

VETERANS'
CREDITS

OFFICE USE ONLY

SPECIAL
ARRANGEMENTS

SENIORITY
CREDITS

OFFICE USE ONLY

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APPLICATION FOR EXAMINATION OR EMPLOYMENT

This application is part of your examination. Answer all questions fully and carefully. Please print in ink or typewrite.

1. NAME AND ADDRESS: *(Immediate notice should be given of any change in address)*

_____ (LAST NAME) (FIRST NAME) (INITIAL)

_____ (STREET ADDRESS)

_____ (POST OFFICE) (STATE) (ZIP)

Email address _____

2. TELEPHONE NO. HOME _____ CELL _____

3. SOCIAL SECURITY NO. _____

4. RESIDENCE. *(Proof may be required)* List here your actual, permanent, legal address, for the last five years including the dates *(month and year)* that you lived there.

CITY OR VILLAGE	TOWN	COUNTY	STATE	SCHOOL DISTRICT NUMBER AND NAME	FROM	TO
						Present

5. ARE YOU SCHEDULED TO TAKE ANY EXAMINATIONS (OTHER THAN THE TOWN OF HEMPSTEAD'S) ON THE SAME TEST DATE?
 YES NO PLEASE EXPLAIN _____

6. DO YOU POSSESS A VALID NEW YORK STATE MOTOR VEHICLE LICENSE? YES NO If "yes" indicate the following:

DRIVER'S LICENSE I.D. NUMBER _____ TYPE: Operator CDL Class _____

Exam. No. TITLE

Exam. No. TITLE

Exam. No. TITLE

APPLICANT: DO NOT WRITE IN THIS BOX

Checked by: _____ Application No. _____

EMPLOYMENT Prov. Non-comp. Labor

Approved Cond. Rejected By: _____ / _____

Approved Cond. Rejected By: _____ / _____

Approved Cond. Rejected By: _____ / _____

("YES" answers to the following questions must be explained under #20)

7. Do you object to this commission making inquiries about your character and qualifications from your: Present employer? Yes No
 Former employer? Yes No
8. Have you ever had a drivers license suspended or revoked? Yes No
9. Have you received any summons for traffic offenses within the past three years? Yes No
10. Except for the above traffic offenses, have you ever been convicted of any misdemeanor or felony? Yes No
11. Were you ever dismissed from employment for reasons other than reduction in staff? Yes No
12. Do you have any mental or physical disability that would prevent you from performing this job in a reasonable manner? Yes No

Note: None of the circumstances represents an automatic bar to employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

13. Do you have a High School Equivalency Diploma? Yes No
 If YES, give number _____

14. NOTE: Where college education is required, if not already on file, you must have your school send an official transcript directly to this office.				College education from a foreign country must be evaluated by an accredited evaluation service, and an original report must be sent by them to this office.			
Type of School	Name and Location	Years Completed	Type of Course/Major	Did You Graduate?	No. of Credits Received	Type of Degree	Was Proof Submitted to This Office? Yes (date) or No
High School, College, University, Professional, Technical or Trade							

17. ARE YOUR TRANSCRIPTS UNDER ANY OTHER NAME? Yes No If yes, under what name: _____

18. EXPERIENCE: Describe here all relevant work experience (*including military*) starting with the MOST RECENT, include ALL employment for the last TEN YEARS as well as any relevant experience prior to that. In addition you MUST:

- Under "Duties" describe work personally done by you.
- Estimate percentage of time spent on all work.
- Indicate size & type of workforce supervised, if any, and extent of supervision.
- If more than one title at same employer, list as separate employment.
- If more space is needed, attach extra 8 1/2 x 11 sheets of paper.
- THIS SECTION MUST BE COMPLETED EVEN IF A RESUME IS SUBMITTED.

Complete this section ONLY if you wish to claim VETERANS' CREDITS and if you have not used Veterans' Credits for appointments to a position in New York State since 1/1/51.

For the purpose of claiming Veterans' Credits on a civil service examination, you must have served, or currently be serving, on active duty-for purposes other than training in the Armed Forces of the United States at any time during the following "time of war" periods.

- | | |
|--|----------------------------|
| WWII-12/7/41-12/31/46 | *Lebanon-6/1/83-12/1/87 |
| Korea-6/27/50-1/31/55 | *Grenada-10/23/83-11/21/83 |
| Vietnam-2/28/61-5/7/75 | *Panama-12/20/89-1/31/90 |
| U.S. Public Health Service
7/29/45-12/31/46
6/27/50-7/3/52 | Persian Gulf-8/2/90- |

** Limited to those who received the armed forces, Navy or Marine Corps expeditionary medal*

In addition, you must:

- Be an **Honorably Discharged** Veteran-or released **Under Honorable Conditions**. (You must submit proof via Form #DD214) OR;
- Be currently on active duty-for purposes other than training. (Proof must be by Military ID or orders). Later, you will be notified how to provide proof of **Honorable Discharge** or released **Under Honorable Conditions**.

15. Do you wish to claim Non-Disabled Veterans' Credits? Yes No

16. Do you wish to claim DISABLED Veterans' Credits? Yes No
 (You must be receiving payments from the U.S. Dept. of Veterans' Affairs for a service-connected disability rated at 10% or more, and incurred during a "time of war" period listed above).

LIST ALL PAID WORK EXPERIENCE

(a) Name and Full Address of Company	Type of Business	From month year	To month year	Hours Per Week	Name of Supervisor
Describe in detail the work that you did: Title: _____ Duties: _____					
Reason for Leaving: _____					

(b) Name and Full Address of Company	Type of Business	From month year	To month year	Hours Per Week	Name of Supervisor
Describe in detail the work that you did: Title: _____ Duties: _____					
Reason for Leaving: _____					

(c) Name and Full Address of Company	Type of Business	From month year	To month year	Hours Per Week	Name of Supervisor
Describe in detail the work that you did: Title: _____ Duties: _____					
Reason for Leaving: _____					

LIST ALL VOLUNTEER EXPERIENCE

Name and Full Address of Company	Type of Business	From month year	To month year	Hours Per Week	Name of Supervisor
Describe in detail the work that you did: Title: _____ Duties: _____					
Reason for Leaving: _____					

19. DECLARATION: I declare, subject to the penalties of perjury, that all 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:



Civil Service Commission
 TOWN OF HEMPSTEAD
 350 FRONT STREET
 HEMPSTEAD, NY 11550
 (516) 489-5000

RELEASE OF INFORMATION

I, the undersigned, _____
 hereby authorize the release to the Town of Hempstead and the Town of Hempstead Civil Service Commission of any and all records which relate to my background, experience and qualifications which reflect upon my merit and fitness for public service, including but not limited to employment, educational, selective service, military, driving, and arrest records and reports. I authorize the release of any and all results of prior polygraph testing that I may have undergone.

In addition, I also agree to release any and all persons and legal entities from any and all liability arising out of the release of the records described herein to the parties specified herein.

I am aware that this instrument may be photocopied in its use and hereby acknowledge the validity of my signature on such duplicated copy.

Address	City	State	Zip
Date of Birth		Social Security Number	

STATE OF NEW YORK
 COUNTY OF NASSAU §:

On this _____ day of _____, 20____, before me personally came
 _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he/she executed the same.

APPLICANT SIGNATURE	NOTARY PUBLIC
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**Note: If employed, the current version of some records listed above may be available to the Town of Hempstead for the duration of your employment.*

**ALL APPLICATIONS
MUST BE SUBMITTED
WITH A COPY OF YOUR
NEW YORK STATE
DRIVER'S LICENSE.**

03/19/14