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# ONEONTA MUNICIPAL CIVIL SERVICE COMMISSION

C/O CITY HALL, 258 MAIN STREET

ONEONTA, NY 13820

PHONE: (607) 432-0670; WEB: [www.oneonta.ny.us/personnel](http://www.oneonta.ny.us/personnel)

## APPLICATION FOR EXAMINATION OR EMPLOYMENT

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**

NEW YORK STATE PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF VARIOUS PROTECTED STATUSES AS DEFINED IN HUMAN RIGHTS LAW, ARTICLE 15. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO THE DEFINED PROTECTED STATUSES IN CONNECTION WITH EMPLOYMENT.  
A LIST OF PROTECTED STATUSES IS DETAILED AT [WWW.ONEONTA.NY.US/PERSONNEL](http://WWW.ONEONTA.NY.US/PERSONNEL).

### POSITION TITLE AND EXAM NUMBER (if relevant)

#### PERSONAL INFORMATION:

Last Name	First Name	Middle Initial
Physical Address: Street		
	City	State
	City	State
Mailing Address (if different): Street		
	City	State
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.
Are you a resident of the City of Oneonta? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Please state below your permanent legal residence and indicate for how long you have resided there continuously.</b>				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 a 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:				

#### 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
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**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 in 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	-----	
Was this experience: Paid Service Voluntary Service	-----	
Hours per week:	-----	

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Your Exact Title	-----	
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**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.

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