

**SCHENECTADY COUNTY CIVIL SERVICE COMMISSION  
SCHENECTADY COUNTY PERSONNEL DEPARTMENT  
620 STATE STREET  
SCHENECTADY, NEW YORK 12305**

APPLICATION FOR EMPLOYMENT

TITLE: \_\_\_\_\_

APPLICATION FOR EXAMINATION #

TITLE: \_\_\_\_\_

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 (Please Print)

Last	First	M.I.
_____	_____	_____

2. PERMANENT LEGAL RESIDENCE: State your permanent legal residence. If your mailing address is different, please note in Remarks on Page 4. Note: It is your permanent legal residence that will determine eligibility for examination and appointment. Specific residency requirements are stated on the exam announcement.

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

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

Phone (include Area Code) \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

	NAME	YEARS	MONTHS
State of _____			
County of _____			
Village of _____			
Town of _____			
City _____			
School District _____			

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

4. If age limits are established for the position applied for, enter your date of birth here:

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

5. VETERANS' CREDITS (See Instruction F)

If, for this examination, you wish to claim additional credit as an honorably discharged veteran, check the appropriate box below and if yes, answer questions 11 A-D.

YES     NO

6. RELIGIOUS ACCOMMODATION (See Instruction D)

I cannot be tested on the scheduled date and require a religious accommodation.     Required     Not Required

7. SPECIAL ACCOMMODATIONS (See Instruction E)

8. 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)

9. FOR CIVIL SERVICE USE ONLY

Approved     Conditioned     Disapproved

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

If you answer "YES" to any of the Questions 9 A-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.

11. Answer questions 11 A-D only if you are claiming additional credits as a disabled or non-disabled veteran for the examination(s) indicated on this application. Be sure that you read Instruction F relating to "Veteran's Credits" and have claimed these credits in question 5.

- |  |                          |                          |
|--|--------------------------|--------------------------|
| A. Have you ever served in the Armed Forces of the United States? (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 active duty basis other than active duty for training purposes.) | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Did you serve in the Armed Forces of the United States during any of the following periods?   | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
- Dec. 7, 1941 - Dec. 31, 1946
  - June 27, 1950 - Jan. 31, 1955
  - Feb. 28, 1961 - May 7, 1975
  - Aug. 2, 1990 - end of hostilities
  - \*Lebanon: June 1, 1983 - Dec. 1, 1987
  - \*Grenada: Oct. 23, 1983 - Nov. 21, 1983
  - \*Panama: Dec. 20, 1989 - Jan. 31, 1990
  - U.S. Public Health Service:  
July 29, 1945 - Sept. 2, 1945; June 26, 1950 - July 3, 1952

\*Credit for Lebanon, Grenada and Panama will be limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal or the Marine Corps Expeditionary Medal. The DD-214 form should contain verification of possession of Expeditionary medals for Lebanon, Grenada or Panama.

- |   |                          |                          |
|---|--------------------------|--------------------------|
| C. Are you currently a resident of New York State?  | YES                      | NO                       |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Since January 1, 1951, have you ever 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? | YES                      | NO                       |
|   | <input type="checkbox"/> | <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 the penalties of perjury.

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

\_\_\_\_\_  
Date

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

(Please Print)

Rated By:  
Checked By:

--

**12. 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

If you have a high school equivalency diploma, indicate: Issuing Governmental Authority							Number				
	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	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

**13. EDUCATION LOANS:** Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:  
 1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? Yes  No   
 2. If so, are you presently in default on any such loan? Yes  No

**14. 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 of / State of
Specialty	Date License First Issued	Registered From: (Mo./Yr.) To: (Mo./Yr.)	

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

**16. DESCRIPTION OF EXPERIENCE: FOR EXAMINATION:**  
 Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. If the examination announcement states 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. 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.

**FOR EMPLOYMENT:** 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. Applicants may be required to furnish satisfactory proof of experience claimed.

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

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

ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination. Refund of fees will not be made to disqualified candidates.

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.

Notify 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. RELIGIOUS OBSERVERS

Most written examinations are held on Saturday. If you are unable to take a test on the date indicated in the examination announcement due to a conflict with a religious observance or practice, check the box "Required" in question 6. We will send you an admission notice with the special arrangements for the time, date and place of your written examination(s).

