

Leave this space blank  
Date Received

Allegany County is an Affirmative Action / Equal Opportunity Employer

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Checked by

**CIVIL SERVICE APPLICATION**  
ALLEGANY COUNTY DEPARTMENT OF CIVIL SERVICE  
7 COURT STREET  
COUNTY OFFICE BUILDING  
BELMONT, NEW YORK 14813-1081

Approved  
 Conditional  
 Disapproved

NUMBER AND EXACT TITLE OF EXAM AS STATED ON THE ANNOUNCEMENT

This application is part of your examination. Answer all questions fully. Some questions can be answered with an "X" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

1. FULL NAME \_\_\_\_\_ Sex  M  F

\_\_\_\_\_  
Last Name First Name Initial

\_\_\_\_\_  
Street Address or RD or PO Box

\_\_\_\_\_  
City/Town State Zip Code

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

2. PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL: \_\_\_\_\_

3. SOCIAL SECURITY NUMBER \_\_\_\_\_

4. Do you have the legal right to reside and accept employment in the United States?  YES  NO

5. RESIDENCE  
Jurisdiction of legal residence for previous month:  
State \_\_\_\_\_ County \_\_\_\_\_  
City or Village \_\_\_\_\_ School District \_\_\_\_\_

6. Check below if you desire special arrangements because you are a:  
 Sabbath Observer (For religious reasons cannot be tested on Saturdays)  
 Handicapped Person (Describe disability on a separate sheet and indicate type of assistance required)

7. Have you any objections to this department making inquiry regarding your character and qualification from  
A. Your former employers?  YES  NO  
B. Your present employer?  YES  NO  
If answer is "YES" to either (A) or (B) explain.

8. Were you ever dismissed from any public employment for disciplinary reasons?  YES  NO  
If answer is "YES" give full particulars.

9. If a motor vehicle license is required for the position for which you are applying, give the following:

Class \_\_\_\_\_

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

10. 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. 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. Have you ever been convicted of any crime (felony or misdemeanor)?  YES  NO
  - E. Are you under charges for any crime?  YES  NO
  - F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?  YES  NO

If you answered "YES" to any of the questions 10A-F above, you may give specifics on a separate sheet. If you elect not to provide specifics, however, or if such explanation is insufficient, a confidential investigation supplement may be sent to you.

**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.**

**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 BY ALLEGANY COUNTY MUNICIPALITIES.**

**NOTE: When filling out your application form, check to make sure that all questions have been answered. An incomplete application may result in its disapproval.**

**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 (MUST BE ORIGINAL SIGNATURE) \_\_\_\_\_ Date \_\_\_\_\_

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

**Police Officer Applicants Only**  
Date of Birth \_\_\_\_\_

11. SERVICE IN ARMED FORCES

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- A. Have you ever served in the armed forces of the U.S.?
- B. If "YES," have you ever received a discharge from such forces which was other than honorable?  
If answer is "YES" give full particulars on additional sheet.  
MONTH | DAY | YEAR
- C. Date of entry into active service \_\_\_\_\_
- D. Date of discharge \_\_\_\_\_
- E. Service serial number \_\_\_\_\_

12. VETERANS' CREDITS

- Do you draw additional credits on the exam as an honorably discharged veteran? CHECK ONE
- YES, as disabled war veteran
- YES, as a non-disabled war veteran
- YES, as a disabled war veteran who previously used non-disabled war veteran credits
- NO

If "YES" please request and fill out separate form for veteran's credits

13. LICENSES: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, 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:	To

14. EDUCATION: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. Do Not send transcript unless required by announcement.

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 Issuing Governmental Authority \_\_\_\_\_ Number \_\_\_\_\_ Date of Issue \_\_\_\_\_

	Name of School and City in which located	Attendance Dates (Month & Year)		Day Or Night	Full or Part Time	No. of Years Credited	Did you graduate Yes or No	Type Course or Major Subject	No. of College Credits Received	Type of Degree Received
		From	To							
College University Professional or Technical School										
Other Schools or Special Courses										

15. EXPERIENCE: Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including war service. **Begin with your most recent employment and work backward consecutively to your first one.** You may attach a resume. However, attachment of a resume does not satisfy this requirement. Employment used to qualify an applicant for a position/examination **must be** listed on this application. Applicants may be required to furnish satisfactory proof of experience claimed. **Attach additional sheets if needed.**

LENGTH OF EMPLOYMENT	Firm Name	Address	City and State
From: Mo Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
To: Mo Yr.	DUTIES: Describe the nature of the work personally performed by you, <b>with estimated percentage of time</b> on each type of work. State size and kind of working force, if any supervised by you and extent of such supervision		
Total Yrs Mos			
MONTHLY SALARY			
Min. Max Last			
Total hrs per WEEK hrs			
Reason For Leaving			

LENGTH OF EMPLOYMENT	Firm Name	Address	City and State
From: Mo          Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
To:    Mo          Yr.	DUTIES: Describe the nature of the work personally performed by you, <b><u>with estimated percentage of time</u></b> on each type of work. State size and kind of working force, if any supervised by you and extent of such supervision		
Total          Yrs          Mos			
MONTHLY SALARY			
Min.          Max          Last			
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