

6. Check appropriate box to the right of each question:
- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? **YES NO**
- B. Did you ever resign from any employment rather than face dismissal? **YES NO**
- C. Did you ever receive a dishonorable discharge from the Armed Forces of the United States? **YES NO**
- D. Except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of an offense against the law, or are now under charges for any offense against the law? **YES NO**
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge? **YES NO**
- F. Are you now under charges for any crime? **YES NO**

If you answered "YES" to any of the questions above, give specifics below or on an additional sheet. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

7. Do you have a New York State Driver's License? **YES NO**
- Class: _____
- Date of Expiration: _____

8. Cross-Filing: If you cross-file for an exam with more than one civil service agency, you must notify each agency so that arrangements can be made for you to take a single written test for all jurisdictions for which you apply. Please indicate the names of the jurisdictions where other applications have been filed **and** the location where you wish to take this test. Failure to notify each agency may result in disqualification from one or more examinations in the series.

9. If you are an applicant for an examination, you **MUST** answer the following questions required by Section 50-b of the NYS Civil Service Law.

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? **YES NO**
2. If so, are you presently in default on any such loan? **YES NO**

VETERANS' CREDITS

10. If, for this examination, you wish to claim additional credits as an honorably discharged veteran, check the appropriate box below and answer questions A-D below:

- DISABLED WAR VETERAN
 NON-DISABLED WAR VETERAN

Answer questions A-E **ONLY** if you are claiming additional credits as a disabled or non-disabled veteran for the examination(s) indicated on this application.

- A. Have you ever served in the Armed Forces of the United States? **YES NO**
 (The "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 the service of the United States pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes.)
- B. If "YES" did you receive a DISHONORABLE discharge? **YES NO**
- C. Did you serve in the Armed Forces of the United States during any of the following periods? **YES NO**
- Dec. 7, 1941 to Dec. 31, 1946; June 27, 1950 to Jan. 31, 1955; Dec. 22, 1961 to May 7, 1975; Aug. 2, 1990 to the date upon which the Persian Gulf Conflict ends.
 - U.S. Public Health Service: July 29, 1945 to Sept. 2, 1945 or June 26, 1950 to July 3, 1952.
 - The Armed Forces expeditionary medal, Navy expeditionary medal, or Marine Corps expeditionary medal for: Hostilities in Lebanon: June 1, 1983 to Dec. 1 1987; Hostilities in Grenada: Oct. 23, 1983 to Nov. 21, 1983; Hostilities in Panama: Dec. 20, 1989 to Jan. 31, 1990.
- D. Since January 1, 1951, have you 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? If yes, name agency that established list:

NOTE: All claims and grants of veterans credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material mis-statement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material mis-statement or fraud.

11. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? **YES NO**
 (Non-citizens may be required to produce I-141 or I-551 Alien Registration Cards at time of appointment.)
12. Are you an exempt volunteer firefighter? **YES NO**

AN EQUAL OPPORTUNITY EMPLOYER

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL, ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

THE IMMIGRATION CONTROL AND REFORM ACT OF 1986 REQUIRES THAT EMPLOYERS HIRE ONLY UNITED STATES CITIZENS AND ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. NEW EMPLOYEES ARE REQUIRED UNDER THE ACT TO PROVIDE PROOF OF WORK ELIGIBILITY.

Length of Employment	Firm Name	Address	City and State
From: _____ To: _____ Mo. ____ Yr. ____ Mo. ____ Yr. ____			
Exact Title	Describe Duties: (550 Character limit)		
Name of Your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

Length of Employment	Firm Name	Address	City and State
From: _____ To: _____ Mo. ____ Yr. ____ Mo. ____ Yr. ____			
Exact Title	Describe Duties: (550 Character limit)		
Name of Your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

Length of Employment	Firm Name	Address	City and State
From: _____ To: _____ Mo. ____ Yr. ____ Mo. ____ Yr. ____			
Exact Title	Describe Duties: (550 Character limit)		
Name of Your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

16. Have you any objections to our contacting your previous or current employers? YES NO

Explain: (500 Character limit)

17. **THIS AFFIRMATION MUST BE COMPLETED**

An unsigned application will result in its disapproval.

I affirm that the statements made on the application (including any attached papers) are true under the penalties of perjury. I authorize investigation of all matters contained in this application.

Signature of Applicant

Date

If any additional information relative to change of name, use of an assumed name or nickname is necessary to enable a check on your work record, explain below:
