



APPLICATION FOR EXAMINATION OR EMPLOYMENT

Albany County Summer Youth Employment Program

_____ Title and Exam Number of Position applying for

This application is part of your examination. Answer all questions fully and carefully in ink or in typewriter. Some questions 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.

1. SOCIAL SECURITY NUMBER:

_____ - _____ - _____

2. FULL NAME AND ADDRESS

Last Name First Name M.I.

Mailing Address

City State Zip Code

2a. RESIDENT STREET ADDRESS (if different from above):

2b. PHONE NUMBER (include area code):

Home Other Specify (work, cell, etc.)

2c. E-MAIL: _____

3. RESIDENCE

If you are applying for an open-competitive examination, please indicate, below, the municipality/district in which you will be a legal resident prior to the examination date.

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

4. CITIZENSHIP & AGE

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 Alien Registration Card at time of appointment)

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

LEAVE THIS SPACE BLANK

Exam Number _____ Approved by _____

Date Received _____ Pending _____

Fee \$ _____ Disapproved by _____

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

Yes No

If yes, please attach the Cross-file Application and list all examinations. This can be found on our website.

6. Are you requesting special testing accommodation(s), such as:

1. For a disability? Yes No

2. An alternate test date? Yes No

Please submit your request(s) for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). If you request an alternate test date, please complete the Alternate Test Date Application.

7. CHECK APPROPRIATE BOXES:

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

If you answer "YES" to any of questions above, you must give specifics. (Attach additional sheets if necessary.)

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. SERVICE IN ARMED FORCES

Have you ever served in the armed forces of the United States?

Yes, No

If your answer is "yes" please go to item 9.

9. VETERAN'S CREDITS

Do you claim additional credits as an honorably discharged war veteran?

Yes, as a Non-disabled war veteran

Yes, as a Disabled war veteran

No

If the answer is yes then see form ACS-21a (page 3)

If a motor vehicle license is required for the position for which you are applying, please give the following:

Chauffeur Operator

Class: _____ Date of Expiration: _____ Number: _____

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 _____

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

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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
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	# of hours/week	Type of business	Title	Name and title of Supervisor
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Describe duties:

Reason for Leaving:

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
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	# of hours/week	Type of business	Title	Name and title of Supervisor
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Describe duties:

Reason for Leaving:

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
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	# of hours/week	Type of business	Title	Name and title of Supervisor
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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, 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, MARITAL STATUS, OR DISABILITY IN CONNECTION WITH EMPLOYMENT BY THE MUNICIPALITY.