SARATOGA SPRINGS MUNICIPAL CIVIL SERVICE COMMISSION
Directions for completion of application form

The following information is mandatory. If the information required is not stated on the application form, the application will be *automatically disapproved* as incomplete.

Complete position title - sport you are seeking employment

Section #1 Name and address: Post office box number will not be accepted without a street address

Telephone number: Home number mandatory

Section #2 Social Security number required for background check

Section #3 Date of Birth required for background check

Section #4 Veteran's Credits: Section 4 and 9 if requesting veteran credits
This is only for those who have served on active duty in the Military Service

Section #6 Citizenship

Section #7 Residency: length of time you have resided at the address stated on the application

PAGE #2 **Education**: Complete name of high school including City, State, year graduated.
Attach a copy of GED

IF still in school, please indicate your current grade level

PAGES 2 & 3 **EXPERIENCE**:

Describe in detail the sports you have played (school, travel, team) relevant to the position for which you are applying. To the best of your ability, indicate the number of years that you have played the sport.

PAGE #4 Read instructions and information

The application form is part of the appointment process. Completion of the application form indicates whether the applicant is able to read and follow directions.

Everyone who will come into contact with children must be vetted through DCJS. Your name and social security number will be sent to the Department of Criminal Justice for approval.

Applicants 15, 16, 17 years of age must provide this office working papers (original) prior to the start date. The working papers will be kept on file for the duration of employment. The working papers will be returned to the issuing agency at the end of your employment with the City of Saratoga Springs.

The City of Saratoga Springs does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

City of Saratoga Springs Municipal Civil Service Commission

5 Lake Avenue Room 5A

Saratoga Springs, New York 12866-2366

Applications being accepted for Recreation programs/clinic

CANDIDATES MUST BE AT LEAST 15 years of age AT TIME OF APPLICATION

If you are interested in employment with the Department of Recreation, please submit an original application form to the Civil Service Commission office. **Faxed applications will not be accepted.**

Salaries vary with sport program/clinic as approved by the City of Saratoga Springs City Council

Please indicate with a check the positions for which you are interested in applying:

Accepting applications for the following:

_____Cheerleading clinics

_____Skate park

_____Skate Guard

_____Senior Skate Guard

_____Skate Guard Supervisor

_____Referee

_____Laborer

_____Sports Programs Coordinator

_____Sports Program Instructor

_____Sports Program Assistant

_____ Basketball program/clinic

_____Hall Monitor

_____Volleyball clinic ____winter ____summer

_____Baseball clinic

_____Field Hockey clinic

_____Softball clinic

_____ LaCrosse program/clinics

_____ Tennis clinics

_____ Ice Rink (Skate Guard)

_____Skating Program Coordinator

_____Skating Program Assistant

_____Skating Program Instructor

_____Soccer program/clinic

_____Reception desk

Applicants' name and social security number will be submitted to the Department of Criminal Justice for approval.

You may obtain further information from the Saratoga Springs Municipal Civil Service Commission between the hours of 9:00am and 4:30pm Monday through Friday or check the Civil Service link on the City's web site located at www.saratoga-springs.org Click on job postings. The application can be printed from the web site, completed and returned to the Civil Service Commission office. The application cannot be completed on the web.

Mail or bring the completed application form to the Civil Service Commission office. The Civil Service Commission will not accept e-mail or faxed applications. The original application with an original signature must be submitted to the civil service office.

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ATTACH THIS FORM TO THE APPLICATION

APPLICATION FOR EXAMINATION / EMPLOYMENT

SARATOGA SPRINGS MUNICIPAL CIVIL SERVICE COMMISSION

5 Lake Avenue Room 5A (City Hall)
Saratoga Springs, New York 12866-2366
(518) 587-3550 x2602

Identify position title and examination number
(see examination announcement)

1. This application is part of your examination. An applicant must answer every question on this application form and submit a correct and complete application before the filing deadline. An incomplete application will be disapproved. A résumé will not be accepted in place of a completed application.
2. The correct examination fee must be submitted with the application. Examination fees will not be accepted after the filing deadline. See "Examination Fee" instructions on the examination announcement. A candidate who is currently unemployed or on public assistance may be eligible for an **Application Fee Waiver** . Please refer to the Application Fee Waiver form attached to the examination announcement for which you are applying.
3. Print all answers in ink.

1. NAME AND CURRENT LEGAL ADDRESS

TELEPHONE: home) _____ _ work) _____

2. SOCIAL SECURITY NUMBER:

3. BIRTHDATE:

4. VETERAN'S CREDITS: If you wish to claim additional credits as an honorably discharged veteran, check the appropriate box below and complete Section 9.

_____ Disabled Veteran _____ Non-Disabled Veteran

5. SPECIAL ARRANGEMENTS: See instruction page

____ Military Member ____ Disabled Person

___ Religious Accommodations

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

7. Identify how long you have continually resided at the address stated above up to and including the date of this application.

