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Date Received \_\_\_\_\_  
\_\_\_\_\_

\$ & By: \_\_\_\_\_  
MO or CK # \_\_\_\_\_

**GREENE COUNTY CIVIL SERVICE COMMISSION**  
PHONE: 518-719-3253. FAX: 518-719-3772  
**GREENE COUNTY HUMAN RESOURCES DEPARTMENT**  
PHONE: 518-719-3775 . FAX: 518-719-3772  
411 MAIN STREET, CATSKILL, NY 12414  
www.greene.gov

**APPLICATION FOR  
EXAMINATION OR EMPLOYMENT**

Application

Approved \_\_\_\_\_

Disapproved & Reason: \_\_\_\_\_

\_\_\_\_\_

Conditional \_\_\_\_\_

CSC ACT: \_\_\_\_\_

**PLEASE PRINT OR TYPE - READ INSTRUCTIONS CAREFULLY** This application, when used for Civil Service, is part of your examination process. Answer all questions fully and carefully. Some questions can be answered with an "X" in the box which applies to you. Attach additional sheets if necessary.

Position Applying for: \_\_\_\_\_ Civil Service Exam No. (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ MI

Soc. Sec. #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Legal Address: \_\_\_\_\_ Apt No. \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_ Apt. No. \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Telephone: \_\_\_\_\_ Area Code \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Area Code \_\_\_\_\_

2. Are you able to fulfill the essential functions of this job with or without reasonable accommodations?  YES  NO  
Note: If you require special testing arrangements due to a disability, religious observance, active military duty, or an alternate test date you must obtain and complete the appropriate form from Civil Service.

**FOR CIVIL SERVICE PURPOSES ONLY**

3. Are you under 18 years of age?  YES  NO  
If you are applying for a Police Officer or Deputy Sheriff position, Please provide Date of Birth \_\_\_\_\_

If you are applying for a Corrections Officer position, are you under 21 years of age?  YES  NO

**FOR CIVIL SERVICE PURPOSES ONLY**

4. Have you ever taken any other exams given by this department?  YES  NO **If "yes" give titles & dates**


5. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

NAME	YEARS	MONTHS
School District		
City or Village		
Town of		
County of		
State of		

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered.

AN INCOMPLETE CIVIL SERVICE EXAM APPLICATION MAY RESULT IN ITS DISAPPROVAL. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

**In order to ensure that admission letters, exam results and canvass letters are received in a timely manner, it is your responsibility to notify Civil Service immediately of any change of address. When writing, give the number and title of exam.**

6. Check appropriate box to the right of each question:
- A. Were you ever dismissed or discharged from any employment for reason other than lack of work or funds? YES  NO
- B. Did you ever resign from any employment rather than face dismissal? YES  NO
- C. Did you ever receive a dishonorable discharge from the armed forces of the United States? YES  NO
- D. Except for minor traffic violations, have you ever been convicted of a violation of the law? (A YES answer does not necessarily preclude you from employment with Greene County and/or a particular agency). You must disclose violations, misdemeanors, and felony convictions including all DWI and DWAI convictions. You should answer NO if you have had a conviction sealed by a court, the offense resulted in a youthful offender adjudication, or if it was adjourned in contemplation of dismissal (ACOD) and the adjournment period has ended. YES  NO
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge? YES  NO
- F. Are you now under charges for any crime? YES  NO

If you answered 'YES' to any of the questions above, give specifics below or on an additional sheet. 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 for which you are applying.

7. Do you have a New York State Driver's License? YES  NO
- Class: \_\_\_\_\_
- Date of Expiration: \_\_\_\_\_

8. Cross-Filing: If you cross-file for an exam with more than one civil service agency, you must notify each agency so that arrangements can be made for you to take a single written test for all jurisdictions for which you apply. Please indicate the names of the jurisdictions where other applications have been filed and the location where you wish to take this test. Failure to notify each agency may result in disqualification from one or more examinations in the series.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. If, for this examination, you wish to claim additional credits as an honorable discharged veteran, you must obtain an application from Gr. Co. Civil Service or their website, for veterans credits and attach to this application, check the appropriate box below and answer questions A-D below:

- DISABLED WAR VETERAN
- NON-DISABLED WAR VETERAN

Answer questions A-D ONLY if you are claiming additional credits as a disabled or non-disabled veteran for the examination (s) indicated on this application.

- A. Have you ever served in the Armed Forces of the United States? (The "Armed Force of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof 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.) YES  NO
- B. If "YES" did you receive a DISHONORABLE discharge? YES  NO
- C. Did you serve in the Armed Forces of the United States during any of the following periods? YES  NO
- Dec. 7, 1941 to Dec. 31, 1946; June 27, 1950 to Jan. 31, 1955; Feb. 28, 1961 to May 7, 1975; Persian Gulf conflict Aug. 2, 1990 to the date upon which such hostilities end.
  - U.S. Public Health Service: July 29, 1945 to Sept. 2, 1945 or June 26, 1950 to July 3, 1952.
  - The armed Forces expeditionary medal, Navy expeditionary medal or Marine Corps expeditionary medal for: Hostilities in Lebanon: June 1, 1983 to Dec. 1, 1987; Hostilities in Grenada: Oct. 23, 1983 to Nov. 21, 1983; Hostilities in Panama: Dec. 20, 1989 to Jan. 31, 1990.
- D. Since January 1, 1951, have you 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? If yes, name agency that established list: YES  NO

Note: All claims and grants of veterans credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

10. Are you an exempt volunteer firefighter? YES  NO

11. Are you legally authorized to work in the United States? YES  NO

(Note: You will be required to produce proof of identity and employment authorization at the time of hire.)

GREENE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

IT IS THE POLICY OF GREENE COUNTY 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, SEXUAL ORIENTATION, OR ANY OTHER PROTECTED STATUS. ABSOLUTELY NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION OF ANY PROTECTED CLASS.

**Please complete as fully as possible**

NAME: \_\_\_\_\_

12. EDUCATION. If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? YES  NO  If Yes, Name and location of High School \_\_\_\_\_

If you have a high school equivalency diploma, indicate issuing Governmental Authority		Number				Date of Issue				
College, University, Professional or Technical School	Name of School and City in which located	Date of Attendance (Month & Year) From	To	Day or Night	Full or Part-	# of yrs credited	Did you graduate	Type of Course or Major Subject	# of college credits rec'd	Type of Degree Rec'd
Other Schools or Special Courses										

13. LICENSES. If a license, certificate or other authorization to practice a trade or profession is a requirement for this position to which you are applying, complete the following question. If not currently licensed, check this box

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

**14. EXPERIENCE: Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. You may include a resume but do not substitute a resume. Under "DUTIES" describe in detail the nature of work which you personally performed. If you supervised, state how many people and the nature of such supervision. ALL EXPERIENCE IS CONSIDERED FULL-TIME unless specified in the minimum qualifications or on the exam announcement. Verified and documented volunteer experience, paid internship and education will only be credited when specifically stated in the minimum qualifications or on the examination announcement. Unpaid internship does not qualify. If more space is needed, attach 8 1/2 x 11 sheets of paper. Sheets must contain all information as requested on this form. (E.g. number of hours worked per week, dates (month & year) of employment & etc...)**

Length of Employment From _____ To _____ Mo. ___ Yr. ___ Mo. ___ Yr. ___	Firm Name	Address	City and State
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Exact Title _____	Describe Duties _____ _____ _____ _____ _____
Name of Your Supervisor _____	
Supervisor's Title _____	
No. of hours worked per week _____	
Reason for Leaving _____ _____	

Length of Employment From _____ To _____ Mo. ___ Yr. ___ Mo. ___ Yr. ___	Firm Name	Address	City and State
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Exact Title _____	Describe Duties _____ _____ _____ _____ _____
Name of Your Supervisor _____	
Supervisor's Title _____	
No. of hours worked per week _____	
Reason for Leaving _____ _____	

Length of Employment From _____ To _____ Mo. ___ Yr. ___ Mo. ___ Yr. ___	Firm Name	Address	City and State
Exact Title _____ Name of Your Supervisor _____  Supervisor's Title _____  No. of hours worked per week _____  Reason for Leaving _____ _____	Describe Duties _____ _____ _____ _____ _____		

Length of Employment From _____ To _____ Mo. ___ Yr. ___ Mo. ___ Yr. ___	Firm Name	Address	City and State
Exact Title _____ Name of Your Supervisor _____  Supervisor's Title _____  No. of hours worked per week _____  Reason for Leaving _____ _____	Describe Duties _____ _____ _____ _____ _____		

Length of Employment From _____ To _____ Mo. ___ Yr. ___ Mo. ___ Yr. ___	Firm Name	Address	City and State
Exact Title _____ Name of Your Supervisor _____  Supervisor's Title _____  No. of hours worked per week _____  Reason for Leaving _____ _____	Describe Duties _____ _____ _____ _____ _____		

15. Have you any objections to our contacting your previous or current employers?  
 YES  NO

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Please list all other legal names used, including maiden name if applicable.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. THIS AFFIRMATION MUST BE COMPLETED

An unsigned application will result in its disapproval.

I affirm that the statements made on the application (including any attached papers) are true under the penalties of perjury. I authorize investigation of all matters contained in this application.

\_\_\_\_\_  
 Signature of Applicant Date

**BACKGROUND INVESTIGATION, FINGERPRINTING AND DRUG SCREENS**

For original appointments to positions in the classified service, which require background checks, applicants may be required to undergo a State & National criminal history background investigation, which will include a fingerprint check to determine suitability for employment. In addition, candidates receiving a conditional offer of employment with a Greene County Department, must successfully pass a drug screen. Failure to meet the above standards may result in disqualification.

Applicant's Signature \_\_\_\_\_