

TOWN OF GREENPORT - APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) applied for: _____ Date of application: _____

How did you learn about us? Advertisement Friend Inquiry Relative
 Employment Agency Other (specify) _____

Name _____

Address Last First Middle _____

Telephone Number(s) Number Street City State zip _____ Social Security Number (voluntary) _____

Best time to contact you at home? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? (if yes, when?) Yes No _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employers? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or Immigration status will be required upon employment)

Date available for work: _____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time
 Temporary (Please indicate dates available) _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have a CDL License? Yes No (If so, please attach a copy)

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

List Any professional, trade, business or civil activities and offices held (you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability of other protected status):

Specialized Skills (Skills/Equipment Operated)

- PC / MAC Word Processing
 Spreadsheet Production Machinery : (list) _____
 Shorthand other (list): _____

State any additional information you feel may be helpful to us in considering your application:

Personal/Professional References: **DO NOT USE FAMILY MEMBERS OR PAST SUPERVISORS**

Name	Phone number	Best Time to call	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Applicant's Statement:

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Employee

Date

Received on _____ by _____

Applicant notified: _____

**Application for Examination or Employment
MSD-330**

**Columbia County Civil Service Commission
401 State St., Hudson, N.Y. 12534 (828-6622)
www.columbiacountyny.com**

Position Title _____
Exam # _____

This application is part of your exam. Answer all questions fully and carefully. Print in ink. Attach additional sheets if necessary in order to give complete and detailed information.

1. Name (please print)
Last _____ First _____ Middle init. _____

Street address _____

City _____ State _____ Zip code _____

Phone # (home) _____ (Business) _____

1a. Mailing address (if different from above) _____

3. Are you under 18 or over 70 yrs. of age? yes no

2. Email address _____

3. Social Security # _____

4. Veterans' credit: If, for this examination, you wish to claim additional credit as an honorable discharged veteran, check the appropriate box and answer questions 10 A-F. Please request additional forms to apply for veteran credit.

- Disabled war veteran
- Non-disabled war veteran

5. Special arrangements (please explain on separate sheet)

- Religious accommodation* Handicapped person
- Alternate Test Date (see Alternate Test Date Policy on website)

**most written tests are held on Saturday. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, or need arrangements for an alternate date check the above box. We will make arrangements for you to take the test on a different date per Alternate Test Date Policy.*

6. If you are not a citizen of the U.S. do you have the legal right to accept employment in the U.S.?

- yes no

7. Remarks:

8. County, Town & school district in which you now reside:

County _____ # yrs _____
Town _____ #yrs. _____
School district _____ #yrs. _____
Village _____ #yrs. _____

Are you an exempt firefighter yes no

Background Investigation: Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Multiple exams: If you have applied to participate in multiple exams (state, county, etc.) scheduled to be held on the same test date, you must notify this office no later than 2 weeks prior to the date of this exam.

Civil Service use only:
Date _____ By _____
 Approved Conditional Disapproved

9. Check the 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 U.S. 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 charges? yes no

F. Are you now under charges for any crimes? yes no

If you answered "yes" to any of Questions 9 A-F above, you may give specifics under "Remarks" in section #7. 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 for which you are applying.

10. Answer questions 10-A-F only if you are claiming additional credit as a disabled or non-disabled war veteran for the examinations indicated on this application.

A. Are you currently or have you ever served in the Armed Forces of the U.S. Yes No

(Army, Navy, Marine Corps, Air Force and Coast Guard when in the service of the U.S. pursuant to call as provided by law on a full time active duty basis other than active duty for training purposes)

B. Did you receive a discharge that was honorable or were you released under honorable circumstances? Yes No

C. Were you a resident of NYS on the date of your initial entry in the Armed Forces of the US? Yes No

D. Did you serve in the Armed Forces of the U.S. during any of the following periods? Yes No

- Dec. 7, 1941 to Dec. 31, 1946; June 27, 1950 to Jan. 31, 1955; Feb 28, 1961 to May 7, 1975

- U.S. Public Health Service: July 29, 1945 to Sept. 2, 1945; OR June 26, 1950 to July 3, 1952; OR

- A member of the National Guard activated during the U.S. Postal strike March 23, 1970 to March 30, 1970; OR

- June 1, 1983 to Dec. 1, 1987 (Lebanon)

- Oct. 23, 1983 to Nov. 21, 1983 (Grenada)

- Dec. 20, 1989 to Jan. 31, 1990 (Panama)

- Aug. 2, 1990 to (no ending date) Persian Gulf

E. Are you currently a resident of New York State? Yes No

F. Since Jan. 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of N.Y.S. or any of its civil divisions? Yes No

(Note credit for Lebanon, Grenada, and Panama will be limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal or the Marine Corps Expeditionary Medal.)

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 _____ Date _____

Indicate any other last name(s) by which you are/may be known:

11. Have you graduated from high school? Yes No Year you graduated: _____

If yes, name and location of High School: _____

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

Diploma # _____ Date of issue _____

	Name of school & location	Date of Attendance From to:	Day or night	Full or part time	No of years credited	Type of course or Major	# of credits received	Type of degree	Date degree received or expected
College or university									
Other schools or special courses									

12. Licenses. If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following:
 Trade: _____ License # _____ Date of Issue: _____

13. If required on the announcement or posting, do you have a valid license to operate a motor vehicle in New York State? Yes No

b. Do you have a valid CDL License? Yes No If so, what class? _____

14. Description of experience (Answer this question only if the announcement specifies minimum experience requirements):

Length of employment	Firm name: _____ Address: _____ City & State _____
From: Month _____ Year _____	Duties: _____
To: Month _____ Year _____	
Type of Business:	
Name of Supervisor:	
Your exact title:	
No. of hours worked/week:	
Length of employment	Firm name: _____ Address: _____ City & State _____
From: Month _____ Year _____	Duties: _____
To: Month _____ Year _____	
Type of Business:	
Name of Supervisor:	
Your exact title:	
No. of hours worked/week:	
Length of employment	Firm name: _____ Address: _____ City & State _____
From: Month _____ Year _____	Duties: _____
To: Month _____ Year _____	
Type of Business:	
Name of Supervisor:	
Your exact title:	
No. of hours worked/week:	