CITY OF LACKAWANNA APPLICATION FOR EXAMINATION OR EMPLOYMENT

Send Completed Application to:	Lackawanna Civil Service Commission City Hall Room 107 2838 South Park Avenue Lackawanna, NY 14218-1519

NO. AND EXACT TITLE OF EXAMINATION OF POSITION APPLYING FOR

Exam Number	Title	Date of Exam

NOTE: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH EXAMINATION YOU WISH TO TAKE

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, MAILING ADDRESS AND PHONE (Please Print)

Last Name First M.I.

Street Address

City or Post Office State Zip Code

Phone (include area code) Home Business

EMAIL ADDRESS

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN ADDRESS BEFORE OR AFTER EXAMINATION

2. SOCIAL SECURITY NUMBER

___ ___

3. Are you 18 years of age or older ☐ Yes ☐ No

Mo._____Day_____Year_____

4. If your religion forbids you from taking this examination on a Saturday, please contact the Lackawanna Civil Service Commission.

5. If you require special arrangements as a handicapped person, please contact the Lackawanna Civil Service Commission.

6. If you are claiming Veterans/Disabled Veterans Credits please see page 4 of this application

7. Are you a citizen of the United States? ☐ Yes ☐ No

If you are not a citizen of the United Sates, do you have the legal right to accept employment in the United States

☐ Yes ☐ No

DO NOT WRITE IN THIS SPACE

APPLICATION # _____

PAYMENT # _____

APPROVED _____ VETERAN _____

DISAPPROVED _____ DISABLED VETERAN _____

8. NON-REFUNDABLE PROCESSING FEE

CHECK ONE

☐ I have enclosed the fee

The fee will **NOT** be refunded if application is disapproved.

CHECK OR MONEY ORDER ONLY

NO FEE IS DUE BECAUSE:

☐ I am unemployed and primarily responsible for the support of a household

☐ I am receiving public assistance

SUBJECT TO VERIFICATION (See Announcement)

9. Check the appropriate box to the right of each question

A. Were you ever dismissed or discharged from any employment for reasons other than lack of funds, disability or medical condition? ☐ Yes ☐ No

B. Did you ever resign from employment rather than face discharge? ☐ Yes ☐ No

C. Did you ever receive a Dishonorable Discharge from the armed forced of the United States? ☐ Yes ☐ No

D. Have you ever been convicted of any crime (Felony or Misdemeanor)? ☐ Yes ☐ No

E. Are you now under charges for any crime? ☐ Yes ☐ No

If you answered YES to any of these questions, provide details under REMARKS on page 4. Your failure to answer any of these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities.

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

I AM PRESENTLY A LEGAL RESIDENT OF:		**Years**	**Mos.**
City of			
Town of			
County of			
School Dist.			

Note: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in 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 penalty of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission or fraud may disqualify me from appointment and/or lead to revocation of my appointment

Signature of Applicant Date

Indicate any other name(s) under which you have been known that is necessary to verify former employment and/or education. (Please Print)

TIMESTAMP

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11. EDUCATION:

Do you have a High School or Equivalency Diploma? ☐ Yes ☐ No	if YES, Name and location of High School or Issuing Governmental Authority:
If NO, circle highest grade completed: 6 7 8 9 10 11 12 Still Attending ☐	
I have a New York State High School Equivalency Diploma, Number: ☐ Copy Attached Date of Issue:	

IF REQUIRED, INDICATE ADVANCED EDUCATION HERE

If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment

☐ I have requested my college to send my transcript(s) directly to the Lackawanna Civil Service Commission

☐ My transcript(s) are attached ☐ My transcript(s) are already on file with the Lackawanna Civil Service Commission

	Name of School and City in which located	Dates of Attendance From To	Full or Part Time	No. of Years Credited	Did you graduate?	Type of Course or Major Subject	Number of Credits Received	Type of Degree	Date Degree Received or Expected
College University Professional or Technical School									
Other Schools or Special Courses									

12. LICENSE OR CERTIFICATION:
Complete the following if a license, certificate or other authorization to practice a trade or profession is required on the announcement(s).

