

**CITY OF SHERRILL**  
**Civil Service Office**  
**377 Sherrill Road**  
**Sherrill, New York 13461**  
**(315) 363-2440**

**APPLICATION FOR EXAMINATION OR EMPLOYMENT**

Position Title \_\_\_\_\_ Examination Number \_\_\_\_\_

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 \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City or Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Include Area Code) \_\_\_\_\_

Home: \_\_\_\_\_ Business: \_\_\_\_\_

2. SOCIAL SECURITY NUMBER \_\_\_\_\_

3. Are you under 18 or over 70 years of age? YES  NO

If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. VETERANS' CREDITS (See Instruction E)

If, for this examination, you wish to claim additional credit as an honorably discharged veteran, check the appropriate box below and answer question 10 A-F.

- DISABLED WAR VETERAN  
 NONDISABLED WAR VETERAN

5. SPECIAL ARRANGEMENTS (Optional-See Instruction D)

- RELIGIOUS OBSERVER  HANDICAPPED PERSON

6. 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.)

7. 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.

	NAME	YEARS	MONTHS
School District	_____	_____	_____
City or Village Of	_____	_____	_____
Town Of	_____	_____	_____
County Of	_____	_____	_____
State Of	_____	_____	_____

FOR CIVIL SERVICE USE ONLY

- PD  W  FD  G  NFR

Date Received \_\_\_\_\_

By \_\_\_\_\_

- Approved  Conditioned  Disapproved

8. 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| B. Did you ever resign from any employment rather than face dismissal?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| D. Have you ever been convicted of any crime (felony or misdemeanor)?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| F. Are you now under charges for any crime?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you answered "YES" to any of the Questions 8A-F 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.

9. Answer questions 9A-G only if you are claiming additional credits as a disabled or non-disabled veteran for the examination(s) indicated on this application. Be sure you read Instructions E relating to "Veterans Credits" and have claimed these credits in question 4.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A. I received, or expect to receive a discharge which was honorable, or I was released under honorable circumstances from the Armed Forces of the United States. (The "Armed Forces of the United States" means the Army, Navy, Marine Corp., Air Force and Coast Guard, including all components thereof and the National Guard when in 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| B. I served on an active duty basis other than active duty for training purposes during one or more of the following Time of War Periods:<br><br>In the Armed Forces:<br>Aug. 2, 1990 to date when the Persian Gulf hostilities end;<br>Feb. 28, 1961 to May 7, 1975; June 27, 1950 to Jan. 31 1955;<br>Dec. 7, 1941 to Dec. 31, 1946;<br>or earned the armed forces, Navy, or Marine Corps expeditionary medal for service in:<br><br>(Panama) Dec. 20, 1989 to Jan. 31, 1990<br>(Lebanon) June 1, 1983 to Dec. 1, 1987<br>(Grenada) Oct. 23, 1983 to Nov. 21, 1983<br><br>or in the U.S. Public Health Service during the following dates:<br>July 29, 1945 - December 31, 1946<br>June 27, 1950 - July 3, 1952 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| C. I am a United States citizen or an alien lawfully admitted for permanent residence.  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| D. Were you a resident of New York State on the date of your INITIAL ENTRY INTO THE Armed forces of the United States?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| E. Are you currently a resident of New York State?  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| F. 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?<br>To claim additional credits as a Disabled Veteran, you must also answer "YES" to this question:   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| G. I am receiving 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.  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

(Please Print)

DO NOT WRITE IN THIS SPACE  
Training and Experience

Rated By:

Checked By:

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**11. 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. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? YES  NO  If Yes, Name and Location of High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

If you have a high school equivalency diploma, indicate: Issuing Governmental Authority \_\_\_\_\_ Number \_\_\_\_\_ Date of Issue \_\_\_\_\_

	Name of School and City in which located	Dates of Attendance (Month and Year)		Day or Night	Full or Part Time	No. of Years Credited	Were You Graduated?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Rec'd. or Expected
		From	To								
College, University, Professional or Technical School	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other Schools or Special Courses	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**12. 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 of License First Issued	Registered From: (Mo./Yr.)	To: (Mo./Yr.)

**13.** If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES  NO

**14. DESCRIPTION OF EXPERIENCE** (Answer this question only if the announcement specifies minimum experience requirements.) Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. 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(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, indicate such change clearly and as a separate employment. (If more space is needed, attach 8 1/2" x 11" 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 the extent of such supervision.

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	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)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	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)			

DO NOT  
WRITE  
IN THIS  
COLUMN

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	DESCRIBE DUTIES BELOW:		
	TYPE OF BUSINESS		
	YOUR EXACT TITLE		
	NAME OF YOUR SUPERVISOR		
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	DESCRIBE DUTIES BELOW:		
	TYPE OF BUSINESS		
	YOUR EXACT TITLE		
	NAME OF YOUR SUPERVISOR		
	SUPERVISOR'S TITLE		
	No. of hours worked per week (exclusive of overtime)		

REFERENCES:

Name	Phone #

**INSTRUCTIONS AND INFORMATION**

**A. ANNOUNCEMENT OF EXAMINATION**

Before filling out your application, read carefully the announcement for this examination.

When completing your application be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

**B. 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 will **NOT** be notified of their score.

Call or wire this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

**C. CHANGE OF ADDRESS**

Notify this agency immediately of any change of address. When writing give the number and title of examination.

**D. SPECIAL ARRANGEMENTS**

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination(s)), or a Handicapped Person (require special arrangements in order to participate in the examination(s)), you must **EITHER**

1. Check the appropriate box in 5 and indicate the special arrangements you require in the **REMARKS** section below.  
**OR**
2. Write to the agency no later than the last date of filing for this examination. Your request must include examination number and title and the type of spacial arrangements required.

**E. VETERANS CREDITS**

If you are making a claim for veterans 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 4 and answer all questions 9A-G. 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 questions 9A-E and a "NO" answer to questions 9F, 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 9D.

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 in 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 misstatement or fraud.

**THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARTIAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR NATIONAL ORIGIN, SEX, DISABILITY, MARTIAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT**

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