

ONEONTA MUNICIPAL CIVIL SERVICE COMMISSION

ONEONTA CITY SCHOOL DISTRICT

31 CENTER STREET

ONEONTA, NY 13820

PHONE: (607) 433-8230; WEB:www.oneontacsd.org

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Date Received
Fee Received
\$ _____
By: _____

Approval
Approved: <input type="checkbox"/>
Conditionally Approved: <input type="checkbox"/>
Disapproved: <input type="checkbox"/>
By: _____

Please answer all questions fully and carefully. This application is part of your examination. Print in black or blue ink or type. Attach additional 8 1/2 x 11 sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

THE ONEONTA MUNICIPAL CIVIL SERVICE COMMISSION IS AN EQUAL OPPORTUNITY ORGANIZATION

THE NEW YORK STATE HUMAN RIGHTS LAW (ARTICLE 15) PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, MARITAL STATUS OR DISABILITY. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, MARITAL STATUS, OR DISABILITY IN CONNECTION WITH EMPLOYMENT BY THE MUNICIPALITY.

POSITION TITLE AND EXAM NUMBER (if relevant)

PERSONAL INFORMATION:

Last Name	First Name	Middle Initial
Physical Address: Street	City	State Zip
Mailing Address (if different): Street	City	State Zip
Home Phone	Cell Phone	Email Address
Social Security No. (required for exam applications)	Were you ever dismissed from any employment for reasons other than lack of work or funds or have you ever resigned in lieu of termination? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details on separate sheet.	

Please state below your permanent legal residence and indicate for how long you have resided there continuously.				Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name of Municipality	No. of Years	No. of Months	Are you retired from NYS or any civil division thereof? Yes <input type="checkbox"/> No <input type="checkbox"/>
Village/Town/City:				Are you an exempt volunteer firefighter? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, years of service:
County:				Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
State:				If you are applying for a job with a minimum or maximum age restriction, please provide your date of birth: _____
School District:				

Are you a resident of the City of Oneonta? Yes No Date of Birth _____

Have you ever been convicted or are you currently under charges for any felony or misdemeanor crime? Yes No

If yes, please provide details on separate sheet.

Background Investigation: Applicants for certain positions may be required to undergo a background investigation which may include a fingerprint check. Failure to meet the standards of the background investigation may be cause for disqualification.

EDUCATION AND CERTIFICATIONS:

Have you graduated from high school?

Yes No

High school name _____

City _____

State _____

If no, do you have a high school equivalency diploma? Yes No

Issuing authority _____

Date of issue _____

POST-HIGH SCHOOL EDUCATION

Name and location (city and state) of college, university, professional or technical school	Major course of study	No. of years credited	Type of degree	Year received/expected

LICENSES/CERTIFICATIONS

Name of certification/license	Issuing authority	Effective date	Expiration date

DRIVER'S LICENSE

Please complete this section if the job which you are applying for requires a driver's license.

State: _____ Number: _____ Class: _____ Endorsements: _____ Expiration date: _____

Drug and Alcohol Testing: Candidates are subject to a pre-employment drug screen. Additionally, appointees to certain positions will be required to participate in a drug and alcohol testing program which will include random testing. This includes but is limited to any position which requires a commercial driver's license.

SERVICE IN ARMED FORCES:

Have you served in the U.S. armed forces?

Yes No

Date of entry into active service _____

Discharge date _____

If yes, did you ever receive a discharge which was other than "Honorable" or which was issued under other than honorable conditions? Yes No If yes, please provide details on separate sheet.**APPLICATIONS FOR EXAMINATION:**

The following questions apply only to candidates applying to take a civil service examination.

Veteran Credits: Veterans of the Armed Forces wishing to claim additional credits as a Veteran or Disabled Veteran must also submit a separate "Application for Veteran's Credits" form and supporting documentation. Please indicate if you will be applying for additional credits as a: Veteran Disabled Veteran

Cross-filing: Have you applied or will be applying to take examinations with other civil service jurisdictions on the same date as this examination? Yes No If yes, please submit a "Notice of Cross-filing" form.

Alternate Test Date: The commission's alternate test date policy is included as part of the announcement for this exam. If you need to request an alternate test date, you must submit a request in writing.

Special Accommodations: Disabled candidates may request special accommodations to take an exam. A request for such accommodations should accompany this application.

WORK EXPERIENCE:

Beginning with the most recent, describe below in detail your employment history. List all employment or military service that shows you meet the minimum qualifications for the position which you are applying. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. You may include a resume, but do not substitute a resume. This section must be completed in full. Under "duties" for each employment, describe the nature of the work personally performed by you. State the size and kind of working force, if any, supervised by you and the extent of such supervision. If more space is needed you may attach additional copies of this page of the application.

Length of Employment From (Mo./Yr.)	Firm name	Address, City, State
To (Mo./Yr.)	Duties:	
Type of Business	
Your Exact Title	
Name of Supervisor	
Supervisor's Title	
Reason for leaving	
Earnings /hr./wk./yr.	
\$	
Hours per week:	

Length of Employment From (Mo./Yr.)	Firm name	Address, City, State
To (Mo./Yr.)	Duties:	
Type of Business	
Your Exact Title	
Name of Supervisor	
Supervisor's Title	
Reason for leaving	
Earnings /hr./wk./yr.	
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Name of Supervisor	-----	
Supervisor's Title	-----	
Reason for leaving	-----	
Earnings /hr./wk./yr.	-----	
\$	-----	
Hours per week:	-----	

Length of Employment From (Mo./Yr.)	Firm name	Address, City, State
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Type of Business	-----	
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Name of Supervisor	-----	
Supervisor's Title	-----	
Reason for leaving	-----	
Earnings /hr./wk./yr.	-----	
\$	-----	
Hours per week:	-----	

DECLARATION:

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Signature

Date

State maiden or any other name by which you have been known