

Fee Received:

Recommendation:

**RENSSELAER COUNTY
CIVIL SERVICE COMMISSION
NED PATTISON GOVERNMENT CENTER
1600 SEVENTH AVENUE, TROY, NEW YORK 12180**

Amount _____

Approved by: _____

Check _____

Disapproved by: _____

MO _____

Rec'd by: _____

APPLICATION FOR EXAMINATION OR EMPLOYMENT
Exam Number/Title or Position Applying For:

Form MSD 330 (REVISED 3-04)

This application is part of your examination. ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in ink or use a typewriter. Attach additional sheets if necessary in order to give complete and detailed information. Most written test are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, check the box under "Religious Accommodation." We will make arrangements for you to take the test on a different date.

1. Social Security Number: _____

2. Name :(Last,First,Middle) _____ Phone# _____

Address: _____

Email address _____ (optional)

Immediate Notice should be given if any changes in address before or after examination.

3. State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application:

	Years	Months
City or Village of:		
Town of:		
County of:		
State of:		
Name of School District		

4. CHECK APPROPRIATE BOX TO THE RIGHT OF EACH QUESTION.

- | | Yes | No |
|---|--------------------------|--------------------------|
| A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Did you ever resign from an employment rather than face dismissal? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you ever received an Dishonorable Discharge from the Armed Forces of the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever been convicted of any crime (felony or misdemeanor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are you now under charges for any crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" to any of the questions A-F above, attach an additional sheet giving complete details.

5. Are you currently a U. S. citizen? Yes No

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant

Date

12. EDUCATION ABOVE HIGH SCHOOL LEVEL:

Name of School	Location	Course or Major	Credits Completed	Degree/Certif. Recv'd
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. LICENSE/CERTIFICATION:

Do you have a license, certification, or other authorization to practice a trade or Profession? Yes ___ No ___
If yes, is this certification permanent? Yes ___ No ___

Name of trade or profession: _____ License/Certificate Number: _____

Licensing Agency: _____ Licensed from: _____ to: _____

14. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes ___ No ___

15. EXPERIENCE: Describe under the heading given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position and as far as possible every other employment including service beginning with your most recent employment and work backward to consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed.

Length of Employment: From ___ to ___ Firm Name: _____ Address: _____

Type of Business: _____ Your Title: _____ Immediate Supervisors Name: _____

Description of Duties:

Reason for leaving: _____ Salary: _____ Hours worked per week _____

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Type of Business: _____ Your Title: _____ Immediate Supervisors Name: _____

Description of Duties:

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Type of Business: _____ Your Title: _____ Immediate Supervisors Name: _____

Description of Duties:

Reason for leaving: _____ Salary: _____ Hours worked per week _____

Please use this sheet for any additional information you may need to provide.

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