E. SPECIAL ACCOMMODATIONS

If you are a person with a disability or if you are in the military and need a reasonable accommodation in order to participate in the examination, you may either describe the accommodation you need in the remarks section below or write to or call the Schenectady County Civil Service Department on (518) 388-4233 no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required.

F. 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 5 and answer all questions 11 A-D. 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 question 11 A-C and a "NO" answer to question 11D, be certified by the veteran's administration as being disabled in the actual performance of duty in any war; that the disability is rated at ten (10) percent or more and that the disability exists at the time of application for appointment or promotion.

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.

NOTE:

Effective 1/1/98 any candidate who is currently serving in the Armed Forces of the United States on a full-time active duty basis, other than active duty for training, may file for Veteran's Credit on an examination prior to the list being established.

Additional Veteran's Credit will be granted to qualifying candidates (proof of Active Duty must be provided) on a conditional basis. A candidate receiving conditional Veteran's Credits must be restricted from certification using the credits until the appropriate documentary proof indicating that the service was in time of war and that the individual received an honorable discharge or was released under honorable circumstances has been presented. It is the candidate's responsibility to provide such proof to Civil Service in order to have the restriction removed and be certified at a score including the Veteran's Credits. Until such documentation is submitted, a candidate may only be certified with the examination score, not including the Veteran's Credits.

In conformance with Section 85-a (effective 9/17/02) of Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this office when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.

Any member of the armed forces who properly filed, within the announced filing period, an application for a competitive examination but was unable to participate in the examination due to active military service, will be provided with a special make-up examination under the terms and conditions deemed appropriate by the State Department of Civil Service and/or local Civil Service agency. (Check with Civil Service personnel for more information.)

Individuals serving on active duty in the armed forces during the filing period for a Civil Service examination, or individuals who have been discharged with other than a dishonorable discharge after the filing period has commenced will be permitted to file an application for examination no later than ten business days before the scheduled examination date, or the last date to file, whichever is later. A special make-up examination will be provided under the terms and conditions deemed appropriate by the State Department of Civil Service and/or local Civil Service agency. (Check with Civil Service personnel for more information.)

No Veteran's Credit may be granted after the establishment of the eligible list.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, 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, SEXUAL ORIENTATION, DISABILITY, MARITAL 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).

ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

GENERAL CONDITIONS

1. A FEE OF **\$15.00** IS REQUIRED FOR EACH SEPARATELY-NUMBERED EXAMINATION FOR WHICH YOU APPLY. THE REQUIRED FEE MUST ACCOMPANY YOUR APPLICATION. SEND CERTIFIED CHECK OR MONEY ORDER PAYABLE TO THE SCHENECTADY COUNTY CIVIL SERVICE COMMISSION. **CASH AND PERSONAL CHECKS WILL NOT BE ACCEPTED**. AS **NO REFUND WILL BE MADE**, YOU ARE URGED TO COMPARE YOUR QUALIFICATIONS CAREFULLY WITH THE REQUIREMENTS FOR ADMISSION AND FILE ONLY FOR THOSE EXAMINATIONS FOR WHICH YOU ARE CLEARLY QUALIFIED. **APPLICATION FEE WILL BE WAIVED FOR** (1) THOSE APPLICANTS WHO ARE UNEMPLOYED AND PRIMARILY RESPONSIBLE FOR THE SUPPORT OF A HOUSEHOLD; (2) THOSE APPLICANTS WHO ARE RECEIVING SSI OR PUBLIC ASSISTANCE (TANF, FAMILY ASSISTANCE OR SAFETY NET ASSISTANCE); (3) THOSE APPLICANTS CERTIFIED AS JTPA/WIA ELIGIBLE. IF YOU WISH TO APPLY FOR A FEE WAIVER, YOU MUST COMPLETE THE FEE WAIVER FORM AND ATTACH IT TO YOUR APPLICATION. FEE WAIVER FORMS ARE OBTAINED AT THE CIVIL SERVICE OFFICE.
2. SENIORITY: (FOR PROMOTION EXAMS ONLY) SENIORITY CREDIT WILL BE ADDED TO AN ELIGIBLE SCORE BASED ON CONTINUOUS PERMANENT COMPETITIVE CLASS SERVICE IN THE JURISDICTION HOLDING THE EXAMINATION. SERVICE WOULD BE CREDITED UP TO AND INCLUDING THE DATE OF EXAMINATION AS FOLLOWS:

