



CITY OF OGDENSBURG, NY
MUNICIPAL CIVIL SERVICE COMMISSION
 330 FORD STREET, RM #4
 OGDENSBURG, NY 13669
 (315) 393-3540



APPLICATION FOR EMPLOYMENT OR EXAMINATION

Title of Position/Exam _____

Exam # if applicable _____

READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING. This application is part of the examination and must be filled out completely and accurately. Answer all questions fully. Attach additional sheets and documents if needed to give complete information. An incomplete application may result in disapproval. If you apply for more than one exam, a separate application or copy must be filed for each. PLEASE PRINT OR TYPE. A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE.

1. Social Security Number _____ / _____ / _____
 Date of Birth _____

2. Full Name and Address:
 Last Name _____ First Name _____ M.I. _____

Mailing Address _____

City/State/Zip _____

Phone Number (include area code) _____
 Home: _____ Other: _____
 Specify work, cell, etc.

REQUIRED INFORMATION
LEGAL ADDRESS (Not a Post Office Box #)

Number and Street _____

City/State/Zip _____

Length of time at this residence _____ YEARS/MONTHS

3. Are you a citizen of the United States: Yes No
 If no, 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.)

4. Are you requesting testing accommodations (such as for a disability or an alternate test date)? Yes No
 Please submit your requests for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). Follow instruction "G" on page 4 of this application.

5. Check appropriate box:
 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 less 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. Have you ever forfeited a bail bond posted to answer any criminal charge (felony, misdemeanor or violation including traffic infractions)? Yes No
 F. Are you now under charges for any crime (felony, misdemeanor or violation including traffic infractions)? Yes No

If you answered "YES" to any of the questions 5 A-F above, you must give specifics. (Attach additional 8 1/2" by 11" sheets.) If such explanation is insufficient, a confidential investigation supplement will 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.

6. VETERANS CREDITS: Are you claiming additional credits as an honorably discharged war veteran?
 Yes, as a Non-disabled war veteran No
 Yes, as a Disabled war veteran

If you are claiming additional credits as a war veteran, you must submit a copy of your separation papers (DD214) within two months of the last filing date for examination along with an application for use of Veterans Credits and Disability Record Authorization if applicable. See instruction "H" on page 4 of this application.

7. CROSS FILING: Have you applied for any other civil service exam to be given on the same test date? Yes No
 See instruction "C" on page 4 of this application.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. IT IS A CRIME, PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR SUBSEQUENT DISCHARGE FROM EMPLOYMENT.

THIS DECLARATION MUST BE COMPLETED. I declare, subject to the penalties of law, that the statements made in this application (including any accompanying papers) are true and complete to the best of my knowledge. I authorize the City of Ogdensburg to contact school/college and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application by the City of Ogdensburg does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

SIGNATURE: _____ DATE: _____

DO NOT WRITE IN SHADED AREAS – FOR CIVIL SERVICE USE ONLY

DATE RECEIVED	CHECK NUMBER
	<input type="checkbox"/> Approved <input type="checkbox"/> Conditional <input type="checkbox"/> Disapproved

**ALL APPLICANTS APPLYING FOR A VACANCY OR EXAM THAT REQUIRES A COLLEGE DEGREE
OR A SPECIFIC NUMBER OF CREDIT HOURS MUST SUBMIT AN OFFICIAL TRANSCRIPT.**

Education: Do you have a High School Diploma? Yes No If yes, year graduated: _____ If no, highest grade completed: _____

High School name & location: _____

If you have not completed High School, do you have a GED? Yes No

Issuing Authority: _____ Date of Issue: _____

Education Above High School: Name of School	Location (City/State)	Course or Major	Credits Completed Sem. Hrs. Qtr. Hrs.	Degree Received (Circle One)	Year
_____	_____	_____	_____	AS BS/BA MA	_____
_____	_____	_____	_____	AS BS/BA MA	_____
_____	_____	_____	_____	AS BS/BA MA	_____

Additional Related Training: Other relative training you have completed. Please estimate training hours received.

School/Institution	Location (City/State)	Course or Program	Hours	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Licenses and/or Certifications:

Skill, Trade or Profession: _____ License/Certificate #: _____

Name of Issuing Agency: _____ Valid From: _____ To: _____

Is this certification permanent? Yes No

Skill, Trade or Profession: _____ License/Certificate #: _____

Name of Issuing Agency: _____ Valid From: _____ To: _____

Is this certification permanent? Yes No

Driver's License # _____ **State of Issue:** _____ **Expiration Date:** _____ **Class:** _____

Work Experience:

Please describe all duties performed for all positions held. To receive credit for a job, you must complete all information requested, including job title, employer and supervisor's name and address, duties, specific dates (month/year) and hours per week. You may also attach additional sheets as necessary, but please be sure to include all information as requested on this form.

A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Work Experience: List most recent employment first.

Job Title: _____ Start Date: _____ End Date: _____ Hours/Week: _____
(Month/Year) (Month/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Earnings: \$ _____ Reason for leaving: _____

Work Experience: List most recent employment first.

