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APPLICATION FOR EXAMINATION / EMPLOYMENT

The City of Saratoga Springs Civil Service Commission

5 Lake Avenue Room 5A (City Hall)

Saratoga Springs, NY 12866-2366

(518) 587-3550 ext. 2602 www.saratoga-springs.org

The City of Saratoga Springs is an Equal Opportunity Employer. The City does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.

This application will be part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions listed on the Examination Announcement for more information.

Position / Exam Title		Exam #	N/A
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Last Name		First Name		MI	
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Soc. Sec. # Recreation Applicants Only		Police Officer & Firefighter Candidates Only - Enter Date of Birth	Month	Day	Year
			N/A	N/A	N/A

Are you 18 years of age or older?	Yes	No
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PERMANENT LEGAL ADDRESS, CONTACT INFORMATION AND RESIDENCY REQUIREMENTS

Street Address					
P.O. Box (if applicable)					
City, Town or Village		State		Zip	
Phone Number	Home		Cell		
Email					

Residency Requirements: Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these Residency Requirements. If there is no Residency Requirement listed on the announcement, you do not have to complete this section.

Jurisdiction	Name of Jurisdiction	As of the date of this application, have you legally resided in this jurisdiction for one (1) month or more?	
		YES / NO	If "No"- list the date you will meet this one-month residency requirement.
Village			
Town			
City			
County			

CITIZENSHIP / ELIGIBILITY FOR EMPLOYMENT: Before you can be employed in any position, you will be required to produce documents that establish your identity and your eligibility to be employed in the United States.

Examination Fee _____	CIVIL SERVICE USE ONLY	Fee Waived _____		
Application Approved _____		Disapproved _____	Conditional	Approval

Special Testing Arrangements (Refer to General Conditions and Instructions listed on the Examination Announcement). If you need a special arrangement or accommodation to take the examination, check below and contact the Civil Service Office at (518) 587-3550 ext. 2602. **I need a special testing arrangements _____**

VETERANS CREDITS

If you wish to apply for Veterans Credits, complete the following and attach a copy of your DD Form 214 Member 4. (Refer to General Conditions and Instructions). If “No” skip this section.	Yes	No
Have you ever served in the Armed Forces of the United States? <i>(The Armed Forces 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 US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).</i>		
Did you serve in the Armed Forces during any of the following periods:		
February 28, 1961 – May 7, 1975		
August 2, 1990 – end of hostilities		
*Lebanon: June 1, 1983 – December 1, 1987		
*Granada: October 23, 1983 – November 21, 1983		
*Panama: December 20, 1989 – January 31, 1990		
<i>*Credit for Lebanon, Grenada and Panama is limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.</i>		
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?		
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the Veterans Affairs Dept.?		
Are you currently a resident of New York State?		

DRIVER’S LICENSE

Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License Number	N/A	Restrictions	N/A			
Expiration Date	N/A	Endorsements	N/A			
Class of License	N/A	Is this License Currently Valid?	Yes		No	

ADDITIONAL QUESTIONS

Check the appropriate box to the right of each question.	Yes	No
a. Were you dismissed or discharged from any employment for reasons other than lack of work or funds or medical reasons?		
b. Did you ever resign from any employment rather than face dismissal?		
c. Did you ever receive a discharge from the Armed Forces of the United States which was other than “Honorable” or which was issued under the other than honorable circumstances?		
d. Have you ever been convicted of any crime (felony or misdemeanor)?		
e. Are you now under charges for any crime?		

If you answered “Yes” to any of the above questions (a – e), you may give specifics under Remarks below. If you elect not to provide specifics or if such explanation is insufficient, you may be required to submit further information. **None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position(s) for which you are applying.**

REMARKS: _____

EDUCATION

High School		YES	NO
Have you Graduated from High School or do you have possession of a High School Equivalency Diploma?			
If "Yes", City and State of High School:			
Equivalency Diploma Number			

College, University, Professional or Technical School						
Name of School	Number of College Credits Received	Type of Degree Earned	Major Subject or Type of Course	Did You Graduate?		Date Degree Expected or Received
				YES	NO	

LICENSE OR CERTIFICATION

Complete the following if a License, Certification or other authorization to practice a trade or profession is required on the examination announcement for the position for which you are applying.

Name of Trade or Profession:		Specialty	
License Number:			
Granted by (Licensing Agency):		City/State	
Date License First Issued:		Registered From:	Registered To:

EXPERIENCE

All sections must be filled out completely even if you attach a resume. *Approval of your application is dependent upon the information provided on this application.* Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties* clearly describe the nature of work which you personally performed. Verified and documented volunteer experience will only be credited when specifically stated on the examination or vacancy announcement. You may attach additional sheets if you need more space.

Length of Employment		Firm Name:	
From: Month and Year		To: Month and Year	
		Firm Address:	
Earnings (complete one)		DESCRIPTION OF DUTIES	
Hourly			
Annual			
Your Exact Title			
Name of Your Supervisor			
Hours worked / wk. (exclusive of overtime)			
Reason for Leaving			

Length of Employment			Firm Name:	
From: Month and Year		To: Month and Year	Firm Address:	
Earnings (complete one)			DESCRIPTION OF DUTIES	
Hourly				
Annual				
Your Exact Title				
Name of Your Supervisor				
Hours worked / wk. (exclusive of overtime)				
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Length of Employment			Firm Name:	
From: Month and Year		To: Month and Year	Firm Address:	
Earnings (complete one)			DESCRIPTION OF DUTIES	
Hourly				
Annual				
Your Exact Title				
Name of Your Supervisor				
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From: Month and Year		To: Month and Year	Firm Address:	
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Hourly				
Annual				
Your Exact Title				
Name of Your Supervisor				
Hours worked / wk. (exclusive of overtime)				
Reason for Leaving				

AFFIRMATION: I affirm, 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. I give the employer the right to investigate all references and to secure additional job related information about me. If applying for a Recreation position, a DCJS background check will be ran to ensure that I am not on the Sex Offender Registry. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for requires a pre-employment drug test (ex: Police and Fire) I understand that as a condition of appointment to this position, I will be required to take and pass a pre-employment drug test.

Applicant Signature: _____ **Date of Signature** _____