LESS THAN 1 YEAR	0.0	11 YEARS - 15 YEARS	3.0
1 YEAR - 5 YEARS	1.0	16 YEARS - 20 YEARS	4.0
6 YEARS - 10 YEARS	2.0	21 YEARS - 25 YEARS	5.0

EACH ADDITIONAL 5 YEARS WILL BE CREDITED 1 POINT IN ACCORDANCE WITH THE ABOVE SCHEDULE.
3. UNLESS OTHERWISE NOTIFIED, CANDIDATES ARE PERMITTED TO USE QUIET, HAND-HELD, SOLAR OR BATTERY POWERED CALCULATORS. DEVICES WITH TYPEWRITER KEYBOARDS, 'SPELL CHECKERS,' 'PERSONAL DIGITAL ASSISTANTS,' 'ADDRESS BOOKS,' 'LANGUAGE TRANSLATORS,' 'DICTIONARIES,' OR ANY SIMILAR DEVICES ARE **PROHIBITED**. YOU MAY NOT BRING BOOKS OR OTHER REFERENCE MATERIAL.
4. APPLICATIONS MAY BE OBTAINED AT THE OFFICE OF THE SCHENECTADY COUNTY CIVIL SERVICE COMMISSION. CANDIDATES WILL BE NOTIFIED OF THE TIME AND PLACE OF THE EXAMINATION.
5. APPLICATIONS POSTMARKED AFTER MIDNIGHT OF THE LAST FILING DATE WILL NOT BE CONSIDERED ELIGIBLE FOR THIS EXAMINATION.
6. CANDIDATES WHO FAIL THE EXAMINATION, OR WHO FAIL TO APPEAR FOR THE EXAMINATION AS SCHEDULED, WILL BE ELIMINATED FROM FURTHER CONSIDERATION FOR PURPOSES OF THIS COMPETITION. UNLESS OTHERWISE SPECIFIED, THE FINAL RANK ORDER OF THE ELIGIBLE LIST WILL BE DETERMINED ON THE BASIS OF THE SCORES RECEIVED ON THE WRITTEN TEST, PLUS VETERANS CREDITS WHERE APPROPRIATE.
7. ACCEPTED CANDIDATES WILL BE NOTIFIED WHEN AND WHERE TO APPEAR FOR EXAMINATION. IF AN APPLICATION IS REJECTED, DUE NOTICE WILL BE SENT.
8. THE ELIGIBLE LIST ESTABLISHED AS A RESULT OF THIS EXAMINATION WILL REMAIN IN FORCE FOR AT LEAST ONE YEAR AND MAY BE EXTENDED BY THE CIVIL SERVICE COMMISSION FOR A MAXIMUM OF FOUR YEARS.
9. INQUIRIES MAY BE MADE AS TO CHARACTER AND ABILITY AND ALL STATEMENTS MADE BY CANDIDATES ARE SUBJECT TO VERIFICATION.
10. RELIGIOUS ACCOMMODATION-HANDICAPPED PERSONS ACCOMMODATION-ACTIVE MILITARY MEMBERS: IF SPECIAL ARRANGEMENTS FOR TESTING ARE REQUIRED, INDICATE THIS UNDER THE "REMARKS" SECTION ON YOUR APPLICATION.
11. PERSONS HOLDING A PERMANENT POSITION IN THIS TITLE, IN THIS DEPARTMENT ARE NOT ELIGIBLE FOR ADMITTANCE TO THIS EXAMINATION.
12. THIS WRITTEN EXAMINATION IS BEING PREPARED AND RATED BY THE NEW YORK STATE DEPARTMENT OF CIVIL SERVICE IN ACCORDANCE WITH SECTION 23-2 OF THE CIVIL SERVICE LAW. THE PROVISIONS OF THE NEW YORK STATE CIVIL SERVICE RULES AND REGULATIONS DEALING WITH THE RATING OF EXAMINATIONS WILL APPLY TO THIS WRITTEN EXAMINATION.
13. THE MINIMUM QUALIFICATIONS LISTED IN THIS ANNOUNCEMENT HAVE BEEN APPROVED BY THE SCHENECTADY COUNTY CIVIL SERVICE COMMISSION FOR THE PURPOSE OF EVALUATING A CANDIDATE'S EDUCATION, TRAINING AND EXPERIENCE TO DETERMINE ADMISSION TO THIS EXAMINATION. THE COMMISSION IS CONDUCTING THIS EXAMINATION TO ESTABLISH A CIVIL SERVICE ELIGIBLE LIST WHICH WILL BE CERTIFIED TO APPOINTING AUTHORITIES TO FILL AVAILABLE VACANCIES. CANDIDATES WHOSE NAMES ARE CERTIFIED FOR APPOINTMENT HAVE ONLY MET THE MINIMUM QUALIFICATIONS TO TAKE THE EXAMINATION.

continued...

