



APPLICATION FOR EXAMINATION OR EMPLOYMENT

Title and/or Exam Number of Position

1. SOCIAL SECURITY NUMBER:

_____ - _____ - _____

2. FULL NAME AND ADDRESS

Last Name First Name M.I.

Mailing Address

City State Zip Code

RESIDENT STREET ADDRESS (if different from above):

PHONE NUMBER (include area code):

Cell Other

E-MAIL: _____

3. RESIDENCE

If you are applying for an open-competitive examination, please indicate, below, the municipality/district in which you will be a legal resident prior to the examination date.

County:

Town:

Village:

Name of School District:

4. CITIZENSHIP & AGE

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 Alien Registration Card at time of appointment)

Are you under 18? 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

LEAVE THIS SPACE BLANK

Exam Number _____ Approved by _____

Date Received _____ Pending _____

Fee \$ _____ Disapproved by _____

5. Are you taking exams with NY State or any other Civil Service Agency that are being held on the same date as the exam(s) you are applying for with Albany County?

Yes No

If yes, please attach the Cross-file Application (available on our website) and list all examinations. You do not need to cross-file if you are ONLY taking Albany County Civil Service exams scheduled for the same day.

6. Are you requesting special testing accommodation(s), such as:

- 1. For a disability? Yes No
- 2. An alternate test date? Yes No

Please submit your request(s) for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). If you request an alternate test date, please complete the Alternate Test Date Application.

7. CHECK APPROPRIATE BOXES:

- 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

If you answer "YES" to any of questions above, you must give specifics. (Attach additional sheets if necessary.)

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.

8. SERVICE IN ARMED FORCES

Have you ever served in the armed forces of the United States?

Yes, No

If your answer is "yes" please go to item 9.

9. VETERAN'S CREDITS

Do you claim additional credits as an honorably discharged war veteran?

- Yes, as a Non-disabled war veteran
- Yes, as a Disabled war veteran
- No

If the answer is yes then see form ACS-21a (page 3)

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

Date of Expiration: _____ Number: _____

Class: _____ Endorsements: _____

THIS DECLARATION MUST BE COMPLETED: 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 of applicant _____ Date _____

State any other names by which you have been known.

Education

Do you have a high school diploma or a high school equivalency diploma (GED)? Yes No

College, University, Professional or Technical School Information

Name of School and City in which located	Dates of attendance (Month/Year) From To	Type of Course of Major	Number of College Credits Received	Did you Graduate?	Type of degree received?	Date Degree Received or Expected

Transcript Policy: Transcripts must be submitted for those exams or positions that require a degree to meet the minimum qualifications as listed on the announcement or job posting. If a transcript is required, you do not necessarily need to provide an original or official copy. However, what you do submit must indicate completion of the degree (often listed as "degree conferred" or "degree awarded"), your name and the name of the college/university. We will accept online printouts as long as the aforementioned three items appear on the transcript. A URL address on an online transcript webpage is sufficient indication of the name of the school. Digital versions of transcripts may be submitted to: csinfo@albanycounty.com

Transcript is included with the application?

Transcript is on file with Albany County Civil Service?

Transcript will be submitted at a later date?

Please submit transcript(s) as soon as possible. You cannot be added to an eligible list until required transcript(s) have been submitted/approved.

Do you have a license, certificate, or other authorization to practice a trade or profession? Yes No

Name of trade or profession _____ Granted by (Licensing agency) _____ State of _____

Initial date of Licensure (required) Mo. _____ Yr. _____ License # _____ Currently Licensed From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Employment Experience

Describe below relevant experience that might qualify you for the position sought. It is your responsibility to demonstrate that you meet the minimum qualifications listed on the exam announcement or job posting. Only list relevant experience. **A resume is not a substitute.**

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
Avg. # of hours per week (required) Yes / No	Paid? Yes / No	Type of business	Title
			Name and title of Supervisor

Describe duties:

Reason for Leaving:

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
Avg. # of hours per week (required) Yes / No	Paid? Yes / No	Type of business	Title
			Name and title of Supervisor

Describe duties:

Reason for Leaving:

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
Avg. # of hours per week (required) Yes / No	Paid? Yes / No	Type of business	Title
			Name and title of Supervisor

Describe duties:

Reason for Leaving:

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, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, MARITAL STATUS, OR DISABILITY IN CONNECTION WITH EMPLOYMENT BY THE MUNICIPALITY.