Job Title: _____ Start Date: _____ End Date: _____ Hours/Week: _____
(Month/Year) (Month/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Earnings: \$ _____ Reason for leaving: _____

Work Experience: List most recent employment first.

Job Title: _____ Start Date: _____ End Date: _____ Hours/Week: _____
(Month/Year) (Month/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Earnings: \$ _____ Reason for leaving: _____

Work Experience: List most recent employment first.

Job Title: _____ Start Date: _____ End Date: _____ Hours/Week: _____
(Month/Year) (Month/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Earnings: \$ _____ Reason for leaving: _____

Work Experience: List most recent employment first.

Job Title: _____ Start Date: _____ End Date: _____ Hours/Week: _____
(Month/Year) (Month/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Earnings: \$ _____ Reason for leaving: _____

INFORMATION AND INSTRUCTIONS

There is a non-refundable application filing fee per examination number. A check or money order payable to "Ogdensburg Civil Service Commission" must accompany this application. Record all exam numbers on the check. Applications received without the filing fee will be returned.

- A. EXAMINATION ANNOUNCEMENT:** Before filling out your application, read the announcement for this examination carefully.
- B. QUALIFICATIONS:** The applicant must meet the minimum qualifications as written in the announcement. The burden of establishing required qualifications is the responsibility of the applicant. Fees are not refunded for disqualification.
- C. CROSS FILERS:** Cross Filing applies to examinations only. Please see exam announcement for instructions.
- D. ADMISSION TO EXAMINATION:** Admission notices are mailed the week prior to the examination date. If you do not receive a notice three days prior to the exam date, call (315) 393-3540. Candidates will be required to bring proof of identification to the examination. Participation in the examination does not mean you have been found to meet the announcement requirements. Applications will be rejected for lateness, if postmarked or received after the last filing date.
- E. DISQUALIFICATION APPEAL:** Any appeal of a disqualification notice must be made in writing and received in the Office of the Civil Service Commission by the date and time indicated in the notice.
- F. LEGAL ADDRESS CHANGES:** You must report a change in address to insure proper notification of test results and certification of civil service lists. Residency must be established 4 months prior to the examination date in order to meet residence preference requirements.
- G. TESTING ACCOMMODATIONS (ATTACH REQUEST):** If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required. Most written tests are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a documented religious observance or practice, we will make arrangements for you to take the test on a different date. Please check the appropriate box below.

AN ALTERNATE TEST DATE MAY BE REQUESTED ONLY FOR ONE OF THE FOLLOWING REASONS: (CHECK APPROPRIATE BOX)

- 1. A death in the immediate family or household within the week preceding the examination.
- 2. Medical emergencies involving the candidate or member(s) of the immediate family.
- 3. Military Orders (A copy of orders is required).
- 4. Religious Observance – Candidate must submit required form.
- 5. Wedding – must be a member of the wedding party or member of the immediate family of the bride or groom.
- 6. Vacation for which a non-refundable down payment was made before the exam announcement was issued.
- 7. Required court appearances.

WITH THE EXCEPTION OF REASONS 1 AND 2, REQUESTS MUST BE MADE IN WRITING WITH DOCUMENTATION ATTACHED TO THE APPLICATION.

H. VETERANS CREDITS: If you received or expect to receive an honorable discharge from the Armed Forces of the United States, as a war-time veteran or disabled veteran as defined below, you may claim extra credits to be added to your exam score, if you pass. The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, and 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.

Discharged Veterans are required to submit a copy of their DD214 discharge papers. Active duty members of the Armed Forces must submit proof of active duty status, such as current Military ID, Military orders or other official Military document that substantiates active duty status. To claim credits as a Disabled Veteran, you must be entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.

Are you claiming credit as a Veteran? Yes No Active service member? Yes No As a Disabled Veteran? Yes No

Have you used your Veterans credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951? Yes No

CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED OR ARE SERVING IN THE ARMED FORCES OF THE UNITED STATES

		FROM MO/YR	TO MO/YR
<input type="checkbox"/>	World War II:-----	December 7, 1941 – December 31, 1946 -----	()----- ()
<input type="checkbox"/>	Korean Conflict:-----	June 27, 1950 – January 31, 1955 -----	()----- ()
<input type="checkbox"/>	Vietnam Conflict:-----	February 28, 1961 – May 7, 1975 -----	()----- ()
* <input type="checkbox"/>	Hostilities in Lebanon:-----	June 1, 1983 – December 1, 1987 -----	()----- ()
* <input type="checkbox"/>	Hostilities in Grenada:-----	October 23, 1983 – November 21, 1983 -----	()----- ()
* <input type="checkbox"/>	Hostilities in Panama:-----	December 20, 1989 – January 31, 1990 -----	()----- ()
<input type="checkbox"/>	Persian Gulf Conflict:-----	August 2, 1990 – () -----	()----- ()
<input type="checkbox"/>	US Public Health Service:-----	July 29, 1945 – December 31, 1946 or June 26, 1950 – July 3, 1952 -----	()----- ()
<input type="checkbox"/>	Active Duty:-----		()----- ()

*NOTE: Credit for Lebanon, Grenada and Panama will be limited to veterans who received the Armed Forces, Navy or Marine Corps Expeditionary Medal.

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.