

**CHEMUNG COUNTY/CITY OF ELMIRA  
REGIONAL CIVIL SERVICE COMMISSION**  
PO Box 588 · 203 Lake Street · Elmira, New York 14902-0588  
Telephone: (607) 737-2918  
**An Equal Opportunity Employer**

**APPLICATION FOR EXAMINATION OR EMPLOYMENT**

**\*\*ANSWER ALL QUESTIONS**

\_\_\_\_\_  
**POSITION/EXAMINATION TITLE**

\_\_\_\_\_  
**EXAMINATION #**

<b>OFFICE USE</b>				
Date Received:	_____			
Fee:	P	_____		
Status:	A	C	_____	
Disapproved:	Exp	Edu	Res	Fee
Other:	_____			
Transcript:	HS	AS	BS	Other

**SOCIAL SECURITY NUMBER**

**NAME** \_\_\_\_\_  
Last
First
Middle Initial
Maiden Name (if applicable)

**LEGAL ADDRESS:\*** \_\_\_\_\_  
Address
City
State
Zip

**MAILING ADDRESS:\*** (If different from above) \_\_\_\_\_  
Address
City
State
Zip

**HOME PHONE: (with area code)** \_\_\_\_\_ **WORK PHONE: (with area code)** \_\_\_\_\_

**\*NOTE: You must keep your address and telephone numbers current**

**VETERANS CREDITS** (If applicable, check one): NON-DISABLED WAR VETERAN \_\_\_ DISABLED WAR VETERAN\_\_\_

- | <b>INDICATE YOUR ANSWER BY PLACING AN "X" IN THE APPROPRIATE SPACE:</b>   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| A. Have you resided in Chemung County for at least 30 days?   | _____      | _____     |
| B. If you are <b>not</b> a citizen of the U.S., do you have the right to accept employment in the U.S.? (otherwise leave blank) | _____      | _____     |
| C. Do you require special arrangements for examination (Saturday Sabbath observer or disability)?                               | * _____    | _____     |
| D. Do you require an alternate test date?   | * _____    | _____     |
| E. Do you now, or have you ever worked for an agency under the Regional Civil Service Commission?                               | _____      | _____     |
| F. Have you filed for or taken an examination with the Regional Civil Service Commission within the last two (2) years?         | _____      | _____     |
| G. Were you ever dismissed from any employment for reasons other than lack of work?   | * _____    | _____     |
| H. Did you ever receive a dishonorable discharge from the U.S. Armed Forces?  | * _____    | _____     |
| I. Have you ever forfeited a bail bond posted to guarantee your appearance in court?  | * _____    | _____     |
| J. Have you ever been convicted of any crime (felony or misdemeanor)?   | * _____    | _____     |
| K. Are you presently in default on any outstanding student loan guaranteed by New York State?                                   | * _____    | _____     |
| L. Are you an active volunteer firefighter?   | _____      | _____     |

**\*If yes, please use next page to give a full explanation.** A "yes" answer to G, H, I, J or K will not necessarily disqualify you. Each case is evaluated on an individual basis in relation to the duties and responsibilities of the position for which you have applied. Omit parking or speeding violations assigned a fine of \$50.00 or less and any other offense adjudicated in Juvenile Court or under a Youthful Offender Law.

Law enforcement positions and positions requiring a commercial drivers license have minimum age restrictions. If you are applying for one of these positions **OR** if you are under the age of 18, enter your date of birth here... \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you answered "Yes" to G, H, I, J or K above please give a full explanation here.**

**YOU MUST THOROUGHLY COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS OFFICIAL APPLICATION FORM WHETHER YOU SUBMIT A RESUME OR NOT.**  
 (Those interviewing will see only the following pages and any attachments)

<b>Position/Examination Title:</b>			
<b>Applicant's Name:</b>			
<b>Street or P.O. Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Social Security #:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>	

**EDUCATION:**

Type of School	Name & Address of School	From – To (Mo. & Yr.)	Type of Course or Major Subject	Total College	Type of Degree Recv'd
High School or GED			GED#		
College					
Graduate school or other					

**LEVEL OF EDUCATION :** Please check highest level of education completed.

High School     
  Associate     
  Bachelor     
  Master     
  Doctorate

**LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE OR PROFESSION:**

Skill, Trade or Profession	License or Certificate #	Issued by:(City, State, or Agency)	License Dates From - To	Permanent Yes No

**DRIVERS LICENSE INFORMATION:** (Complete only if the position you are applying for requires a drivers license.)

None     
  Out of State     
 \_\_\_\_\_ (Indicate State)     
  New York State

Motorist ID #: \_\_\_\_\_ Class: \_\_\_\_\_

Restrictions: \_\_\_\_\_ Endorsements: \_\_\_\_\_

**WORK EXPERIENCE: DO NOT SUBSTITUTE A RESUME FOR THIS SECTION.** Complete all information required. Describe in detail all duties performed which are relevant to the position for which you have applied. (Vagueness will not be ruled in your favor.) A resume may be attached to this application only as a supplement to the information that you are providing.

Length of Employment From:            To:	Employer	Mailing Address								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Hours worked per week</td> <td rowspan="5" style="width:50%; vertical-align: top;"><b>Duties:</b></td> </tr> <tr> <td>Earnings Per Hour</td> </tr> <tr> <td>Your Title</td> </tr> <tr> <td>Type of Business</td> </tr> <tr> <td>Supervisor</td> </tr> <tr> <td>Reason for Leaving</td> <td></td> </tr> </table>	Hours worked per week	<b>Duties:</b>	Earnings Per Hour	Your Title	Type of Business	Supervisor	Reason for Leaving			
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<b>Length of Employment</b> From:            To:	<b>Employer</b>	<b>Mailing Address</b>
<b>Hours worked per week</b> <b>Earnings Per Hour</b>	<b>Duties:</b>	
<b>Your Title</b>		
<b>Type of Business</b>		
<b>Name &amp; Title of Supervisor</b>		
<b>Reason for Leaving</b>		

<b>Length of Employment</b> From:            To:	<b>Employer</b>	<b>Mailing Address</b>
<b>Hours Worked per Week</b> <b>Earnings Per Hour</b>	<b>Duties:</b>	
<b>Your Title</b>		
<b>Type of Business</b>		
<b>Name &amp; Title of Supervisor</b>		
<b>Reason for Leaving</b>		

**REFERENCES:** (List the names of three (3) individuals familiar with your abilities.)

<b>Name</b>	<b>Address</b>	<b>Phone No</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**IT IS THE POLICY OF THE CHEMUNG COUNTY/CITY OF ELMIRA REGIONAL CIVIL SERVICE COMMISSION 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 OR CRIMINAL RECORD.**

STATEMENT: I declare that all statements made in this application (and any accompanying attachments) are true and complete to the best of my knowledge. I understand that any false statements made on this application or in interviews will result in immediate rejection or discharge from employment. I authorize the Regional Civil Service Commission to contact schools/college and former employers cited in the statement contained in this application for employment as may be necessary in arriving at an employment decision. I understand the acceptance of this application for employment by the Regional Civil Service Commission does not constitute or imply a commitment or willingness to offer employment to me in this or any other position. When required, I agree to take all physical examinations and drug screen testing and authorize the release of these confidential examinations and test results to the Regional Civil Service Commission.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_