



APPLICATION FOR EXAMINATION and/or EMPLOYMENT

The City of Saratoga Springs Civil Service Commission

474 Broadway
 Saratoga Springs, NY 12866-2366
 (518) 587-3550 ext. 2602 www.saratoga-springs.org
civilservice@saratoga-springs.org

The City of Saratoga Springs is an Equal Opportunity Employer. The City does not unlawfully discriminate in employment because of age, race, religion, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status. Before you can be employed in any position, you will be required to produce documents that establish your identity and your eligibility to be employed in the United States.

This application will be part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions listed on the Examination Announcement for more information.

Position Title Or ↓	
Exam Title (If applicable)	Exam #:

Last Name		First Name		MI	
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Police Officer & Firefighter Candidates <u>Only</u> - Enter Date of Birth	Month	Day	Year

Are you 18 years of age or older?	Yes	No
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ADDRESS

Street Address					
Mailing Address (if different)					
City, Town or Village		State		Zip	
Phone Number	Home		Cell		
Email					
Are you currently a permanent resident of New York State?	YES				NO

RESIDENCY REQUIREMENT

Candidates must meet the Residency Requirements as stated on the examination or vacancy announcement. You must complete the following to determine if you meet these Residency Requirements. ***If there is no Residency Requirement listed on the announcement, you do not have to complete this section.***

Jurisdiction	Name of Jurisdiction	As of the date of this application, have you legally resided in this jurisdiction for one (1) month or more?	
		YES or NO	If "No"- list the date you will meet this one-month residency requirement.
State			
Village/Town			
City			
County			

How did you learn about this employment or civil service exam opportunity?

CIVIL SERVICE USE ONLY		
Examination Fee _____	Fee Waiver _____	Veteran Credit Application and DD214 _____
Application Approved _____	Disapproved Because _____	Conditional Approval, Pending _____
Sent to Department _____	Comments _____	

Special Testing Arrangements (Refer to General Conditions and Instructions listed on the Examination Announcement). If you need a special arrangement or accommodation to take the examination, check below and contact the Civil Service Office at (518) 587-3550 ext. 2602. **I need a special testing arrangements _____**

VETERANS CREDITS

(For civil service examinations only)

If you wish to apply for Veterans Credits, complete the following and attach a copy of your DD Form 214 Member 4. (Refer to General Conditions and Instructions). If "No" SKIP this section.	Yes	No
Have you ever served in the Armed Forces of the United States? <i>(The Armed Forces 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 US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).</i>		
Did you serve in the Armed Forces during any of the following periods:		
February 28, 1961 – May 7, 1975		
August 2, 1990 – end of hostilities		
*Lebanon: June 1, 1983 – December 1, 1987		
*Granada: October 23, 1983 – November 21, 1983		
*Panama: December 20, 1989 – January 31, 1990		
<i>*Credit for Lebanon, Grenada and Panama is limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.</i>		
**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? **		
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the Veterans Affairs Dept.?		
Are you currently a resident of New York State?		

ADDITIONAL QUESTIONS

Have you <u>ever</u> been employed by the City of Saratoga Springs, the Saratoga Springs School District, Saratoga Springs Public Library or the Saratoga Springs Housing Authority. (This is asked so if you are hired, your previous personnel file and employment roster card can be re activated rather than duplicated)	Yes	No	If Yes, please explain:
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Check the appropriate box to the right of each question.	Yes	No
a. Were you dismissed or discharged from any employment for reasons other than lack of work or funds or medical reasons?		
b. Did you ever resign from any employment rather than face dismissal?		
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 the other than honorable circumstances?		
d. Have you ever been convicted of any crime (felony or misdemeanor)?		
e. Are you now under charges for any crime?		

If you answered "Yes" to any of the above questions (a – e), you may give specifics under Remarks below. If you elect not to provide specifics 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 position(s) for which you are applying. Failure to disclose a prior conviction may result in denial of employment or subsequent termination of employment based on falsification of the employment application.**

REMARKS: _____

DRIVERS LICENSE

Complete the following only if a license to operate a motor vehicle is required/preferred for the position that you are applying.

State Issued <i>and</i> Class of Driver's License		Is this Driver's License Currently Valid?	Yes	No
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EDUCATION

High School		YES	NO
Have you Graduated from High School or do you have possession of a High School Equivalency Diploma?			
If "Yes", City and State of High School:			
Equivalency Diploma Number:			

College, University, Professional or Technical School						
If educational requirements are part of the minimum qualifications stated on the announcement, and your qualifying education was received outside of the United States of America, you will be required to contact a <i>credential evaluation service</i> and submit their evaluation of your credits to civil service.						
Name of School	Number of College Credits Received	Type of Degree Earned	Major Subject or Type of Course	Did You Graduate?		Month/Year Degree Received or Expected
				YES	NO	

LICENSE OR CERTIFICATION			
Complete the following if a License, Certification or other authorization to practice a trade or profession is required or preferred on the vacancy announcement and/or examination announcement for which you are applying.			
Name of Trade or Profession:		Specialty	
License Number:			
Granted by (Licensing Agency):		City/State	
Date License First Issued:		Registered From:	Registered To:

EXPERIENCE

All sections must be filled out completely even if you attach a resume. Approval of your application is dependent upon the information provided on this application only. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties* clearly and in detail describe the nature of work which you personally performed. Verified and documented volunteer/internship experience will only be credited when specifically stated on the examination or vacancy announcement. You may attach additional sheets if you need more space.

Length of Employment	Month AND Year	Employers Name:	
From:	To:	Employers Address:	
Circle one: Paid or Intern or Volunteer		DESCRIPTION OF DUTIES	
Your Exact Title			
Name of Your Supervisor			
Hours worked per week. (exclusive of overtime)			
Reason for Leaving			

Length of Employment		Month <u>AND</u> Year		Employers Name:	
From:		To:		Employers Address:	
Circle one: Paid or Intern or Volunteer				DESCRIPTION OF DUTIES	
Your Exact Title					
Name of Your Supervisor					
Hours worked per week. (exclusive of overtime)					
Reason for Leaving					

Length of Employment		Month <u>AND</u> Year		Employers Name:	
From:		To:		Employers Address:	
Circle one: Paid or Intern or Volunteer				DESCRIPTION OF DUTIES	
Your Exact Title					
Name of Your Supervisor					
Hours worked / wk. (exclusive of overtime)					
Reason for Leaving					

Length of Employment		Month <u>AND</u> Year		Employers Name:	
From:		To:		Employers Address:	
Circle one: Paid or Intern or Volunteer				DESCRIPTION OF DUTIES	
Your Exact Title					
Name of Your Supervisor					
Hours worked per week. (exclusive of overtime)					
Reason for Leaving					

PLEASE READ AND SIGN

AFFIRMATION: I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. If applying for a Recreation position, a DCJS background check will be ran to ensure that I am not on the Sex Offender Registry. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for requires a pre-employment drug test (ex: Police and Fire) I understand that as a condition of appointment to this position, I will be required to take and pass a pre-employment drug test.

Applicant Signature (not a printed font) _____ **Date of Signature** _____