

Exam Title and #_

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

Number	
APPLICA	TION
Approved	
Conditional	
Disapproved	

Leave this space blank

	This application is part of your examinat typewriter. Attach additional sheets if rare subject to verification.	ion. AN	SWER ALI	L QUESTIONS FULLY AND CAREFULLY. Print in ink or to give complete and detailed information. All statements	use	20		
1.	NAME, MAILING ADDRESS AND PHONE (Please p	orint)			es No			
	Last First	-	M.I.	purposes? If not: omit 8-11,				
	Street Address	- y - s			es No			
	City or Post Office State	Zip	Code		es No			
	Phone (Include Area Code)	10		In The Armed forces: * Aug. 2, 1990 to the date when the Persian Gulf ho.	<i>stilities</i> ends	s:		
2.	Email Address SOCIAL SECURITY NUMBER			* 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;				
3.	Are you under 18 or over 65 years of age? If yes or if minimum and/or maximum age	Yes []	No []	 (Lebanon) June 1, 1983 to Dec. 1, 1987; (Grenada) Oct. 23, 1983 to Nov. 21, 1983; or in the U.S. Public Health Services: 				
4	limits are established enter your birth date here. Check exam announcement.		Year	* June 26, 1950 to July 3, 1952; * July 29, 1945 to Sept. 2, 1945.				
4.	State your actual permanent legal residence and indicate finave resided there continuously, up to and including date			10. Veterans Credits. Do you claim additional credits on t examination as an honorably discharged veteran?	his			
Sch	nool District	115.	IVIOS.		[]			
	age or City of			Yes, as a non-disabled war veteran	[]			
	NA.	18		11. Since January 1, 1951, have you ever used	es No			
	wn of ———————————————————————————————————							
Sta	ite of			divisions?				
5.	Check appropriate box to the right of each question	ı: Yes	No	NOTE: When filling out your application form, check to that all questions have been answered. An incomplete ap result in its disapproval. A resume may not be substitu	plication ma			
A	 Were you ever dismissed or discharged from any employment for reasons other than lack or work or funds? 	11	[]	Student Loans. Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services				
В	. Have you ever been convicted of any crime (felony or misdemeanor)?	[]	[]	Corporation?				
	"Yes", give particulars and disposition of each charget and attach same.	ge on sepa	THIS AFFIRMATION MUST BE COMPLETED					
	conviction is not an automatic bar to employment. nsidered on its individual merits.	Each cas	I affirm that the statements made on this application (any attached papers) are true under the penalties of perju					
BA	INE OF THE ABOVE CIRCUMSTANCES REPRESENTS R TO EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUAL MERITS IN RELATION TO THE DUTIE. ITIES OF THE POSITION(S) FOR WHICH YOU ARE A	AND EVA S AND RE	ALUATED ESPONSI-	Signature of Applicant [Date cyment)	-		
6.	. Are you currently a U.S. Citizen? (Citizenship is no longer a requirement for employment, except for public officer positions	Yes	No []	Check box below if you desire special status because you Sabbath Observer - For religious reasons cannot be teste Saturdays.				
В	If not, do you have the legal right to accept employment in the United States? Please give allen registration number:	[]	[]	Handicapped Person - Under REMARKS, indicate type assistance required.	e of			
С	Are you a retiree from New York State or any division thereof?	civil []	Have you any objections to this department making Yes No inquiry regarding your character and qualifications? []					
D	. Are you an e. empt Volunteer Fireman?	[]	. []	REMARKS:	a ⁿ			

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.

		w many credit hours									
	raduated from highest grade con	[1	No []		If yes	s, give nam	ne and loca	tion of high school			
	a high school eq	uivalency diploma	>					Num	ber and/or	Date of Issue	
Huicateiss	Name of school a City in which loc	and Date of atte		Day or Night	Full or Part Time	No. of Years Cred ited	Were You Gradu- ated?	Type of Course or Major Subject	No of College Credits	Degree Received	Date of Degree
College, University Professional or		10									
Technical School Other Schools or			3				1 1	3 5			
	e a valid license t E THE FOLLOWIN	o operate a motor vei	hicle in Nev	v York State	? Yes [] No [1 .			A.	
B. LICENSES	Class: Number: Date of expirat										
If a license, for which y	ou are applying, o	er authorization to promplete the following	g	de or profes		(If no	t currently	licensed, check this	box[]}	camination(s)	
Name of Trade	or Profession	License Numbe				tered Fron	ensing Age	To	or State of		
qualify you	for the position s	er the heading given ought, and as far as p to your first one. A	oossible, ėv	ery other er	nploymer	nt, includin	g war serv	ice. Begin with you	r most rece		
Length of Emplo		Firm Name			Address			City and State	10		
To: Mo. Length of Emplo	Yr. yment	Type of Business			our Title			Name and Title of			
From: Mo.	Yr.	DUTIES: Describe of work.						sed by you and exte			туре
Totals: Years Monthly Salary											
Max. Total Hrs.	Last		- 0							12	
Per Week I Reason for Leav	irs. ving	10		*		,			18		
Length of Emplo	pyment	Firm Name			Address			City and State			
To: Mo. Length of Emplo	Yr. yment	Type of Business	1		Your Title			Name and Title o	*	5.3	
From: Mo. Totals: Years	Yr. Mos.							with estimated per sed by you and exte			type
Monthly Salary				59					1		
Max. Total Hrs.	Last							-		3	
Per Week Reason for Lea	irs. ving										19
Length of Empl	pyment	Firm Name		-	Address	2000		City and State			
To: Mo. Yr. Length of Employment Type of Business Your Title Name and Title of Immediate Supervisor DUTIES: Describe the nature of the work personally performed by you, with estimated percentage of time on each type							tuno				
From: Mo. Totals: Years	Yr. Mos.							sed by you and exte			type
Monthly Salary										3 N	
Total Hrs.									1	(3)	
Per Week I Reason for Lea	irs. ving		£8						3		
Length of Empl		Firm Name			Address			City and State	8		
To: Mo. Length of Emplo		Type of Business DUTIES: Describe	the nature	<u> </u>	Your Title		ed by you.	Name and Title			type
From: Mo. Totals: Years	Yr. Mos.							sed by you and exte			
Monthly Salary	Min.	-									
Max. Total Hrs.	Last			11.6							
Per Week I Reason for Lea	irs. ving										