	Name	YEARS	MONTHS
SCHOOL DISTRICT:			
CITY, VILLAGE, TOWN:			
COUNTY:			

CIVIL SERVICE USE ONLY: Application received: _____

____ Examination Fee _____ Fee Waiver _____ Residency Verification

APPLICATION: ____ Approved ____ Disapproved ____ Conditional

approval

8. Check the appropriate response to each question.

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

Have you ever been convicted of any crime?
(felony or misdemeanor) YES _____ NO _____

Are you now under charges for any crime? YES _____ NO _____

Have you ever been discharged from any employment except for lack of work or funds, disability or medical condition? Did you ever resign from any employment rather than face discharge?
YES____ NO_____

9. Answer only if you are claiming additional credits as a disabled or non-disabled Veteran for the examination(s) indicated on this application. Be sure that you read the instructions relating to "Veteran's Credits" and have claimed these credits in question 4.

Have you ever served in the Armed Forces of the United States? (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.
YES _____ NO _____

Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions? YES _____ NO _____

I served on an "active duty" basis, other than active duty for training purposes, during one or more of the following "time of war" periods:

December 7, 1941	to	December 31, 1946
June 27, 1950	to	January 31, 1955
February 28, 1961	to	May 7, 1975
August 2, 1990	to	Persian Gulf Hostilities end

Or, earned the Armed Forces, Navy or Marine Corps expeditionary medal for service during:

June 1, 1983	to	December 1, 1987
October 23, 1983	to	November 21, 1983
December 20, 1989	to	January 31, 1990

YES ____ NO ____

Are you currently a resident of New York State? YES ____ NO ____

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?
YES ____NO ____

All Statements are Subject to Verification

I affirm under penalties of perjury that all statements made on this application (including any attached documents) are true. I understand that all statements made by me in connection with the application (including background documents) are subject to investigation and verification andthat a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

_____

Signature of applicant Date

_____ Indicate any other name by which you have been known

APPLICATION FOR EXAMINATION / EMPLOYMENT (PAGE 2)

EDUCATION: Fully complete **including name, address and year graduated** . If credit is claimed for a partially completed college curriculum or correspondence course, attach a course list, credit or semester hours completed, and indicate the number of credit hours/courses required for graduation. If required to indicate specific course work, you may do so on an attached sheet. Do not send a transcript unless requested. A vague or incomplete application will not be interpreted in the candidate's favor.

HIGH SCHOOL _____ YEAR GRADUATED _____

ADDRESS _____

GED _____ CERTIFICATE NUMBER _____ DATE _____
(attach copy)

TRADE/PROFESSIONAL SCHOOL _____ GRADUATED _____

ADDRESS: _____ MAJOR _____

COLLEGE OR UNIVERSITY _____ GRADUATED _____ DEGREE _____

ADDRESS _____ MAJOR _____

COLLEGE OR UNIVERSITY _____ GRADUATED _____ DEGREE _____

ADDRESS _____ MAJOR _____

IF DID NOT GRADUATE, YEARS ATTENDED _____ MAJOR _____ CREDITS _____

LICENSES: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement or is necessary for the performance of the duties of the position for which you are applying, complete the following and submit a copy of the license and/or certificate.

NAME OF TRADE OR PROFESSION _____ LICENSE/CERTIFICATE NUMBER _____

LICENSING AGENCY _____ SPECIALTY _____

DATE ISSUED _____ DATE EXPIRES _____

DO YOU HAVE A VALID NYS DRIVER 'S LICENSE? YES _____ NO _____ NUMBER & EXPIRATION DATE _____

EXPERIENCE: Describe in detail all duties you performed that shows you meet the minimum qualifications of the position /examination for which you are applying. Describe the nature of the work personally performed by you with estimated percentage of time on each type of work. **Unless otherwise stated internships, unpaid or volunteer experience is not accepted**. You may attach a resume but a resume will not be accepted in place of a completed application form.

LENGTH OF EMPLOYMENT: MONTH/YEAR FROM: _____ TO: _____	NAME AND ADDRESS OF FIRM (include street and state) _____ _____
NAME OF SUPERVISOR: _____	YOUR EXACT TITLE: _____
TYPE OF BUSINESS: _____ No. hours worked per week: _____ Salary_____	DESCRIBE DUTIES/ RESPONSIBILITIES: FULL TIME PAID EXPERIENCE _____ _____ _____ _____ _____

APPLICATION FOR EXAMINATION / EMPLOYMENT (PAGE 3)

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

All statements made in connection with this application are subject to investigation and verification; a material misstatement or fraud may be grounds to disqualify an applicant from appointment and/or lead to revocation of appointment. Applicants must answer every question on this application and submit a correct and complete application before the filing deadline. An incomplete or vague application will automatically be disapproved. A résumé will not be accepted in place of a completed application. Print all answers in ink.

