience that qualifies you for the position sought. Begin with your most recent experience first and work backwards consecutively to your first position. Applicants may be required to furnish satisfactory proof of experience claimed. **A resume is NOT a substitute.**

| | | | |
|--|------------------|------------|--|
| Length of Employment From: Mo. Yr. To: Mo. Yr. | Name of Employer | Address | City and State |
| Earnings: \$ per ___ Wk _ Mo _ Yr Ave. hours per week: | Type of Business | Your Title | Name/Title/email or phone Information of Supervisor |
| Reason for leaving | Duties: | | |

| | | | |
|--|------------------|------------|--|
| Length of Employment From: Mo. Yr. To: Mo. Yr. | Name of Employer | Address | City and State |
| Earnings: \$ per _ Wk ___ Mo _ Yr Ave. hours per week: | Type of Business | Your Title | Name/Title/email or phone Information of Supervisor |
| Reason for leaving | Duties: | | |

| | | | |
|---|------------------|------------|--|
| Length of Employment From: Mo. Yr. To: Mo. Yr. | Name of Employer | Address | City and State |
| Earnings: \$ per Wk Mo Yr Ave hours per week: | Type of Business | Your Title | Name/Title/email or phone Information of Supervisor |
| Reason for leaving | Duties: | | |

13. REFERENCES: Do you have any objection to our contacting present or past employers to verify above?
 ___ NO ___ YES If yes, comment _____

Please print any other surnames (last names) by which you are or have been known: _____

DECLARATION: I declare, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature of Applicant

Date