

MIDDLETOWN CIVIL SERVICE COMMISSION
16 JAMES STREET • BOX 5 • CITY HALL
MIDDLETOWN, NEW YORK 10940
(845) 346-4106

APPLICATION FOR EXAMINATION/EMPLOYMENT

Candidates for examination are instructed to avail themselves of the appropriate exam announcement prepared by, and available from, the Middletown Civil Service Commission. This application is part of your examination. Answer all applicable questions fully and carefully in ink or typewrite. 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.

PRINT LEGIBLY IN INK OR TYPEWRITE

1. If you are filing for more than one examination on this application be sure that they are all SCHEDULED TO BE HELD ON THE SAME DATE (check the announcement for each examination). If you wish to file for examinations being held on different dates submit a separate application for each date.

Exam Nos.	Exam Date	Titles	Personnel Use Only
			#1 A C D
			#2 A C D
			#3 A C D
			#4 A C D
			#5 A C D

2. SOCIAL SECURITY NUMBER

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3. FULL NAME

_____	_____	_____
Last Name	First Name	Initial

Street Address or Rd.		
_____	_____	_____
City	State	Zip Code

Immediate notice should be given of any change in mailing address before or after examination.

4. Cell Phone No. _____

Home or Business _____

Email Address _____

5. SPECIAL ARRANGEMENTS (Optional)

Check box below if you need special accommodations to participate in the examination:

- Religious Observer - For religious reasons cannot be tested on the date of examination.
- Other _____
(requires supporting documentation)
- Disabled Person - Under REMARKS indicate type of assistance required.

6. RESIDENCY

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

	YRS	MOS
City of _____		
Town of _____		
County of _____		
State of _____		
School District _____		

7. VETERANS CREDITS

Did you serve in the armed forces of the United States on a full-time active duty basis during wartime and receive an honorable discharge?

If YES, you MAY be eligible to claim credits as a Disabled or Non-Disabled Veteran.

YES, I WISH TO CLAIM CREDITS AS A NON-
DISABLED VETERAN, PLEASE SEND APPLICATION

YES, I WISH TO CLAIM CREDITS AS A
DISABLED VETERAN, PLEASE SEND APPLICATION

NO, I DO NOT WISH TO CLAIM VETERANS
 CREDITS

8. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? YES NO
- If so, are you presently in default on any such loan? YES NO

9. Check appropriate box to 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. Are you now under charges for any crime? YES NO
- F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO

None of the 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. If you answered "YES" to any of the questions above, you may give specifics under "REMARKS". If you elect not to provide specifics, however, or if such explanation is insufficient, a confidential inquiry will be sent to you.

10. A. GENDER: Male _____ Female _____
(Enter gender only if applying for entry level Police Officer Exam.)
- B. BIRTH DATE: Mo. _____ Day _____ Yr. _____
(Enter birth date only if minimum and/or maximum age limits are established for the position, e.g. police officer, or under 18 years of age.)
- C. Are you a citizen of the United States? (Answer only if citizenship is a requirement for the position for which you are applying.) YES NO
- D. If you are not a citizen, do you have the legal right to accept employment in the United States? Please give alien registration number _____
(Note: Citizenship is no longer a requirement for employment, except for Public Officer Positions.) YES NO
- E. Are you a retiree from New York State or any civil division thereof? YES NO
- F. Are you an Exempt Fireman? YES NO

11. Have you any objections to this department making inquiry regarding your character and qualifications from:
Your former employer? YES NO
Your present employer? YES NO
If answer is "YES", please explain under REMARKS

12. LICENSES — If a license, certificate or other authorization to practice a trade or profession is a requirement of the position for which you are applying, complete the following question: If not currently licensed check this box .
- Trade/Profession _____
License/Certificate No. _____
Licensing Agency _____
City/State _____
Expiration Date _____

**DO NOT WRITE IN THIS SPACE
TRG & EXPERIENCE**

For questions 13-15 you need answer only those questions which pertain to requirements listed on the announcement for the examination(s) for which you are filing or set forth in the specification for the position applied for. If in doubt, answer all questions.

Rated By _____
Checked By _____



13. EDUCATION

Have you graduated from high school? YES NO

If yes, year graduated _____

If no, highest grade completed _____

Name and location of high school _____

If you have a high school equivalency diploma, indicate issuing Government Authority _____

Number and Date of Issue _____

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

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EARNINGS (Circle One) \$ /WK/MO/YR		DUTIES		
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NAME OF YOUR SUPERVISOR				
SUPERVISOR'S TITLE				
No. of hours worked per week (exclusive of overtime)				

REMARKS:

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.)

SIGNATURE OF APPLICANT

DATE

Please print any other surname (last name) by which you are or have been known.

NOTE: CHECK TO MAKE SURE THAT ALL APPLICABLE QUESTIONS HAVE BEEN ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN ITS DISAPPROVAL. A RESUME MAY NOT BE SUBMITTED IN LIEU OF COMPLETING THE APPLICATION.

MAIL OR DELIVER TO:

**MIDDLETOWN CIVIL SERVICE COMMISSION
16 JAMES STREET, BOX 5
MIDDLETOWN, NEW YORK 10940**

MIDDLETOWN CIVIL SERVICE COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, or marital status and 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 in the municipal service of the City of Middletown.

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL INFORMATION

Name and Location of School	Date of Attendance (Month & Year)		Day or Night	Full or Part Time	# of Years Credited	Were You Graduated?	Type of Course or Major Subject	# of Credits Rec'd	Degree Rec'd	Date of Degree
	From	To								
Other Schools or Special Courses										

14. Do you have a valid license to operate a motor vehicle in New York State? Yes, Class _____ No

15. **DESCRIPTION OF EXPERIENCE:** Beginning with your most recent experience, describe below in detail ALL employment that is pertinent to the position for which you are applying. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If relevant volunteer (unpaid experience) is acceptable as qualifying, describe it in the same way as paid work. If you have had military service which includes experience pertinent to the position, describe such employment as a separate employment. If your title or duties changed materially in the course of your service in any one organization, show the dates of the changes and describe each job as a separate employment. Under "Duties" for each employment describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of work. If you supervised a working force, state its size and nature and the extent of such supervision. (If more space is needed, attach 8½ x 11 sheets of paper.)

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

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YOUR SIGNATURE IS REQUIRED ON THE REVERSE OF THIS PAGE