



MONTGOMERY COUNTY NY

An Equal Opportunity Employer

Montgomery County Personnel Department

County Annex Bldg – 20 Park Street
PO Box 1500
Fonda, NY 12068-1500

www.co.montgomery.ny.us

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Received

Title and Exam Number of Position Applying For

This application is part of your examination. Answer all questions fully and carefully in ink or typed. 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. Incomplete applications may result in disapproval.

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:

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

Table with columns: NAME, YEARS, MONTHS. Rows: City or Village, Town, County, State, 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)

Are you under 18? 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:

LEAVE THIS SPACE BLANK

Exam Number: Approved By:

Fee \$: Conditional By:

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 Montgomery County?

Yes No N/A

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 N/A
2. An alternate test date? Yes No N/A

Please submit your request(s) for accommodation's 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
D. Have you ever been convicted of any crime (felony, misdemeanor)? Yes No
E. Are you now under charges for any crime? Yes No

If you answer "YES" to any of the 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.

THE NEW YORK STATE HUMAN RIGHTS LAW (ARTICLE 15) PROHIBITS DISCRIMINATION IN 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.

ANY AND ALL STATEMENTS MADE ON THIS APPLICATION OR MADE IN CONNECTION WITH IT, INCLUDING ANY ATTACHMENTS OR AMENDMENTS, ARE SUBJECT TO VERIFICATION.

- 8. VETERANS' CREDITS:** To claim additional credit as an honorably discharged veteran, you must check the appropriate box below and answer questions A-D. (You must request, complete and return a separate Application for Veteran's Credit and proof of eligibility by the date indicated on the form.)
- No
- NON-DISABLED VETERAN** – A member of the Armed Forces of the U.S. who served time in war as defined by Civil Service Law and who was honorably discharged or released under honorable circumstances from such service.
- DISABLED VETERAN** – A veteran who is certified by the U.S. Veterans Administration as entitled to receive disability payments upon the certification of such Veteran's Administration for at least 10% disability incurred by him in time of war and is in existence at the time of application.
- CURRENTLY ON ACTIVE DUTY** – On active duty (other than for training purposes) in the Armed Forces of the United States.
- 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 or Coast Guard, including all components thereof and the National Guard when in the services 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 ever serve in the Armed Forces of the U.S. during any of the following periods?
Apr 6, 1917-Nov 11, 1918; Dec 7, 1941-Dec 31, 1946; June 27, 1950-Jan 31, 1955; Feb 28, 1961-May 7, 1975; Persian Gulf conflict from Aug 2, 1990-to the end of such hostilities; Commissioned Corps of the US Public Health Services-July 29, 1945-Sep 2, 1945; June 26, 1950-July 3, 1952; or to receive credit for the following periods, you must have received the armed forces, navy or marine corps expeditionary medal: Hostilities in Lebanon: June 1, 1983-Dec 1, 1987; Hostilities in Grenada: Oct 23, 1983-Nov 21, 1983; Hostilities in Panama: Dec 20, 1989-Jan 31, 1990 Yes No
- D. Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for permanent appointment to any position in the public employment of New York State or any of its civil divisions? Yes No

- 9. EXEMPT VOLUNTEER FIREFIGHTER:** No Yes I am a bona fide member of the _____ Volunteer Fire Department and have served in said department for five years and am so certified to be an exempt volunteer firefighter in accordance with Section 200 of the General Municipal Law.

- 10. ADDITIONAL CREDIT FOR CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY:** In conformance with section 85-a of the Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten (10) points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this office of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.

- 11. EDUCATION:** If the minimum qualifications for this position require a college degree or college credit, you must submit a copy of your official academic transcript with this application.

College Transcripts (omit if not applicable): Is transcript submitted herewith? Is College to forward transcript?

Have you graduated from high school? Yes No If yes, Name and Location of High School: _____

If you have a high school equivalency diploma or high school individual education plan diploma, indicate:

Issuing Governmental Authority: _____ Date of Issue: _____

	Name of School and City and State in which located	Dates of Attendance (Month and Year)		Day Or Night	Full Or Part Time	No. of Years Credited	Were you Graduated?	Type of Course Or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Expected or Received
		From	To								
College, University, Professional, or Technical School											
Other School or Special Courses											

- 12. LICENSES:** If the minimum qualifications for this position require a license, certificate or other authorization to practice a trade or profession, complete the following question and include a copy of your license. If not currently licensed, check this box: **(INCLUDE A COPY OF YOUR LICENSE)**

Name of Trade or Profession _____ License Number _____ Granted By (licensing agency) _____ City or State of _____

Specialty _____ Date License First Issued _____ Registered _____ From (Mo/Yr) _____ To (Mo/Yr) _____

- 13.** If required, do you have a valid license to operate a motor vehicle in New York State? Yes No

License Class: _____ Exp. Date _____ Lic. # _____

- 14.** Have you ever worked for the County under a different name? Yes No

If yes, list different name and explain: _____

- 15.** Name(s) of relative currently employed by the County: _____

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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.**

Dates of Employment - From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Name of Employer: _____
Employer Address, City, St: _____ Employer Telephone No: _____
Earnings: \$ _____ per (check one): wk mo yr #hours/week: _____ Type of Business: _____
Title: _____ Name and Title of Supervisor: _____
Describe Duties: _____

Reason for Leaving: _____

Dates of Employment - From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Name of Employer: _____
Employer Address, City, St: _____ Employer Telephone No: _____
Earnings: \$ _____ per (check one): wk mo yr #hours/week: _____ Type of Business: _____
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Earnings: \$ _____ per (check one): wk mo yr #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