

# EMPLOYMENT APPLICATION



Town of Palmyra  
1180 Canandaigua Rd.  
Palmyra NY 14522  
(315) 597-5521



Position Title \_\_\_\_\_

Examination Number \_\_\_\_\_

This application is part of your examination. Answer all questions fully and carefully in ink or by typewriter. Refer to Instructions and Information on page 4. Attach additional sheets if necessary in order to give complete and detailed information.

1. NAME, MAILING ADDRESS AND PHONE (Please Print)

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Include Area Code) \_\_\_\_\_

Home: \_\_\_\_\_ Business \_\_\_\_\_

2. SOCIAL SECURITY NUMBER \_\_\_\_\_

3. Are you under 18 or over 70 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:

Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. VETERANS CREDITS ( See Instruction E )

If, for this examination, you wish to claim additional credit as an honorably discharged veteran, complete the appropriate section on the last page of this application.

5. Are you a citizen of the United States?  Yes  No

If you are not 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 I-151 or I-551 Alien Registration Cards at time of appointment).

6. Have you been a legal resident of Wayne County for at least four months up to and including the date of this application

YES  NO

List the following jurisdictions you are currently a resident of:

School District \_\_\_\_\_

City or Village \_\_\_\_\_

Town \_\_\_\_\_

7. Check appropriate box to the right of each question:

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 other 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 bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO

If you answered "YES" to any of the Questions 7 A-E above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, 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 duties and responsibilities of the position(s) for which you are applying.

8. Have you any objections to this department making inquiry regarding your character and qualifications from:

a) Your former employers?  YES  NO

b) Your present employer?  YES  NO

If answer is Yes to either question explain in 'Remarks' section on page 4.

Section 504 of the Rehabilitation Act of 1973 and 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.

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

THIS AFFIRMATION MUST BE COMPLETED

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_





LENGTH OF EMPLOYMENT FROM MO / YR TO MO / YR	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ / WK / MO / YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME & TITLE			
REASON FOR LEAVING			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT FROM MO / YR TO MO / YR	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ / WK / MO / YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME & TITLE			
REASON FOR LEAVING			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT FROM MO / YR TO MO / YR	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ / WK / MO / YR	DESCRIBE DUTIES BELOW:		
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YOUR EXACT TITLE			
SUPERVISOR'S NAME & TITLE			
REASON FOR LEAVING			
No. of hours worked per week (exclusive of overtime)			

REMARKS REGARDING EXPERIENCE OR EDUCATION:

**INSTRUCTIONS AND INFORMATION**

**A. ANNOUNCEMENT OF EXAMINATION**

Before filling out your application, read carefully the announcement for this examination.

When completing your application be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

**B. ADMISSION TO EXAMINATION**

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will **NOT** be notified of their score.

Call or wire this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

**C. CHANGE OF ADDRESS**

Notify this agency immediately of any change of address. When writing give the number and title of examination.

**D. SPECIAL ARRANGEMENTS**

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination(s)), or a Handicapped Person (require special arrangements in order to participate in the examination(s)), you must notify the agency no later than the last date of filing for the examination. Your request must include the examination number and title and the type of special arrangements required.

Check one:

- Religious Observer  
 Handicapped Person

**E. VETERANS CREDITS**

If you are making a claim for veterans credits with this application, be sure you read the following information very carefully:

Check the appropriate box below and answer questions A - F. Failure to do so, accurately and completely, may result in a denial of your claim.

- Disabled War Veteran  
 Non-Disabled War Veteran

OR

The armed forces expeditionary medal, navy expeditionary medal, or marine corps expeditionary medal for:

YES NO

- Hostilities in Lebanon...June 1, 1983-December 1, 1987
- Hostilities in Grenada...October 23, 1983-November 21, 1983
- Hostilities in Panama...December 20, 1989-January 31, 1990

- D. Are you currently a resident of New York State? YES NO
- E. Since January 1, 1951, have you 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? YES NO

If you are claiming credits as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions 10A-D and a "NO" answer to question 10E, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a "Time of War" as indicated in question C.

Persons claiming credits as disabled war veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veterans credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

Please submit a copy of your DD-214 verifying the character of your discharge and dates of service.

Branch of service \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Dates of Military Service \_\_\_\_\_

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

REMARKS:

Section 50b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?  
 ----- Yes ----- No

If yes, are you presently in default?

----- Yes ----- No

- A. Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" 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 United States pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes.) YES NO
- B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? YES NO
- C. Did you serve in the Armed Forces of the United States during any of the following periods? YES NO
- World War I...April 6, 1917-November 11, 1918
  - World War II...December 7, 1941-December 31, 1946
  - Korean Conflict...June 27, 1950-January 31, 1955
  - Viet Nam Conflict...December 22, 1961 - May 7, 1975
  - Persian Gulf Conflict...August 2, 1990 - the date upon which such hostilities end
- OR
- Commissioned corps of the US public health services: YES NO  
 July 29, 1945-September 1, 1945 and June 26, 1950-  
 July 3, 1952,