



SARATOGA COUNTY DEPARTMENT OF PERSONNEL
40 McMASTER STREET, BALLSTON SPA, NEW YORK 12020
885-2225

APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY, CITY, TOWNS, VILLAGES and SCHOOL DISTRICTS

Exam # \_\_\_\_\_ Insert above, Title of Position Applying For

Leave this space blank

Number
APPLICATION
Approved
Conditional
Disapproved

This application is part of your examination. ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

1. NAME, MAILING ADDRESS AND PHONE (Please print)
Last First M.I.
Street Address
City or Post Office State Zip Code
Phone (Include Area Code)
Home: Business:

7. Have you ever served in the Armed Forces of the United States on a full time active duty basis - other than active duty for training purposes? If not: omit 8-11. Yes No

8. If "Yes" did you receive a discharge that was honorable or were you released under honorable circumstances? Yes No

9. I served on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods. Yes No

- In The Armed forces:
\* Aug. 2, 1990 to the date when the Persian Gulf hostilities ends;
\* Dec. 22, 1961 to May 7, 1975;
\* June 27, 1950 to Jan 31, 1955;
\* Dec. 7, 1941 to Dec. 31, 1946;

- or earned the armed forces, navy, or marine corps expeditionary medal for service in:
\* (Panama) Dec. 20, 1989 to Jan. 31, 1990;
\* (Lebanon) June 1, 1983 to Dec. 1, 1987;
\* (Grenada) Oct. 23, 1983 to Nov. 21, 1983;

- or in the U.S. Public Health Services:
\* June 26, 1950 to July 3, 1952;
\* July 29, 1945 to Sept. 2, 1945.

2. SOCIAL SECURITY NUMBER

3. Are you under 18 or over 65 years of age? Yes No
If yes or if minimum and/or maximum age limits are established enter your birth date here. Check exam announcement.

4. State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application.
School District Yrs. Mos.
Village or City of
Town of
County of
State of

10. Veterans Credits. Do you claim additional credits on this examination as an honorably discharged veteran?
Yes, as a disabled war veteran
Yes, as a non-disabled war veteran
No.

11. Since January 1, 1951, have you ever 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? Yes No

NOTE: When filing out your application form, check to make sure that all questions have been answered. An incomplete application may result in its disapproval. A resume may not be substituted.

5. 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?
B. Have you ever been convicted of any crime (felony or misdemeanor)?

12. Student Loans. Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation? Yes No

If "Yes", give particulars and disposition of each charge on separate sheet and attach same.
A conviction is not an automatic bar to employment. Each case is considered on its individual merits.

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.

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.

Signature of Applicant Date
(State any other name you have used in education or employment)

6A. Are you currently a U.S. Citizen?
B. If not, do you have the legal right to accept employment in the United States?
C. Are you a retiree from New York State or any civil division thereof?
D. Are you an exempt Volunteer Fireman?

Check box below if you desire special status because you are a:
Sabbath Observer - For religious reasons cannot be tested on Saturdays.
Handicapped Person - Under REMARKS, indicate type of assistance required.
Have you any objections to this department making inquiry regarding your character and qualifications?

REMARKS:

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 in the municipal service of the County of Saratoga.

