



Albany County Civil Service
112 State Street, Room 900
Albany, New York 12207

(518) 447-7770 csinfo@albanycountyny.gov

www.AlbanyCountyNY.gov

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Title and/or Exam Number of Position

1. SOCIAL SECURITY NUMBER:

- -

2. FULL NAME AND ADDRESS

Last Name First Name M.I.

Mailing Address

City State Zip Code

RESIDENT STREET ADDRESS (if different from above):

PHONE NUMBER (include area code):

Cell Other

E-MAIL (THIS WILL BE USED FOR **ALL** CIVIL SERVICE CORRESPONDENCE INCLUDING APPEARANCE NOTICES, DISQUALIFICATION, RESULTS, CANVASSING, ETC.):

3. RESIDENCE

If you are applying for an open-competitive examination, please indicate, below, the municipality/district in which you will be a legal resident prior to the examination date.

County:

Town:

Village:

Name of School District:

4. CITIZENSHIP & AGE

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 Alien Registration Card at time of appointment)

Are you under 18? ☐ Yes ☐ No

If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

Mo. Day Year

LEAVE THIS SPACE BLANK

Exam Number

Approved by

Date Received

Pending

Payment/Waiver

Disapproved by

5. Are you taking exams with **NY State or any other Civil Service Agency** that are being held on the same date as the exam(s) you are applying for with Albany County?

☐ Yes ☐ No

If yes, please attach the Cross-file Application (available on our website) and list all examinations. You do not need to cross-file if you are **ONLY** taking Albany County Civil Service exams scheduled for the same day.

6. Are you requesting special testing accommodation(s), such as:

1. For an officially documented need? ☐ Yes ☐ No

2. An alternate test date? ☐ Yes ☐ No

Please submit your request(s) for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). If you request an alternate test date, please complete the Alternate Test Date Application.

7. CHECK APPROPRIATE BOXES:

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

If you answer "YES" to either question above, you must give specifics. (Attach additional sheets if necessary.)

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.

8. SERVICE IN ARMED FORCES

Have you ever served in the armed forces of the United States?

☐ Yes, ☐ No

If your answer is "yes" please go to item 9.

9. VETERANS' CREDITS

Do you claim additional credits as a veteran?

☐ Yes, as a non-disabled veteran

☐ Yes, as a disabled veteran

☐ No

If the answer is yes then see page 3 of this form.

If a NYS motor vehicle license is required for the position for which you are applying, please give the following:

Date of Expiration: _____ Number: _____

Class: _____ Endorsements: _____

THIS DECLARATION MUST BE COMPLETED: I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of applicant

Date

State any other names by which you have been known, e.g. maiden name

Education

Do you have a high school diploma or a high school equivalency diploma (GED)? ☐ Yes ☐ No

College, University, Professional or Technical School Information	
1. Name of College, University, Professional or Technical School	
2. Address	
3. City	
4. State	
5. Zip	
6. Phone Number	
7. Fax Number	
8. E-mail Address	
9. Website	
10. Other Information	

Name and Location of School	Dates of Attendance (Month/Year)	Major or Concentration	Number of Credits in Field Relevant to Exam	Did you Graduate?	Type of Degree Received	Date Degree Received or Expected

Transcript Policy: Transcripts must be submitted for those exams or positions that require a degree to meet the minimum qualifications as listed on the announcement or job posting. If a transcript is required, you do not necessarily need to provide an original or official copy. However, what you do submit must indicate completion of the degree (often listed as "degree conferred" or "degree awarded"), your name and the name of the college/university. We will accept online printouts as long as the aforementioned three items appear on the transcript. A URL address on an online transcript webpage is sufficient indication of the name of the school. Digital versions of transcripts may be submitted to: csinfo@albanycountyny.gov

Transcript is included with the application? ☐

Transcript is on file with Albany County Civil Service? ☐

Transcript will be submitted at a later date? ☐

Please submit transcript(s) as soon as possible. You cannot be added to an eligible list until required transcript(s) have been submitted/approved.

