

TOWN OF DURHAM
 CORNER S.R. 81 AND C.R. 27
 7309 STATE ROUTE 81
 EAST DURHAM, NY 12423-9609

Leave this space blank

Date Received _____

 Fee Received
 \$ _____

 By _____

Leave this space blank

Application
 Approved _____
 Disapproved _____
 Conditional _____

APPLICATION FOR
 EXAMINATION OR EMPLOYMENT

PLEASE PRINT OR TYPE - READ INSTRUCTIONS CAREFULLY This application is part of your examination. Answer all questions fully and carefully. Some questions can be answered with an "X" in the box which applies to you. **Attach additional sheets if necessary.**

1. Position Applying for: _____ Exam No. _____

Name: Last First MI
 [Grid boxes for name input]

Soc. Sec. # [Grid boxes for SSN input]

Legal Address: [Grid boxes for address input] Apt. No. [Grid boxes for apt. no. input]

[Grid boxes for address input] City State Zip Code

Mailing Address: (if different) [Grid boxes for address input] Apt. No. [Grid boxes for apt. no. input]

[Grid boxes for address input] City State Zip Code

Home Telephone: [Grid boxes for phone input] Area Code

Work Telephone: [Grid boxes for phone input] Area Code

2. If you require special testing arrangements due to a disability, religious observance or active military duty, please explain: _____

3. Are you under 18 years of age? YES NO

If you are applying for a Police Officer or Deputy Sheriff position, please provide Date of Birth _____

If you are applying for a Corrections Officer position, are you under 21 years of age? YES NO

4. Have you ever taken any other examinations given by this department? YES NO

If "yes" give titles and dates.

Titles of Examination	Dates

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

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

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.

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

6. 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 dishonorable discharge from the armed forces of the United States? YES NO
- D. Except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of any crime (felony or misdemeanor), or are you now under charges for any offense against the law? YES NO
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge? YES NO
- F. Are you now under charges for any crime? YES NO

If you answered "YES" to any of the questions above, give specifics below or on an additional sheet. 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 for which you are applying.

Do you have a New York State Driver's License? YES NO

Class: _____

Date of Expiration: _____

Cross-Filing: If you cross-file for an exam with more than one civil service agency, you must notify each agency so that arrangements can be made for you to take a single written test for all jurisdictions for which you apply. Please indicate the names of the jurisdictions where other applications have been filed and the location where you wish to take this test. Failure to notify each agency may result in disqualification from one or more examinations in the series.

If you are an applicant for an examination, you MUST answer the following questions required by Section 50-b of the NYS Civil Service Law.

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? Yes No
2. If so, are you presently in default on any such loan? Yes No

VETERANS' CREDITS

10. If, for this examination, you wish to claim additional credits as an honorably discharged veteran, check the appropriate box below and answer questions A-D below:
- DISABLED WAR VETERAN
- NON-DISABLED WAR VETERAN

Answer questions A-E ONLY if you are claiming additional credits as a disabled or non-disabled veteran for the examination(s) indicated on this application.

- 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 DISHONORABLE discharge? YES NO
- C. Did you serve in the Armed Forces of the United States during any of the following periods? YES NO
- Dec. 7, 1941 to Dec. 31, 1946; June 27, 1950 to Jan. 31, 1955; Dec. 22, 1961 to May 7, 1975; Persian Gulf Conflict Aug. 2, 1990 to the date upon which such hostilities end.
 - U.S. Public Health Service: July 29, 1945 to Sept. 2, 1945 or June 26, 1950 to July 3, 1952.
 - The Armed Forces expeditionary medal, Navy expeditionary medal or Marine Corps expeditionary medal for: Hostilities in Lebanon: June 1, 1983 to Dec. 1, 1987; Hostilities in Grenada: Oct. 23, 1983 to Nov. 21, 1983; Hostilities in Panama: Dec. 20, 1989 to Jan. 31, 1990.
- D. 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? If yes, name agency that established list: YES NO

NOTE: 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 mis-statement 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 mis-statement or fraud.

11. 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-141 or I-551 Alien Registration Cards at time of appointment.)

12. Are you an exempt volunteer firefighter? YES NO

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, 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.

THE IMMIGRATION CONTROL AND REFORM ACT OF 1986 REQUIRES THAT EMPLOYERS HIRE ONLY UNITED STATE CITIZENS AND ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES. NEW EMPLOYEES ARE REQUIRED UNDER THE ACT TO PROVIDE PROOF OF WORK ELIGIBILITY.

Please complete as fully as possible

Circle highest year completed in Grammar, Junior High, or High School 1 2 3 4 5 6 7 8 9 10 11 12	
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13. EDUCATION. If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? YES NO If Yes, Name and location of High School.

If you have a high school equivalency diploma, indicate: Issuing Governmental Authority	Number	Date of Issue
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	Name of School and City in which located	Date 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
		From	To							
College, University, Professional or Technical School										
Other Schools or Special Courses										

14. LICENSES. If a license, certificate or other authorization to practice a trade or profession is a requirement for this position to which you are applying, complete the following question. If not currently licensed, check this box:

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.)	

15. WORKING EXPERIENCE. Describe in detail your previous employment. Volunteer experience should be documented. If more space is needed to describe your work experience, please attach additional sheets. A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETION OF THIS SECTION. A resume may be attached if desired. Omissions or vagueness will not be resolved in your favor.

Length of Employment From _____ To _____ Mo. ____ Yr. ____ Mo. ____ Yr. ____	Firm Name	Address	City and State
Exact Title	Describe Duties		
Name of Your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

Length of Employment From _____ To _____ Mo. ____ Yr. ____ Mo. ____ Yr. ____	Firm Name	Address	City and State
Exact Title	Describe Duties		
Name of Your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

Length of Employment From _____ To _____ Mo. ____ Yr. ____ Mo. ____ Yr. ____	Firm Name	Address	City and State
Exact Title	Describe Duties		
Name of Your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

Length of Employment From _____ To _____ Mo. ____ Yr. ____ Mo. ____ Yr. ____	Firm Name	Address	City and State
Exact Title	Describe Duties		
Name of Your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

Length of Employment From _____ To _____ Mo. ____ Yr. ____ Mo. ____ Yr. ____	Firm Name	Address	City and State
Exact Title	Describe Duties		
Name of Your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			

6. Have you any objections to our contacting your previous or current employers?
 YES NO

Explain: _____

17. **THIS AFFIRMATION MUST BE COMPLETED**

An unsigned application will result in its disapproval.

I affirm that the statements made on the application (including any attached papers) are true under the penalties of perjury. I authorize investigation of all matters contained in this application.

 Signature of Applicant

 Date

If any additional information relative to change of name, use of an assumed name or nickname is necessary to enable a check on your work record, explain below:

