

## APPLICATION FOR CIVIL SERVICE EXAMINATION OR EMPLOYMENT

Utica Municipal Civil Service Commission, 1 Kennedy Plaza, Utica, New York 13502

Phone: (315) 792-0225

Web Site: [www.cityofutica.com](http://www.cityofutica.com)

<b>POSITION TITLE</b>	<b>EXAM NUMBER</b>	<b>SOCIAL SECURITY #:</b> _____			
Print Last Name	First	MI	(Area Code) Home Phone	(Area Code) Business Phone	
Permanent Legal Address			(Mailing Address if different)		
Street	Apt		Street	Apt	
City / Town	State	Zip Code	City / Town	State	Zip Code

Referring to your **PERMANENT LEGAL ADDRESS**, complete all items which apply to where you live.

	NAME	Years	Months
What School District do you live in and for how long?	_____		
What City do you live in and for how long?	_____		
What Village do you live in and for how long?	_____		
What Town do you live in and for how long?	_____		
What County do you live in and for how long?	_____		

If age is required on announcement for appointment or to take the examination, complete Date Of Birth:  
  
DOB: \_\_\_\_\_

- A. Are you a citizen of the United States?  YES  NO  
(If NO, see Instruction H on page 4)
- B. Are you or were you an exempt volunteer firefighter?  YES  NO

**SPECIAL ARRANGEMENTS** (Optional—See Instruction E, on page 4)

Religious Accommodation  Military  Disability

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, funds, disability or medical condition?  YES  NO
- B. Did you ever resign from any employment rather than face dismissal?  YES  NO
- C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances?  YES  NO
- D. Are you now under charges for any crime?  YES  NO
- E. Have you ever been convicted of any crime (felony or misdemeanor)? If Yes, attach completed form, Request For Criminal Offense  YES  NO

If you answered "YES" to any of the Questions A-D above, you may give specifics under "Remarks" on page 3 of this application. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. 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.

- F. Are you currently or have you ever served in the Armed Forces of the United States? If yes, complete questions for Veterans' Credits.  YES  NO

**VETERANS' CREDITS** (See Instruction F, on page 4) If you wish to claim additional credits complete questions 1-4

- Disabled War Veteran (10 Points)  Non-disabled War Veteran (5 Points)

1. Did you receive a discharge which was honorable or were you released under honorable circumstances?  YES  NO
2. Did you serve in the Armed Forces of the United States during any of the following periods?  YES  NO  
 (12/1/41 - 12/31/48) (6/27/50 - 1/31/55) (6/28/61 - 5/7/75) (Persian Gulf: 8/2/90--present)  
 (Lebanon: 6/1/83 - 12/1/87) (Grenada: 10/23/83 - 11/21/83) (Panama: 12/20/89 - 1/31/90)

NOTE: Credits for Lebanon, Grenada, and Panama will be limited to those who received the following Expeditionary Medals: Armed Forces, Navy, or Marine Corps (U.S. Public Health Service: 7/29/45 - 12/31/46) OR (6/27/50 - 7/3/52)

3. Since January 1, 1951, have you received a permanent appointment in New York State using your veterans credits?  YES  NO
4. At the time of this application are you currently a New York State Resident?  YES  NO

- Approved  
 Conditioned  
 Disapproved

(DATE STAMP BELOW)

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.	
_____ (Signature in blue ink)	_____ Date
Indicate any other surname (last name) by which you are or have been known	

**BE SURE TO ANSWER THIS SECTION.** Section 50-b of the NYS Civil Law requires that all applicants for examination answer the following questions:

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?  YES  NO
2. If yes, are you presently in default on any such loan?  YES  NO

**EDUCATION:** Read examination announcement for educational requirements. If specialized coursework is required, attach transcripts showing the required courses and credit hours you completed.

Have you graduated from high school?  YES  NO IF YES, NAME AND LOCATION OF HIGH SCHOOL YEAR GRADUATED

Do you have a high school equivalency diploma?  YES  NO IF YES, ISSUING GOVERNMENTAL AUTHORITY: NUMBER DATE OF ISSUE

	Name of School OR College and Address	Dates of Attendance (Month and Year)		Type of Course or Major Subject	Number of College Credits Rec'd	Type of Degree Rec'd	Date Degree Rec'd
		From	To				
College University, Professional Or Technical School							
Other Schools Or Special Courses							

**LICENSES:** If a license, or other authorization to practice trade or profession is listed as a requirement on the examination announcement for which you are applying, complete the following and submit a copy of license with this application. If not currently licensed check this box.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date of License First Issued	Registered From: (Mo./Yr.) To: (Mo./Yr.)	

If required on the announcement: Do you have a valid license to operate a motor vehicle in New York State?  YES  NO

**DESCRIPTION OF EXPERIENCE:** Beginning with your most recent employer, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. (Do not send your resume.) Describe the work which you personally performed. If you supervised, state how many people and the nature of such supervision.

Dates Employed MO YR MO YR / to /	Employer	Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title
			Type of Business

Describe specific work performed and job responsibilities:

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Dates Employed MO YR / to / MO YR	Employer	Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title
Type of Business			

Describe specific work performed and job responsibilities:

Dates Employed MO YR / to / MO YR	Employer	Address	City and State
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Describe specific work performed and job responsibilities:

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets)

## INSTRUCTIONS AND INFORMATION

For more information and help completing the application, call (315) 792-0225

- A. **EXAM APPLICATION:** Before filling out your application, read the examination announcement and/or job description carefully. Available at [www.cityofutica.com](http://www.cityofutica.com). This application is part of your examination. Answer all questions fully and carefully and make sure all boxes are filled in or checked. Resumes will NOT be accepted in lieu of application. Print in ink or use a typewriter. Attach additional sheets, if necessary, to give complete and detailed information.
- Applicants must answer every question on the application and make sure it is complete in all respects.
  - Incomplete applications will be disapproved. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.
  - Any subsequent findings of false, misleading or unverified information may result in exam disqualification.
  - DO NOT fax application. Faxed applications will not be accepted.
- B. **NON-REFUNABLE EXAM FILING FEE:** Refer to the front of the examination announcement for the required filing fee. Enclose a MONEY ORDER ONLY for the total amount, made payable to the City of Utica. Do NOT send cash or check. IF YOUR APPLICATION IS DISAPPROVED, THE FEE WILL NOT BE REFUNDED. Application Fee Waiver: You will be allowed a waiver of application fee if you meet the qualifications as stated on the examination announcement under General Instructions.
- C. **ADMISSION TO THE EXAM:** Applications are reviewed for qualifying status. If your application is disapproved, you will be notified of the reason. All amendments to applications are due no later than three (3) days before the scheduled examination. IF YOU DO NOT RECEIVE AN ADMISSION LETTER THREE (3) DAYS BEFORE THE EXAM DATE, Call (315) 792-0225. Collect Calls will NOT be accepted.
- D. **CHANGE OF ADDRESS:** Notify the City of Utica Civil Service Commission immediately of any change of address. Civil Service is not responsible for undeliverable mail.
- E. **SPECIAL ARRANGEMENTS:** If you need special arrangements because you are a person with a disability, are requesting a military make-up exam, or need a religious accommodation you must, EITHER (1) Check the appropriate box on the 1<sup>st</sup> page of the application and indicate the special arrangements you require in the "REMARKS" section on page 3; OR (2) Write to our office no later than the last filing date for this exam. Your request must include the exam number and title, and type of special arrangements required.  
Military Service Members: If you apply for an examination during the filing period but are on active duty on the date the examination is scheduled, you may request a military make-up examination. Contact Utica Municipal Civil Service at (315) 792-0225 for more information.  
It is the policy of the New York State Department of Civil Service and the City of Utica to provide qualified persons with disabilities, an equal opportunity to participate in and receive the benefits, services, programs and activities of the Department, and to provide such persons reasonable accommodations and reasonable modifications as are necessary, to enjoy such equal opportunity, including accommodations in the examination process. Further, it is the policy of the City to provide reasonable accommodation for religious observers.
- F. **VETERANS CREDITS:** Disable or non-disabled veterans who have served on active duty during the creditable periods of war, who have been honorably discharged/released, and who are New York State residents at the time of application for examination, will be eligible for veterans' credits. Eligible veterans must submit, with their application, a copy of the Honorable Discharge Form (DD-214). The copy of your DD-214 must be submitted prior to the establishment of the eligible list. An option of waiving this credit will be allowed after completion of the examination.  
Candidates currently serving in the Armed Forces of the United States may apply for veterans' credit provided the criteria for a veteran is met and proof of service was in time of war and the discharge or release was under honorable circumstances. The Armed Forces of the United States includes all components of the Army, Navy, Air Force, Marine Corp, and Coast Guard and the National Guard when in the service of the United States pursuant to call, as provided by law, on a full-time, active duty basis, other than active duty for training purposes.
- G. **PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:** The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide this information may result in disapproval of the application. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375.

### THE CITY OF UTICA IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the New York State Department of Civil Service and the City of Utica to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, military status, genetic predisposition, carrier status, political affiliation or belief.