EXPERIENCE: (CONTINUED)

LENGTH OF EMPLOYMENT: MONTH/YEAR FROM _____ To: _____	NAME AND ADDRESS OF FIRM (include street and state) _____ _____
NAME OF SUPERVISOR: _____	YOUR EXACT TITLE: _____
TYPE OF BUSINESS: _____ No. hours worked per week: _____ Salary_____	DESCRIBE DUTIES / RESPONSIBILITIES: FULL TIME PAID EXPERIENCE _____ _____ _____ _____ _____

LENGTH OF EMPLOYMENT: MONTH/YEAR FROM: _____ To: _____	NAME AND ADDRESS OF FIRM (include street and state) _____ _____
NAME OF SUPERVISOR: _____	YOUR EXACT TITLE: _____
TYPE OF BUSINESS: _____ No. hours worked per week: _____ Salary_____	DESCRIBE DUTIES / RESPONSIBILITIES: FULL TIME PAID EXPERIENCE _____ _____ _____ _____ _____

LENGTH OF EMPLOYMENT: MONTH/YEAR FROM: _____ To: _____	NAME AND ADDRESS OF FIRM (include street and state) _____ _____
NAME OF SUPERVISOR: _____	YOUR EXACT TITLE: _____
TYPE OF BUSINESS: _____ No. hours worked per week: _____ Salary_____	DESCRIBE DUTIES / RESPONSIBILITIES: FULL TIME PAID EXPERIENCE _____ _____ _____ _____ _____

APPLICATION INSTRUCTIONS AND ADDITIONAL INFORMATION

EXAMINATION ANNOUNCEMENT: Carefully read the examination announcement before filling out your application. A résumé will not be accepted in place of a completed application. When completing your application be sure to enter the examination number and title on the front sheet – top left. The ***original*** application must be submitted. A candidate who is currently unemployed or on public assistance may be eligible for an **Application Fee Waiver**. Please refer to the **Application Fee Waiver** form attached to the examination announcement for which you are applying.

EXAMINATION ADMISSION: Do not interpret a notice to appear for, or actual participation in, the examination as an indication that you fully meet the announced requirements. Depending on the time available before an examination, applicants may be admitted on the basis of statements made on the application or conditionally admitted without prior review of the application. Under these circumstances, candidates not meeting the requirements will be disqualified and notified of such disqualification. Candidates subsequently disqualified after taking the test will not be notified of their score.

SPECIAL ARRANGEMENTS: If you need special arrangements because you are an Active Military member who can not be tested on the date of examination, or a Disabled Person requiring special arrangements in order to participate in the examination, you must check the appropriate statement in Section 5 and indicate the special arrangements that you require on a separate sheet. Your request must be received in the Civil Service Commission office two weeks prior to the examination date.

If you cannot take the test on the announced test date due to a conflict with a **RELIGIOUS OBSERVANCE OR PRACTICE**, check the appropriate statement in Section 5. The Civil Service Commission will make arrangements for you to take the test on the following work day. (Monday after the Saturday exam)

It is the policy of the City of Saratoga Springs Municipal Civil Service Commission to provide accommodations in testing to individuals with disabilities and religious observers and to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability or marital status.

MULTIPLE EXAMINATIONS – SAME TEST DATE: If you have applied for any other civil service examinations to be given on the same test date for employment with New York State or any other local government jurisdiction excluding New York City, you must make arrangements two weeks before the examination date to take all the examinations at one test site. You must contact each applicable civil service agency to make arrangements and notify all civil service agencies of the chosen test site.

VETERAN'S CREDITS: If you are making a claim for veteran's credits with this application, read the following information very carefully:

If you are claiming additional credits as a disabled or non-disabled war veteran, you must check the appropriate category in question 4 and answer all questions in Section 9. Failure to do so accurately and completely may result in a denial of your claim.

If you are on active duty, you may request the addition of veteran's credits to your examination score in Section 9. The credits will be added automatically if you pass the examination. To use the extra credits at the time of appointment, you must have received an honorable discharge, be a United States Citizen, and be a resident of New York State. The extra credits can only be used for one New York local government or New York State government permanent appointment.

If you are claiming credits as a disabled war veteran, you must in addition to meeting the requirements as indicated in Section 9 be certified by the Veteran's Administration as entitled to receive payments for a service-connected disability rated at 10% or more incurred during a "time of war."

Persons claiming credits as disabled war veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veteran's 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 of the documents needed for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by the Civil Service Commission. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointments on which you have been granted additional credits as a result of such material misstatement or fraud.

An applicant has two months from the filing date deadline (indicated on the examination announcement) to submit the required information. No veteran credits will be awarded after the eligible list has been established. It is the applicant's responsibility to submit the required information within the appropriate time period.

ADDRESS CHANGE: It is the responsibility of the candidate to notify the Saratoga Springs Municipal Civil Service Commission immediately of any change of address. When writing, give your social security number and the number, title, and date of the examination. The Civil Service Commission will not make any attempt to locate candidates that have changed address without proper notification.