

City of Salamanca Civil Service Commission

225 Wildwood Avenue
Salamanca, New York 14779
(716) 945-4250

APPLICATION FOR EXAMINATION OR EMPLOYMENT

_____ **Position Title** _____ **Examination Number**

This application is part of your examination. Answer all questions fully and carefully. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information.

1. Name (Please Print)
Last First M.I.

2. PERMANENT LEGAL RESIDENCE: State your permanent legal residence. If your mailing address is different, please note on Page 2. Note: It is your permanent legal residence that will determine eligibility for examination and appointment. Specific residency requirements are stated on the exam announcement.

Street Address _____

 City or Post Office State Zip Code _____

 Home Phone Cell Phone Business Phone _____

Complete the following based on your current permanent legal residence. Indicate how long this has been your legal residence, up to the date of this application.

Name	Years	Months
State of _____		
County of _____		
Village of _____ OR		
Town of _____ OR		
City of _____		
School District _____		

3. Social Security Number
 _____ / _____ / _____

4. Are you under 18? Yes No

If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

Month _____ Day _____ Year _____
 (Must enter date of birth for Police Officer Exam)

5. 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-citizen may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)

FOR CIVIL SERVICE USE ONLY	
<input type="checkbox"/> Approved By: _____	Exam Date: _____
<input type="checkbox"/> Disapproved By: _____	Notice: _____
<input type="checkbox"/> Pending _____	
<input type="checkbox"/> Reason _____	

6. Check appropriate box to the right of each question:

	YES	NO
A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been requested to resign from a position?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been convicted of any crime (felony or misdemeanor)?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charges?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you now under charges for any crime?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to any of the Questions 6 A-E above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.
 None of the above circumstance 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(s) for which you are applying.

7. Service in the Armed Forces

	YES	NO
A. Have you ever served in the Armed Forces of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
B. If "YES", have you ever received a discharge from such forces which was other than honorable?*	<input type="checkbox"/>	<input type="checkbox"/>

* If answer to "B" is "YES", describe on additional Sheet of paper and attach.

Date of entry into active service	Month	Day	Year
Date released from active service			

Service Serial Number _____

C. Veterans' Credits: To claim veterans' credits in accordance with NYS Law, you must:

- Be a citizen of the United States or an alien lawfully admitted for permanent residence in the United States at the time of application for appointment or promotion;
- Not have used veterans' credits for any appointment to a New York State or a local government job since January 1, 1951;
- Have served in the United States Armed Forces during one of the following periods and received a discharge under honorable conditions:

World War II -	12/07/41 to 12/31/46
Koran Conflict -	06/27/50 to 01/31/55
Southeast Asia Hostilities -	01/01/63 to 05/07/75
Persian Gulf War -	08/02/90 to end OR:
- Have been awarded an Expeditionary Medal for service in at least one of the following:

Lebanon -	06/01/83 to 12/01/87
Granada -	10/23/83 to 11/21/83
Panama -	12/20/89 to 01/31/90

Do you claim additional credits on this examination as a veteran? If "YES", please request and fill out separate form for disabled or non-disabled veterans' credits.
 (See instructions on page 4)

	YES	NO
Do you claim additional credits on this examination as a veteran? If "YES", please request and fill out separate form for disabled or non-disabled veterans' credits.	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.
ALL STATEMENTS ARE SUBJECT TO VERIFICATION

THIS AFFIRMATION MUST BE COMPLETED

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

Signature of Applicant _____ Date _____

Indicate any other surname (last name) by which you are or have been known.
 (Please Print)

DO NOT
WRITE IN
THIS
COLUMN

Length of Employment Mo/Yr Mo/Yr From / To /	Firm Name	Address	City & State
Earnings (Circle One) \$ _____ wk/mo/yr	Describe Duties: _____		
Type of Business	_____		
Your exact title	_____		
Name of Supervisor	_____		
Supervisor's Title	_____		
No. of hours worked per wk (Exclusive of overtime)	_____		
Length of Employment Mo/Yr Mo/Yr From / To /	Firm Name	Address	City & State
Earnings (Circle One) \$ _____ wk/mo/yr	Describe Duties: _____		
Type of Business	_____		
Your exact title	_____		
Name of Supervisor	_____		
Supervisor's Title	_____		
No. of hours worked per wk (Exclusive of overtime)	_____		
Length of Employment Mo/Yr Mo/Yr From / To /	Firm Name	Address	City & State
Earnings (Circle One) \$ _____ wk/mo/yr	Describe Duties: _____		
Type of Business	_____		
Your exact title	_____		
Name of Supervisor	_____		
Supervisor's Title	_____		
No. of hours worked per wk (Exclusive of overtime)	_____		
Length of Employment Mo/Yr Mo/Yr From / To /	Firm Name	Address	City & State
Earnings (Circle One) \$ _____ wk/mo/yr	Describe Duties: _____		
Type of Business	_____		
Your exact title	_____		
Name of Supervisor	_____		
Supervisor's Title	_____		
No. of hours worked per wk (Exclusive of overtime)	_____		

Instructions and Information

A. Announcement of Examination

Before filling out your application, read carefully the announcement for this examination.

When completing your application be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

B. Admission to Examination

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score.

Call or wire the agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. Change of Address

Notify this agency immediately of any change of address. When writing give the number and title of the Examination.

D. Special Accommodations

If you need special arrangements because you are a Religious Observer (for religious reason cannot be tested on date of examinations(s), or a Handicapped Person (require special arrangements in order to participate in the examination(s), you must write to the agency no later than the last date of filing for this examination. Your request must include examination number and the type of special arrangements required.

E. Veterans' Credits

If you are making a claim for veterans' credits with the application, be sure you read the following information very carefully.

Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check (✓) the appropriate category in question 7 and answer all questions A-C. Failure to do so, accurately and completely, may result in a denial of your claim.

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 misstatement of 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 misstatement or fraud.

F. Other

Do you have any loans made or guaranteed by the New York State Higher Education Services Corporation currently outstanding? Yes No

If so, are you presently in default on such loan? Yes No

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 THE 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.

SATURDAY SABBATH OBSERVERS, DISABLED PERSONS, ACTIVE MILITARY:
If special arrangements for testing are required, please indicate in the Remarks section below.

Remarks: Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2" x 11" sheets.