Do you have a license, certificate, or other authorization to practice a trade or profession? ☐ Yes ☐ No

Do you have a license, certificate, or other authorization to practice a trade or profession? ☐ Yes ☐ No

Name of trade or profession _____ Granted by (Licensing agency) _____ State of _____

Initial date of Licensure (required) Mo. _____ Yr. _____ License # _____ Currently Licensed From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Employment Experience	
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Employment Experience
Describe below relevant experience that might qualify you for the position sought. It is your responsibility to demonstrate that you meet the

minimum qualifications listed on the exam announcement or job posting. Only list relevant experience. **A resume is not a substitute.**

Length of Employment From: (mm/yyyy) To: (mm/yyyy)		Name of Employer	Address	City and State
Avg. # of hours per week (<i>required</i>)	Paid? Yes / No	Type of business	Title	Name and title of Supervisor

Describe duties:

Reason for Leaving:					
Length of Employment From: (mm/yyyy)		To: (mm/yyyy)		Name of Employer	Address
					City and State
Avg. # of hours per week (<i>required</i>)	Paid? Yes / No	Type of business	Title	Name and title of Supervisor	

Length of Employment	Name of Employer	Address	City and State	

From: (mm/yyyy)		To: (mm/yyyy)	Name of Employer	Address	City and State
Avg. # of hours per week (required)	Paid? Yes / No	Type of business	Title	Name and title of Supervisor	

Describe duties:

Reason for Leaving:				Reason for Leaving:	
Length of Employment From To: (mm/yyyy) (mm/yyyy)		Name of Employer	Address		City and State
Avg. # of hours per week (<i>required</i>)	Paid? Yes / No	Type of business	Title		Name and title of Supervisor

Length of Employment	Name of Employer	Address	City and State

From (mm/yyyy)		To: (mm/yyyy)	Name of Employer	Address	City and State
Avg. # of hours per week (required)		Paid? Yes / No	Type of business	Title	Name and title of Supervisor

Describe duties:

Reason for Leaving:	Reason for Leaving:

THE NEW YORK STATE HUMAN RIGHTS LAW (ARTICLE 15) PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, MARITAL STATUS OR DISABILITY. 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, SEXUAL ORIENTATION, MILITARY STATUS, SEX, MARITAL STATUS, OR DISABILITY IN CONNECTION WITH EMPLOYMENT BY THE MUNICIPALITY.

INSTRUCTIONS AND INFORMATION REGARDING ADDITIONAL CREDITS FOR VETERANS AND CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY

If you are claiming additional credits as a disabled or non-disabled veteran, you must submit a copy of your separation papers (DD-214) or active duty orders within two months of the last filing date for examination.
If claiming credits as a disabled veteran, you must also include official paperwork from the Veterans Administration indicating disability rating/percentage.

A. VETERANS' CREDITS

Have you used your veterans' credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951?

☐ Yes ☐ No

*****If you answer yes, you cannot use veterans' credits again (NYS Civil Service Law §85.4) unless you had been certified as a non-disabled veteran and became a disabled veteran after that.**

- Disabled and non-disabled veterans who establish eligibility for additional credits and are successful in the examination are entitled to have 10 and 5 points, respectively, (5 and 2.5 points in the case of promotional examinations) added to their earned scores, and provided they have not previously used such credits to obtain permanent appointment or promotion. Veterans may determine to waive the use of their credits at any time up to the time of permanent appointment or promotion.
- Veterans who are eligible for additional credit must submit a copy of their separation papers (DD-214) within two (2) months of the last filing date for the examination. Veterans' credits can only be added to a passing score on the examination. Veterans' credits will not be applied for candidates whose scores make them immediately reachable at the time of list establishment.
- Effective January 1, 1998, the State Constitution was amended to permit a candidate currently in the armed forces to apply for and be conditionally granted veterans' credits in examinations. Any candidate who applies for such credit must provide proof of military status to receive the conditional credit. **No credit may be granted after the establishment of the list.**
- Effective January 1, 2014, the State Constitution was amended to permit disabled veterans to use additional credits on civil service examinations to obtain a second appointment or promotion.
 - If a veteran previously received five (non-disabled) points on an open-competitive examination and subsequently became certified as disabled, he or she would be entitled to receive another five (disabled) points on a subsequent examination whether an open-competitive or a promotion examination.
 - If a veteran previously received two and one-half (non-disabled) points on a promotion examination and subsequently became certified as disabled, he or she would be entitled to receive another seven and one-half (disabled) points on a subsequent examination whether an open-competitive or a promotion examination.

B. ADDITIONAL CREDITS FOR CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY:

In conformance with section 85-a of the Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten (10) points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this office of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.