



City of Amsterdam Civil Service

Employment and Examination Application

Insert Title or Position Applying for on line above

An Equal Opportunity Employer

Leave Blank: _____

Date received _____

Fee Paid _____

Leave Blank: (Application)

Approved

Disapproved

Conditional

This application is a part of your examination. Answer all questions fully and carefully in ink or typed. Some question can be answered with an "x" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information

Name Address Phone number

Last _____ First _____ MI _____

Street Address _____ PO Box _____

City _____ State _____ ZIP _____

Home Phone _____ Business Phone _____

SOCIAL SECURITY NUMBER

VETERANS' CREDITS

Do you draw additional credits on this exam as a veteran? CHECK ONE

YES, as a disabled war veteran

Yes, as a non-disabled war veteran

NO

If "YES" please request and fill our separate form for veteran's credits.

SPECIAL ARRANGEMENTS

For a disability? Yes No

An alternate Test date Yes No

CITIZENSHIP AND AGE

If you are 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 Cards at time of appointment)

Are you under 18 years of age 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:

Month _____ Day _____ Year _____

RESIDENCE

State your actual permanent legal residence and how long you have resided there continually, up to and including the date of this application

	NAME	YEARS	MONTHS
School District	_____	_____	_____
City or Village of	_____	_____	_____
Town of	_____	_____	_____
County of	_____	_____	_____
State of	_____	_____	_____

Are you taking exams with NYS or any other County, Town or City that are being held on the same date as the exam(s) you are applying for with the City of Amsterdam?

Yes

No

N/A

CHECK APPROPRIATE BOXES

Were you ever dismissed or discharged from any Employment

For reason other than lack of work or funds ? Yes No

Did you ever resign from any employment rather than face dismissal

Yes No

Did you ever receive a discharge from the Armed Forces of the United State which was other than "honorable", or which was issued under other than honorable circumstances? Yes No

If you answer yes to any of the above questions, you must give specifics (attach additional sheets if needed)

None of the above circumstances represent an automatic bar to employment. Each case is considered and evaluated on individual merits in relations to the duties and responsibilities of the position(s) for which you are applying.

NEW YORK STATE HUMAN RIGHTS LAW (ARTICLE 15) Prohibits discrimination I employment because of age, 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 limitations, specification, or discrimination as to age, race, color National origin, sex, disability, marital status or criminal record in connection with employment by the municipality.

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

MAIL OR DELIVER TO:

Amsterdam Civil Service Commission

City Hall

61 Church Street

Amsterdam NY 12010

Education

Do you have a high school diploma? Yes No Name and Location of High School: _____

Or a High School Equivalency (GED) Diploma? Yes No

College/University

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

College Transcripts (omit if not applicable)

Is transcript submitted herewith? Is transcript on file with Albany County Civil Service? Is College to forward transcript?

Professional Schools, Residencies, Military Service Schools, Other Schools

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 _____ License # _____ Currently Licensed From: Mo. Yr. To: Mo. Yr.

EXPERIENCE: Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including military service. Begin with your most recent employment and work backward consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed. **A resume is not a substitute.**

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

Reason for Leaving:

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER AND ATTACH SUCH SHEETS TO TOP OF PAGE

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.