14. FOR EMPLOYMENT WITHIN A SCHOOL DISTRICT, CLEARANCE FROM THE COMMISSIONER OF EDUCATION WILL BE REQUIRED FOR POSITIONS THAT ARE DESIGNATED BY THE SCHOOL DISTRICT AS HAVING DIRECT CONTACT WITH STUDENTS.
15. EMPLOYMENT WITHIN A SCHENECTADY COUNTY DEPARTMENT MAY BE SUBJECT TO PRE-EMPLOYMENT DRUG TESTING AND PERMANENT APPOINTMENT IS CONTINGENT UPON SUCCESSFUL COMPETITION OF A CRIMINAL BACKGROUND CHECK.
16. **VETERANS CREDIT:**

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 5 AND ANSWER ALL QUESTION 11 A-D 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 QUESTION 11 A-C AND A "NO" ANSWER TO QUESTION 11D, BE CERTIFIED BY THE VETERAN/S ADMINISTRATION AS BEING DISABLED IN THE ACTUAL PERFORMANCE OF DUTY IN ANY WAR; THAT THE DISABILITY IS RATED AT TEN (10) PERCENT OR MORE AND THAT THE DISABILITY EXISTS AT THE TIME OF APPLICATION FOR APPOINTMENT OR PROMOTION.

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.

IN CONFORMANCE WITH SECTION 85-a (effective 9/17/2002) OF THE CIVIL SERVICE LAW, CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY SHALL BE ENTITLED TO RECEIVE AN ADDITIONAL TEN POINTS IN A COMPETITIVE EXAMINATION FOR ORIGINAL APPOINTMENT IN THE SAME MUNICIPALITY IN WHICH HIS OR HER PARENT HAS SERVED. IF YOU ARE QUALIFIED TO PARTICIPATE IN THIS EXAMINATION AND ARE A CHILD OF A FIREFIGHTER OR POLICE OFFICER KILLED IN THE LINE OF DUTY IN THIS MUNICIPALITY, PLEASE INFORM THIS OFFICE OF THIS MATTER WHEN YOU SUBMIT YOUR APPLICATION FOR EXAMINATION. A CANDIDATE CLAIMING SUCH CREDIT HAS A MINIMUM OF TWO MONTHS FROM THE APPLICATION DEADLINE TO PROVIDE THE NECESSARY DOCUMENTATION TO VERIFY ADDITIONAL CREDIT ELIGIBILITY. HOWEVER, NO CREDIT MAY BE ADDED AFTER THE ELIGIBLE LIST HAS BEEN ESTABLISHED.

NOTE: EFFECTIVE 1/1/98 ANY CANDIDATE WHO IS CURRENTLY SERVING IN THE ARMED FORCES OF THE UNITED STATES ON A FULL-TIME ACTIVE DUTY BASIS, OTHER THAN ACTIVE DUTY FOR TRAINING, MAY FILE FOR VETERAN'S CREDIT ON AN EXAMINATION **PRIOR TO THE LIST BEING ESTABLISHED.**

ADDITIONAL VETERAN'S CREDIT WILL BE GRANTED TO QUALIFYING CANDIDATES (PROOF OF ACTIVE DUTY MUST BE PROVIDED) ON A CONDITIONAL BASIS. A CANDIDATE RECEIVING CONDITIONAL VETERAN'S CREDITS MUST BE RESTRICTED FROM CERTIFICATION USING THE CREDITS UNTIL THE APPROPRIATE DOCUMENTARY PROOF INDICATING THAT THE SERVICE WAS IN TIME OF WAR AND THAT THE INDIVIDUAL RECEIVED AN HONORABLE DISCHARGE OR WAS RELEASED UNDER HONORABLE CIRCUMSTANCES HAS BEEN PRESENTED. IT IS THE CANDIDATE'S RESPONSIBILITY TO PROVIDE SUCH PROOF TO CIVIL SERVICE IN ORDER TO HAVE THE RESTRICTION REMOVED AND BE CERTIFIED AT A SCORE INCLUDING THE VETERAN'S CREDITS. UNTIL SUCH DOCUMENTATION IS SUBMITTED, A CANDIDATE, A CANDIDATE MAY ONLY BE CERTIFIED WITH THE EXAMINATION SCORE, NOT INCLUDING THE VETERAN'S CREDITS.

