

**CHEMUNG COUNTY/CITY OF ELMIRA
REGIONAL CIVIL SERVICE COMMISSION**
PO Box 588 • 203 Lake Street • Elmira, New York 14902-0588
Telephone: (607) 737-2918

An Equal Opportunity Employer

APPLICATION FOR EXAMINATION OR EMPLOYMENT

****ANSWER ALL QUESTIONS**

POSITION/EXAMINATION TITLE

EXAMINATION #

OFFICE USE				
Date Received:	_____			
Fee:	P	W		
Status:	A	C	D	
Disapproved:	Exp	Edu	Res	Fee
Other:				
Transcript:	HS	AS	BS	Other

SOCIAL SECURITY NUMBER

NAME _____
Last
First
Middle Initial
Maiden Name (if applicable)

LEGAL ADDRESS:*

Address
City
State
Zip

MAILING ADDRESS:* (If different from above)

Address
City
State
Zip

HOME PHONE: (with area code) _____ **WORK PHONE: (with area code)** _____

***NOTE: You must keep your address and telephone numbers current**

VETERANS CREDITS (If applicable, check one): NON-DISABLED WAR VETERAN ___ DISABLED WAR VETERAN ___

INDICATE YOUR ANSWER BY PLACING AN "X" IN THE APPROPRIATE SPACE: **YES NO**

- | | | |
|---|-----|-----|
| A. Have you resided in Chemung County for at least 30 days? | ___ | ___ |
| B. If you are not a citizen of the U.S., do you have the right to accept employment in the U.S.? (otherwise leave blank) | ___ | ___ |
| C. Do you require special arrangements for examination (Saturday Sabbath observer or disability)? | * | ___ |
| D. Do you require an alternate test date? | * | ___ |
| E. Do you now, or have you ever worked for an agency under the Regional Civil Service Commission? | ___ | ___ |
| F. Have you filed for or taken an examination with the Regional Civil Service Commission within the last two (2) years? | ___ | ___ |
| G. Were you ever dismissed from any employment for reasons other than lack of work? | * | ___ |
| H. Did you ever receive a dishonorable discharge from the U.S. Armed Forces? | * | ___ |
| I. Have you ever forfeited a bail bond posted to guarantee your appearance in court? | * | ___ |
| J. Have you ever been convicted of any crime (felony or misdemeanor)? | * | ___ |
| K. Are you presently in default on any outstanding student loan guaranteed by New York State? | * | ___ |
| L. Are you an active volunteer firefighter? | ___ | ___ |

***If yes, please use next page to give a full explanation.** A "yes" answer to G, H, I, J or K will not necessarily disqualify you. Each case is evaluated on an individual basis in relation to the duties and responsibilities of the position for which you have applied. Omit parking or speeding violations assigned a fine of \$50.00 or less and any other offense adjudicated in Juvenile Court or under a Youthful Offender Law.

Law enforcement positions and positions requiring a commercial drivers license have minimum age restrictions. If you are applying for one of these positions **OR** if you are under the age of 18, enter your date of birth here... ____/____/____

**YOU MUST THOROUGHLY COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS OFFICIAL APPLICATION FORM WHETHER YOU SUBMIT A RESUME OR NOT.
(Those interviewing will see only the following pages and any attachments)**

Position/Examination Title:			
Applicant's Name:			
Street or P.O. Box:	City:	State:	Zip:
Social Security #:	Home Phone:	Work Phone:	

EDUCATION:

Type of School	Name & Address of School	From – To (Mo. & Yr.)	Type of Course or Major Subject	Total College	Type of Degree Recv'd
High School or GED			GED#		
College					
Graduate school or other					

LEVEL OF EDUCATION : Please check highest level of education completed.

