APPLICATION FOR CIVIL SERVICE EXAMINATION OR EMPLOYMENT

Lewis County Civil Service
7660 North State Street Lowville, NY 13367
Phone: (315) 376-5349 Fax: (315) 376-5152 Website: www.lewiscounty.org

POSITION TITLE _____ **EXAM NUMBER** _____

SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____

Print Last Name **First** **MI** _____

(Area Code) Home Phone ( ) _____ (Area Code) Business Phone ( ) _____

Permanent Legal Address

Street _____ Apt _____

City / Town _____ State _____ Zip Code _____

(Mailing Address if different)

Street _____ Apt _____

City / Town _____ State _____ Zip Code _____

Referring to your PERMANENT LEGAL ADDRESS, complete all items which apply to where you live.

	NAME	Years	Months
What School District do you live in and for how long?			
What City do you live in and for how long?			
What Village do you live in and for how long?			
What Town do you live in and for how long?			
What County do you live in and for how long?			

If age is required on announcement for appointment or to take the examination, complete Date Of Birth:

DOB: ___/___/___

A. Are you a citizen of the United States? ☐ YES ☐ NO (If NO, see Instruction H on page 4)

B. Are you or were you an exempt volunteer firefighter? ☐ YES ☐ NO

SPECIAL ARRANGEMENTS (Optional–See Instruction E, on page 4)

☐ Religious Accommodation ☐ Military ☐ Disability

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, funds, disability or medical condition? ☐ YES ☐ NO

B. Did you ever resign from any employment rather than face dismissal? ☐ YES ☐ NO

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 other than honorable circumstances? ☐ YES ☐ NO

D. Are you now under charges for any crime? ☐ YES ☐ NO

E. Have you ever been convicted of any crime (felony or misdemeanor)? ☐ YES ☐ NO

If you answered "YES" to any of the Questions A-D above, you may give specifics under "Remarks" on page 3 of this application. 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 duties and responsibilities of the position (s) for which you are applying.

F. Are you currently or have you ever served in the Armed Forces of the United States? If yes, complete questions for Veterans' Credits. ☐ YES ☐ NO

VETERANS' CREDITS If you wish to claim additional credits complete questions 1-4

☐ **Disabled War Veteran (10 Points)** ☐ **Non-disabled War Veteran (5 Points)**

1. Did you receive a discharge which was honorable or were you released under honorable circumstances? ☐ YES ☐ NO
2. Did you serve in the Armed Forces of the United States during any of the following periods? ☐ YES ☐ NO
   (12/7/41 – 12/31/46) (6/27/50 – 1/31/55) (02/28/61 – 5/7/75) (Persian Gulf: 8/2/90--present)
   (Lebanon: 6/1/83 – 12/1/87) (Grenada: 10/23/83 – 11/21/83) (Panama: 12/20/89 – 1/31/90)

   NOTE: Credits for Lebanon, Grenada, and Panama will be limited to those who received the following Expeditionary Medals: Armed Forces, Navy, or Marine Corps (U.S. Public Health Service: (7/29/45 – 12/31/46) OR (6/27/50 – 7/3/52)
3. Since January 1, 1951, have you received a permanent appointment in New York State using your veterans credits? ☐ YES ☐ NO
4. At the time of this application are you currently a New York State Resident? ☐ YES ☐ NO

☐ Approved
☐ Conditioned
☐ Disapproved

(DATE STAMP BELOW)

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. (SEE page 4)

X _____
(Signature in blue ink) Date

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

BE SURE TO ANSWER THIS SECTION

Have you applied to take any other examinations on this date? ☐ YES ☐ NO

If YES, follow CROSS-FILER instructions on examination announcement.

Failure to follow these instruction may result in your not receiving a correct admission notice and/or score.

EDUCATION: **Read examination announcement for educational requirements.** ***If required, attach transcripts showing the date degree received, major subject, and/or required credit hours.***

Have you graduated from high school? ☐ YES ☐ NO — IF YES, NAME AND LOCATION OF HIGH SCHOOL — YEAR GRADUATED

Do you have a high school equivalency diploma? ☐ YES ☐ NO — IF YES, ISSUING GOVERNMENTAL AUTHORITY: — DATE OF ISSUE

	Name of School OR College and Address	Dates of Attendance (Month and Year) From To	Type of Course or Major Subject	Number of College Credits Rec'd	Type of Degree Rec'd	Date Degree Rec'd
College University, Professional Or Technical School						
Other Schools Or Special Courses						

LICENSES: If a license, or other authorization to practice trade or profession is listed as a requirement on the examination announcement for which you are applying, complete the following and **submit** a copy of license with this application: If not currently licensed check this box. ☐

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

DRIVER'S LICENSE: **Do you have a valid license to operate a motor vehicle in New York State?** ☐ YES ☐ NO

DESCRIPTION OF EXPERIENCE: Beginning with your most recent employer, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination. 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.)** Describe the work which you personally performed. If you supervised, state how many people and the nature of such supervision.

Dates Employed MO YR / to MO YR /	Employer		Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities:				

Dates Employed MO YR MO YR / to /	Employer		Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business

Describe specific work performed and job responsibilities:

Dates Employed MO YR MO YR / to /	Employer		Address	City and State
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REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 81/2 x 11 sheets