ANY MEMBER OF THE ARMED FORCES WHO PROPERLY FILED, WITHIN THE ANNOUNCED FILING PERIOD, AN APPLICATION FOR A COMPETITIVE EXAMINATION BUT WAS UNABLE TO PARTICIPATE IN THE EXAMINATION DUE TO ACTIVE MILITARY SERVICE, WILL BE PROVIDED WITH A SPECIAL MAKE-UP EXAMINATION UNDER THE TERMS AND CONDITIONS DEEMED APPROPRIATE BY THE STATE DEPARTMENT OF CIVIL SERVICE AND/OR LOCAL CIVIL SERVICE AGENCY. (CHECK WITH CIVIL SERVICE PERSONNEL FOR MORE INFORMATION)

INDIVIDUALS SERVING ON ACTIVE DUTY IN THE ARMED FORCES DURING THE FILING PERIOD FOR A CIVIL SERVICE EXAMINATION, OR INDIVIDUALS WHO HAVE BEEN DISCHARGED WITH OTHER THAN A DISHONORABLE DISCHARGE AFTER THE FILING PERIOD HAS COMMENCED WILL BE PERMITTED TO FILE AN APPLICATION FOR EXAMINATION NO LATER THAN TEN BUSINESS DAYS BEFORE THE SCHEDULED EXAMINATION DATE, OR THE LAST DATE TO FILE, WHICHEVER IS LATER. A SPECIAL MAKE-UP EXAMINATION WILL BE PROVIDED UNDER THE TERMS AND CONDITIONS DEEMED APPROPRIATE BY THE STATE DEPARTMENT OF CIVIL SERVICE AND/OR LOCAL CIVIL SERVICE AGENCY. (CHECK WITH CIVIL SERVICE PERSONNEL FOR MORE INFORMATION)

**NO VETERAN'S CREDIT MAY BE GRANTED AFTER THE ESTABLISHMENT OF THE ELIGIBLE LIST.**

SCHENECTADY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

**Schenectady County Employment Application  
Voluntary Self-Identification  
Statistical Data Record**

**Name** (Last name, first name, middle name): \_\_\_\_\_  
(Please print)

**Position applying for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Examination Applied for:**  
**Title:** \_\_\_\_\_ **Exam #** \_\_\_\_\_

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Schenectady County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, sex, age, religion, marital status, sexual orientation, gender identification, gender expression, status as a victim of domestic violence, citizenship, national origin, disability, veteran status, or any other classification protected by Federal, State or Local law. The information below will be used only in the administration of statistical data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This information will be kept in a confidential file separate from the application for employment or examination. Please return this page with your application.

**Gender: I am...(check one)**

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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**Ethnic Group: I am... (check one)**

	<b>American Indian or Alaskan Native</b> – A person having origins in any of the original peoples of North American and South America (including Central America), and who maintains tribal affiliation or community attachment.
	<b>Asian/Hawaiian/Pacific Islander</b> – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam; or a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	<b>Black or African American</b> – A person having origins in any of the Black racial groups of Africa.
	<b>Hispanic or Latino (All races)</b> – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or original, regardless of race.
	<b>White</b> – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East, not of Hispanic origin.

**Veteran Status: I am... (check one)**

	<b>Special Disabled Veteran</b> – (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 to 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.
	<b>Vietnam Era Veteran</b> – A Vietnam era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was preformed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

**Disabled Status: I am...**

	<b>Disabled Individual</b> – Under the Rehabilitation Act of 1973, a disabled individual is one who: has a physical or mental impairment which substantially limits one or more major life activity; has a record of such impairment; or is regarded as having such impairment. Major life activities: caring for oneself, walking, seeing, hearing, speaking, breathing, learning and working.
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[ ] I choose not to self-identify at this time.

Signed: _____	Date _____
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