Fee Received:	RENSSELAER COUNTY CIVIL SERVICE COMMISSION		Recommen	ndation:
Amount			Approved by:	
Check	1600 SEVENTH AVENUE, TROY, NEW YORK 1	2180	Disapproved by:	
MORec'd by:		:	m MSD 330 (REVISEI	3 -04)
necessary in order to	part of your examination. ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in ink of give complete and detailed information. Most written test are held on Saturdays. If you cannot take ious observance or practice, check the box under "Religious Accommodation." We will make arrange to the same process.	ke the test	on the announced test d	ate due to
1. Social Se	ecurity Number:	_		
2. Name :(I	.ast,First,Middle)	Phone#	‡	
Address: _				
Email add	ress	_ (option	nal)	
	Immediate Notice should be given if any changes in address before or aft	or ovom	ination	
	your actual permanent legal residence and indicate for how long you have resided uously, up to and including date of this application:	there		
		Years	Months	
	Village of:			
Town				
County State of				
	of School District			
4 CHECK	APPROPRIATE BOX TO THE RIGHT OF EACH QUESTION.			
CHECI	THE MODILINE BOTH TO THE MONT OF EACH QUESTION.	Yes	No	
A.	Were you ever dismissed or discharged from any employment for			
	reasons other than lack of work or funds?			
В.	Did you ever resign from an employment rather than face dismissal?			
C.	Have you ever received an Dishonorable Discharge from the			
C.	Armed Forces of the United States?	_	_	
		Ш		
D.	Have you ever been convicted of any crime (felony or misdemeanor)?			
		1 1	1 1	

If you answered "Yes" to any of the questions A-F above, attach an additional sheet giving complete details.

		Yes	No
5.	Are you currently a U. S. citizen?		

Are you now under charges for any crime?

Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?

E.

F.

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant	Date

6. 3	SERVICE IN ARMED FORCES:	Yes	No			
(A)	Have you ever served in the armed forces of the US?					
(B)	Date of entry into active service:					
(C)	Date of discharge:					
(D)	Service serial number:					
(E)	Have you ever received a permanent original appointment or a permanent promotion in the civil service of the state or any city or civil division thereof from an eligible list on which you were allowed additional credits as an honorably discharged veteran?		Yes	No		
7.	VETERANS CREDIT:					
	Do you claim additional credits as an honorable discha	rged wai	r veteran'	Che	eck One	
	(A) Yes, as a Non-disabled war veteran(B) Yes, as a Disabled war veteran(C) No]]]		
	If you claim veteran's credits, you must submit discha	rge or se	eparation	papers	with this application.	
8.	RELIGIOUS ACCOMMODATION:					
	Check if you desire special arrangements because of a Observer (For religious reasons cannot be tested on Sa			Yes	No 🖂	
9.	Check if you are Handicapped Person requiring special (Submit a statement describing the type of accommodal)					
10.	Have you any loans made or guaranteed the New York Education Services Corporation which are currently or					
RACE, APPLIC SPECIF	EW YORK STATE OF HUMAN RIGHTS LAW PROI CREED, COLOR, NATIONAL ORIGIN, SEX, DISABI CATION FORM SHOULD BE VIEWED AS EX ICATION OR DISCRIMINATION AS TO AGE, RAG AL STATUS IN CONNECTION WITH EMPLOYMENT	LITY OF PRESSI CE, CRE	R MARIT NG DIR EED, CO	AL ST ECTLY LOR, 1	CATUS ACCORDINGLY. NOTHING IN Y OR INDIRECTLY, ANY LIMITA NATIONAL ORIGIN, SEX, DISABILIT	THIS TION, Y OR
HISTOI FOR A	GROUND INVESTIGATION: APPLICANTS MAY BE RY BACKGROUND INVESTIGATION, WHICH WILL PPOINTMENT. FAILURE TO MEET THE STANDAR ALIFICATION.	L INCLU	JDE FIN	GERPR	RINT CHECK, TO DETERMIN SUITAE	ILITY
	NONE OF THE ABOVE CIRCUMSTANCES REPRESENT AN AU AND EVALUATED ON INDIVIDULE MERITS IN RELATION TO WHICH YOU ARE APPLYING.					
11.	EDUCATION:			• •		
	Have you received a High School Diploma?			Yes	No	
	If yes, Name and Location of High School:					
	If no, have you received a General Equivalency Diplo	oma (G.F	E.D.)?			
	If you have a high school equivalency diploma, indica	ate issuii	ng Gover	nmenta	al Agency.	
	Number Date CV				P	2 c£ 4
	Number: Date of Issue:				Page	2 of 4

	ocation	Course or	· ·	Credits Completed	Degree/Certif. Recv'd
13. LICENSE/CERTIFICATION	N:				
Do you have a license, certification pe				rade or Profession?	Yes No
Name of trade or profession	:	Lice	nse/Certificate	Number:	
Licensing Agency:		Lice	ensed from:	to:	
14. If required on the announcen	nent, do you	have a valid licen	se to operate a	motor vehicle in New	York State? YesNo
15. EXPERIENCE: Describe u experience that tends to qual beginning with your most rerequired to furnish satisfacto	ify you for t cent employ	he position and as ment and work ba	far as possible ckward to con	e every other employm	ent including service
Length of Employment: From	to	Firm Name:		Address:	
Type of Business:		Your Title:		Immediate Superv	visors Name:
Description of Duties:					
Reason for leaving:			Salary:	Hours wo	orked per week
Length of Employment: From	to	Firm Name:		Address:	
Type of Business:		Your Title:		Immediate Superv	visors Name:
Description of Duties:					
Reason for leaving:			Salary:	Hours wo	orked per week
Length of Employment: From	to	Firm Name:		Address:	
Type of Business:		Your Title:		Immediate Superv	visors Name:
Description of Duties:					
Reason for leaving:			Salary:	Hours we	orked per week

12. EDUCATION ABOVE HIGH SCHOOL LEVEL:

Please use this sheet for any additional information you may need to provide.
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