

Norwich City Civil Service Commission
1 City Plaza, Norwich NY 13815 • (607) 334-1235

330—APPLICATION FOR EXAMINATION/EMPLOYMENT

POSITION TITLE _____

Examination Number _____

This application is part of your examination. **#1-16 must be answered fully and carefully.** Please print in ink. Attach additional sheets in order to give complete and detailed information, if necessary. **An incomplete application may result in its disapproval.**

1. SOCIAL SECURITY NUMBER: _____

2. NAME (Please Print)

Last First M.I.

Mailing Address _____

City or Post Office State Zip Code

Phone (Include Area Code)
Home Business

Email _____

CHANGE OF ADDRESS

Notify this agency immediately of any change of address. When writing, give the number and title of examination, or title of position applying for.

3. **State your actual permanent legal residence** and indicate for how long you have resided there continually, up and including the date of this application.

NAME	YEARS	MONTHS
School District _____		
City, or Village of _____		
Town of _____		
County of _____		

4. If you are applying for the position of **Police Officer**, or **Deputy Sheriff**, answer the following:

Date of Birth _____

Citizen of the United States? YES NO

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

THE NEW YORK STATE HUMAN RIGHTS LAW AND OTHER APPLICABLE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

THE CITY OF NORWICH IS AN EQUAL OPPORTUNITY EMPLOYER.

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

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
- B. Did you ever resign from any employment rather than face dismissal? YES NO
- C. Have you ever had a driver's license suspended or revoked? YES NO
- D. Have you ever had a professional license suspended or revoked? YES NO
- E. 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 circumstances? YES NO
- F. Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
- G. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO
- H. Are you now under charges for any crime? YES NO

If you answered "YES" to any of the Questions 5A-H 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 circumstances 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.

6. Do you need **SPECIAL ARRANGEMENTS** for examination? YES NO

If you need special arrangements because of a Religious Accommodation (for religious reasons cannot be tested on date of exam), or a handicapped person (require special arrangements in order to participate in the exam), you must write to the Personnel Office no later than the last filing date for the exam. Your request must include exam number, title and type of special arrangements required.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

7. **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 _____

For Personnel Office Use ONLY:

Date Received _____ Reviewed By _____

- | | | |
|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Conditional | <input type="checkbox"/> Disapproved |
| PROM DATE: | INFO NEEDED: | REASON FOR DISAPPROVAL: |
| _____ | <input type="checkbox"/> Required Transcripts | <input type="checkbox"/> No Fee |
| | <input type="checkbox"/> Resume Only, | <input type="checkbox"/> Education |
| | Submit Application | <input type="checkbox"/> Residency |
| FEE PAID: | <input type="checkbox"/> Clarify Residency | <input type="checkbox"/> Age |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Age | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> No | <input type="checkbox"/> Citizenship | <input type="checkbox"/> Experience |
| Date: _____ | <input type="checkbox"/> Experience | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Other _____ | |

VETERANS CREDITS

If you are making a claim for veteran credits with this 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 B and answer all questions 8A-D. Failure to do so, accurately and completely, may result in a denial of your claim.

If you are claiming credits as a **disabled war** veteran, you must, **in addition** to meeting the requirements as indicated by a "YES" answer to question 8A-D and a "NO" answer to question 9B, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a "Time of War" as indicated in question 8C.

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

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 or fraud of 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 or misstatement or fraud.

8. VETERANS CREDITS:

Check appropriate box to the right of each question:

- A. 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 purposes). YES NO
- B. If "YES" did you receive a discharge which was honorable, or were you released under honorable circumstances? YES NO
- C. Did you serve in the Armed Forces of the United States during any of the following periods?
 - (12/7/41–12/31/46) (6/27/50–1/31/55) (12/22/61–5/7/75) (6/1/83–12/1/87*) (10/23/83–11/21/83*) (12/20/89–1/31/90*) (Persian Gulf: 8/2/90 to the date the Persian Gulf hostilities end.)
 - U.S. Public Health Service: (7/29/45–12/31/46) or (6/27/50–7/3/52)
 - A member of the National Guard activated during the U.S. Postal Strike (3/23/70–3/30/70) YES NO

* **Credit for Lebanon, Grenada and Panama will be limited to those who received the Armed Forces, Navy or Marine Corps Expeditionary Medal.**
- D. Are you currently a resident of New York State? YES NO

9. VETERANS' STATUS:

- A. If, for this examination, you wish to claim additional credit as an honorably discharged veteran, check the appropriate box and answer questions A-D above. DISABLED WAR VETERAN NON-DISABLED WAR VETERAN
- B. 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

10. VOLUNTEER FIREMAN STATUS:

Are you now, or have you ever been a volunteer fireman? If yes, name and location of the company: YES NO

Dates of Service: from _____ to _____.