Trade or Profession	**License Number**	**Date License First Issued**	**Registered: From Mo/Yr To Mo/Yr**	If you are not currently licensed check this box ☐
Specialty	**Granted by (Licensing Agency)**		**City, State**	

13. DRIVER'S LICENSE: Do you have a valid NYS Motor Vehicle License? ☐ Yes ☐ No If Yes, Class: _____

14. DESCRIBE YOUR EXPERIENCE:
Beginning with the most recent, describe below in detail **ALL EMPLOYMENT THAT IS PERTINENT TO THE POSITION APPLIED FOR.** If the examination announcement stated that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. Relevant volunteer (unpaid experience will be considered if verified and fully documented. 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 military service which includes experience pertinent to the position, describe such experience as a separate employment. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as separate employment, (If more space is needed, attach an 8 ½ x 11 sheet (s) of paper(s).
UNDER "DUTIES" FOR EACH EMPLOYMENT, DESCRIBE THE NATURE OF 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 THE EXTENT OF SUCH SUPERVISION (DIRECT, INDIRECT; FULL-TIME, OCCASIONAL)

Length of Employment Mo Yr Mo Yr **From / To /**	Firm Name/Type of Business	Address	City and State
Earnings (circle one) **$ wk/mo/yr**	**Duties:**		
Your Exact Title			
Name of Supervisor			
Supervisor's Title			
No. of Hrs. Worked Per Wk. (Exclusive of Overtime):			

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VETERANS INSTRUCTIONS AND INFORMATION

Answering the following questions means that you are requesting extra credits. Do not answer the questions if you are not a war time active duty member of the armed forces or a War Time veteran or if you do not want to request the extra credits. If you are currently in the Armed Forces on full-time active duty (other than for training) or if you are a War Time Veteran or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have these extra credits added to your exam score you must answer the questions now. You can waive the extra credits later if you wish. You must submit documentation, such as discharge papers (DD214), to prove that you are eligible for the extra credits. If you are claiming credits as a disabled war veteran, you must submit written documentation certified by the Veterans 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". Effective January 1, 1998, the State Constitution was amended to permit a candidate currently in the armed forces to apply for and be "conditionally granted" veteran's credit in examinations. Any candidate who applies for such credit must provide proof of military status to receive the conditional credit. These credits are granted on the following basis:

DISABLED VETERANS:	10 points for Open-Competitive Exams
	5 points for Promotional Exams
NON-DISABLED VETERANS:	5 points for Open-Competitive Exams
	2.5 points for Promotional Exams

These additional credits, which are combined with the final score obtained in the examination, may be granted to PASSING CANDIDATES at the time of the establishment of the eligible list. Candidates are permitted a minimum period of 60 days from the last filing date to submit veterans credit forms for a particular examination. These forms will be accepted until such time as the eligible list is established. **It is the responsibility of the candidate to ensure that all required forms are filed timely.**

All of your answers must be "Yes" to claim additional credits.

☐ Yes ☐ No Have you served in the Armed Forces of the USA?

Dates of active service From_____To_____

(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 basis other than active duty for training purposes.

☐ Yes ☐ No I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

In the Armed Forces:

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

Or earned the armed forces, navy or marine corps expeditionary medal for service in:

(Panama) December 20, 2989 to January 31, 1990
(Lebanon) June 1, 1983 to December 1, 1987
(Grenada) October 23, 1983 to November 21, 1983

Or in the U.S. Public Health Service:

June 26, 1950 to July 3, 1952
July 29, 1945 to September 2, 1945

☐ Yes ☐ No I am a United States citizen or an alien lawfully admitted for permanent residence.

☐ Yes ☐ No I am a New York State resident.

To claim additional credits as a Disabled Veteran, you must also answer "Yes" to this question.

☐ Yes ☐ No I am currently receiving payments from the U.S. Dept. of Veterans Affairs for a service-connected disability rated at 10% or more incurred during a "Time of War" period listed above.

Have you attached a copy of your separation papers to this application? ☐ Yes ☐ No

Have you previously used veteran's credits to receive permanent competitive class appointment in the service of the State of New York or any civil division within the State of New York? ☐ Yes ☐ No

Government Name _____Length of Employment From_____To_____

Department _____Your Official Title_____

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 THIS 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.

REMARKS

ALL STATEMENTS ARE SUBJECT TO VERIFICATION