

**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 x 2602 [www.saratoga-springs.org](http://www.saratoga-springs.org)

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) \_\_\_\_\_ (cell) \_\_\_\_\_

2. EMAIL ADDRESS: \_\_\_\_\_

3. SOCIAL SECURITY #: \_\_\_\_\_ Birth date: \_\_\_\_\_

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.

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 and that 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. Verification of foreign education will be required.

HIGH SCHOOL \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

GED \_\_\_\_\_ CERTIFICATE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
 (attach copy)

TRADE/PROFESSIONAL SCHOOL \_\_\_\_\_ GRADUATED \_\_\_\_\_  
 CITY/STATE: \_\_\_\_\_ MAJOR \_\_\_\_\_

COLLEGE OR UNIVERSITY \_\_\_\_\_ GRADUATED \_\_\_\_\_ DEGREE \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ MAJOR \_\_\_\_\_

COLLEGE OR UNIVERSITY \_\_\_\_\_ GRADUATED \_\_\_\_\_ DEGREE \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ 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:** Beginning with your most recent, list all employment, military service experience that shows you meet the minimum qualifications for the examination(s) or position for which you are applying. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do not send your resume. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of the supervision. Unless otherwise stated internships, unpaid, or volunteer experience is not accepted

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 _____ _____ _____

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION**

**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 may 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. An **original** application must be submitted for each separately numbered examination. 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 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 your preferred 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.