11. DRIVER'S LICENSE: ALL PARTICIPANTS MUST COMPLETE THIS SECTION.

Do you have a valid NYS driver's license?: YES NO License # _____ Class _____

CDL Endorsements _____

12. PROFESSIONAL LICENSES/CERTIFICATES:

If a license, certificate, permit or other authorization is required to practice a trade or profession you are applying for, complete the following question. If not currently licensed, check this box.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date License First Issued	Registered From: (Mo./Yr.)	To: (Mo./Yr.)

13. EDUCATION:

A. Have you graduated from high school? YES NO If YES, Name and Location of High School: _____

If you have a high school equivalency diploma, indicate: Number _____ Date of Issue _____

B. If **typing is required** for the position/exam you are applying for, please describe any **formal training** you have had in **typing**, i.e. high school course, BOCES, college, etc. _____

C. APPLICANTS CLAIMING COLLEGE CREDITS MUST SUBMIT A COPY OF THEIR COLLEGE TRANSCRIPTS.

Transcripts Enclosed Transcripts requested from college(s)

Name of School and Address	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Rec'd or Expected
College, University, Professional or Technical School				
Other Schools or Special Courses				

14. **EMPLOYMENT REFERENCES:** (give name, full address and phone number)

1. _____
2. _____
3. _____

15. Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. **PLEASE NOTE: ALL PERTINENT EMPLOYMENT INFORMATION MUST APPEAR ON THIS APPLICATION. DO NOT REFERENCE A RÉSUMÉ. DATES OF EMPLOYMENT, HOURS WORKED, YOUR TITLE AND A DESCRIPTION OF DUTIES PERFORMED MUST BE SHOWN ON THIS APPLICATION.** Describe volunteer or unpaid experience in the same way as paid work showing its volunteer nature in the earnings box. Volunteer work may or may not be accepted as qualifying experience (see exam announcement). You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will **NOT** be interpreted in your favor. If you have had a military service which includes experience pertinent to the position(s), describe such experience as a separate employment. **If your title or duties changed materially in the course of your service in any one organization, indicated such change clearly as a separate employment.** (If more space is needed, you may attach additional sheets of paper). Under "duties" for each employment describe the nature of the **work** personally performed by you, **with estimated percentage of time spent on each type of work.** State size and kind of working force, if any, supervised by you and extent of such supervision.

LENGTH OF EMPLOYMENT From(Mo/Yr) ___/___ To(Mo/Yr) ___/___	FIRM NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS	DESCRIBE DUTIES BELOW:		
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	REASON FOR LEAVING:		

LENGTH OF EMPLOYMENT From(Mo/Yr) ___/___ To(Mo/Yr) ___/___	FIRM NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS	DESCRIBE DUTIES BELOW:		
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	REASON FOR LEAVING:		

LENGTH OF EMPLOYMENT From(Mo/Yr) ___/___ To(Mo/Yr) ___/___	FIRM NAME	ADDRESS	CITY AND STATE
TYPE OF BUSINESS	DESCRIBE DUTIES BELOW:		
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	REASON FOR LEAVING:		

16. Please provide the names of any relative(s) employed by the agency with which you are seeking employment. For the purposes of this application, a "relative" is defined as a person living in the same household; or parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, or in-laws.

Relative name: _____ relationship to you: _____

Check here if you have no relative(s) employed by the agency with which you are seeking employment

17. **EMPLOYMENT/BACKGROUND CHECK AUTHORIZATION — IMPORTANT:** This action MUST BE COMPLETED. Failure to sign this section will result in DISAPPROVAL of your application for employment or examination.

I, _____ except as herein noted, hereby authorize the release of information regarding prior employment history/records including but not limited to performance evaluations and any disciplinary actions, personal references, educational records, law enforcement records, drivers license and driving records, credit reports and all like information bearing on my qualifications and fitness for employment to the City of Norwich Human Resources Office an/or any Appointing Authority in any jurisdiction in the City of Norwich to which I am applying for employment. I do not authorize the release of medical or related information that would otherwise be prohibited from release by the American Disability Act or similar legislation.

I further release all parties supplying said information from any liability and responsibility arising from the supplying said information.

It is understood that only relevant information obtained as a result of this release shall be considered for employment purposes and information obtained will be considered and evaluated on a case-by-case basis in relation to the duties and responsibilities of the position(s) for which I am applying.

A photocopy of this release will be as valid as an original thereof even though said photocopy does not contain an original writing of my signature.

Print below any other name(s) by which you have been known.

Signature _____ Date _____

ANNOUNCEMENT OF EXAMINATION: Before filling out your application, read carefully the announcement for examination. When completing your application, be sure to enter, at the top of the page 1 the examination number which identifies the examination for which you are filing.

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 may NOT be notified of their score. Call this agency immediately if you do not receive a notice within three days of examination informing you whether or not you are to be admitted to the examination.

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