High School
 Associate
 Bachelor
 Master
 Doctorate

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE OR PROFESSION:

Skill, Trade or Profession	License or Certificate #	Issued by:(City, State, or Agency)	License Dates From - To	Permanent Yes No

DRIVERS LICENSE INFORMATION: (Complete only if the position you are applying for requires a drivers license.)

None
 Out of State
 _____ (Indicate State)
 New York State

Motorist ID #: _____ Class: _____

Restrictions: _____ Endorsements: _____

WORK EXPERIENCE: DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. Complete all information required. Describe in detail all duties performed which are relevant to the position for which you have applied. (Vagueness will not be ruled in your favor.) A resume may be attached to this application only as a supplement to the information that you are providing.

Length of Employment From: To:	Employer	Mailing Address
Hours worked per week	Duties:	
Earnings Per Hour		
Your Title		
Type of Business		
Supervisor		
Reason for Leaving		

Length of Employment From: To:	Employer	Mailing Address
Hours worked per week Earnings Per Hour	Duties:	
Your Title		
Type of Business		
Name & Title of Supervisor		
Reason for Leaving		

Length of Employment From: To:	Employer	Mailing Address
Hours Worked per Week Earnings Per Hour	Duties:	
Your Title		
Type of Business		
Name & Title of Supervisor		
Reason for Leaving		

REFERENCES: (List the names of three (3) individuals familiar with your abilities.)

Name	Address	Phone No
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IT IS THE POLICY OF THE CHEMUNG COUNTY/CITY OF ELMIRA REGIONAL CIVIL SERVICE COMMISSION TO PROVIDE FOR AND PROMOTE THE EQUAL OPPORTUNITY OF EMPLOYMENT, COMPENSATION, AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS OR CRIMINAL RECORD.

STATEMENT: I declare that all statements made in this application (and any accompanying attachments) are true and complete to the best of my knowledge. I understand that any false statements made on this application or in interviews will result in immediate rejection or discharge from employment. I authorize the Regional Civil Service Commission to contact schools/college and former employers cited in the statement contained in this application for employment as may be necessary in arriving at an employment decision. I understand the acceptance of this application for employment by the Regional Civil Service Commission does not constitute or imply a commitment or willingness to offer employment to me in this or any other position. When required, I agree to take all physical examinations and drug screen testing and authorize the release of these confidential examinations and test results to the Regional Civil Service Commission.

DATE: _____ **SIGNATURE:** _____

TOWN OF HORSEHEADS
150 WYGANT ROAD
HORSEHEADS, NY 14845
(607) 739-8783

STATEMENT OF AUTHORIZATION FROM PROSPECTIVE EMPLOYEE

Name (Last Middle Initial First)

Date

Date of Birth

Place of Birth

Social Security Number

List addresses that you have resided in for the last 10 year period

From _____ To _____

From _____ To _____

Street

Street

City State Zip

City State Zip

From _____ To _____

From _____ To _____

Street

Street

City State Zip

City State Zip

I am applying for a position of with the Town of Horseheads and recognizing the nature of that position, hereby authorize Town of Horseheads, its designees or representatives to evaluate my suitability for employment. I hereby release and hold harmless from any cause of action or liability which might otherwise arise as a result of this investigation Town of Horseheads, its designees or representatives or any person/agent collecting information, and any person/agent providing Town of Horseheads, its designees or representatives with any facts or opinions concerning my character or past history. I authorize the following agencies an/or individuals to furnish any information which they may have about met, and, I hereby release and save harmless any person, organization or agency from any claim, cause of action or liability which might otherwise arise as a result of this investigation:

Schools; Police & Court Records; Former employer records; Fingerprinting; Friends, neighbors & associates; Credit bureaus; Government agencies; Financial institutions; Investigating agency; Motor Vehicle Departments(Copy of my current drivers license is attached); Other.

I understand that if I have not told the truth on my application and/or resume, I will not qualify for employment. I have received a copy of this authorization form. A copy of this form shall be treated as an original.

Signature of Applicant

Date

Witness

Date