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By _____

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Insert above, Title or Position Applying For

Number

APPLICATION

Approved By _____

Disapproved By _____

This application is part of your examination. Answer all questions fully and carefully in ink or a typewriter. Some questions can be answered with an "I" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information

1. FULL NAME

Mrs.

Mr. _____ Last Name First Name Initial

Miss _____ Last Name First Name Initial

Street Address, or RD. _____

Post Office _____ State _____

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN POST OFFICE ADDRESS BEFORE OR AFTER EXAMINATION.

2. Phone No. _____

3. Date of Birth _____ Mo. Day Yr.

4. Height _____ Feet Inches

5. Weight _____ Pounds

6. RESIDENCE

Fill in the names of the city or village and town school district county and state in which you are an actual permanent legal resident. Show for how long you have continuously lived in each immediate preceding the date of this application.

	NAME OF	YEARS	MONTHS
City or Village			
Town			
County			
State			
School District No.			

7. CITIZENSHIP

Are you a citizen of the United States? Check one.

(A) Yes, by birth. (A)

(B) Yes, by naturalization. (B)

(C) No, not a citizen. (C)

These questions are required by Civil Service Law. By agreement with Commission Against Discrimination, answers will not be revealed to appointing officers. If you are a naturalized citizen or your citizenship is based on naturalization of parent or husband, submit truth to this commission in person, or send proof by registered mail. Your documents will be returned by registered mail.

8. Have you any objections to this Commission making inquiry regarding your character and qualifications from

(A) Your former employer Yes No

(B) Your present employer Yes No

If answer is "yes" to either (a) or (b) explain _____

9. Except for minor traffic violations, were you

(A) Ever arrested for any violation of law. Yes No

(B) Ever indicted for any violation of law, or have you ever been a defendant in a criminal proceeding? Yes No

(C) Ever convicted of a violation of law? Yes No

If your answer is "yes" to any of the above questions, give particulars and disposition of each charge and attach to this form.

10. Have you ever advised or taught or were you ever a member of any society or group of persons which taught or advocated the doctrine that the government of the United States or of any political subdivision thereof should be overthrown or overturned by force, violence or any unlawful means? Yes No

11. SERVICE IN ARMED FORCES

(A) Have you ever served in the armed forces of the U.S.? Yes No

(B) If "Yes", have you ever received a discharge from such forces which was other than honorable. Yes No

If answer is "Yes", give full particulars on additional sheet.

	Month	Day	Year
(C) Date of entry into active service			
(D) Date of discharge			
(E) Service serial number			

12. VETERANS CREDIT

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

Check one.

(A) Yes, as a disabled war veteran (A)

(B) Yes, as a non-disabled war veteran (B)

(C) No, credits previously used (C)

(D) No, not a war veteran (D)

13. Were you ever dismissed from any public employment for disciplinary reasons? Yes No

If answer is "Yes" describe accurately on additional sheet.

14. Have you any physical defect or disease or disability or a war incurred disability whatsoever? Yes No

If answer is "Yes" describe accurately on additional sheet.

15. Have you ever had epilepsy or any nervous ailment or been a patient in an institution for the treatment for such ailment? Yes No

16. Have you a license, certificate, or any other authorization to practice a trade or profession? Yes No

Name of trade or profession _____

Granted by (Licensing Agent) _____ City or State of _____

Licensed: From _____ To _____

17. Have you ever taken any examination given by this commission? If "Yes" give titles and dates. Yes No

Titles of Examinations	Dates

DECLARATION

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in the accompanying papers) have been examined by me and to the best of my knowledge and belief are true and accurate.

_____ Date

Signature of applicant

State maiden name or any other one by which you have been known.

18. EDUCATION: (If more space is required for full explanation, attach additional sheets above this line.)

Type of School	Name of School and Location	Date of Attendance (Month and Year)		No. of Years completed	Were You Graduated	Circle highest school year completed in Grammar, Junior High, or High School																	
		From	To			Day or Night	Full or Part Time	Type of Course or Major Subject	1	2	3	4	5	6	7	8	9	10	11	12			
Grammar																							
Junior High																							
High School																							
College, University Professional or Technical School																							
Other Schools or Special Courses																							

19. College Transcripts (Omit if not applicable)

(a) Is transcript submitted herewith Yes No

(b) Is college to forward transcript? Yes No

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

Chauffeur Operator

Number _____ Date of expiration _____

21. 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 war 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.

Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
Length of Employment From: Mo. Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
Length of Employment Total: Yrs. Mos.	DUTIES: Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of supervision.		
Monthly Salary Min. Max. Last			
Total hrs. per WEEK hrs.			
Reason for Leaving			
Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
Length of Employment From: Mo. Yr.	Type of Business	Your Title	
Length of Employment Total: Yrs. Mos.	DUTIES: See directions above.		
Monthly Salary Min. Max. Last			
Total hrs. per WEEK hrs.			
Reason for Leaving			
Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
Length of Employment From: Mo. Yr.	Type of Business	Your Title	
Length of Employment Total: Yrs. Mos.	DUTIES: See directions above.		
Monthly Salary Min. Max. Last			
Total hrs. per WEEK hrs.			
Reason for Leaving			

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER. ATTACH SUCH SHEETS AT TOP OF PAGE.