



Port Jervis

SCHOOL DISTRICT

Business Office
9 Thompson Street
Port Jervis, New York 12771

Phone (845) 858-3242
Fax (845) 858-3187

Notice to All Applicants

- The application form must be completely filled out.
 - Three letters of personal reference must be submitted with application.
 - Candidates applying for school bus driver must submit a copy of their drivers license.
 - One application may be completed for multiple titles.
 - Applications will be kept on file for a period of one year. (excluding applications for competitive positions)
- *There is a \$94.25 fingerprint processing fee. Applicants are responsible for paying this fee when submitting their fingerprints to NYSED. You will be reimbursed after having worked for the district for 30 days. (This is done after the appointment)**

For further information please call (845)858-3242
Monday through Friday, between the hours of 8:00a.m. and 4:00p.m.

PORT JERVIS CIVIL SERVICE COMMISSION

14-20 Hammond Street
Port Jervis, New York 12771
914-856-6911

Leave this space blank

DATE RECEIVED _____

Approved _____

Conditional _____

Disapproved _____

Fee Pd W

Receipt # _____

Date Paid _____

APPLICATION FOR EMPLOYMENT/EXAMINATION

This application is part of your examination. Answer all applicable questions fully and carefully in ink or typewriter. Some questions can be answered with an "X" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

(PRINT LEGIBLY IN INK OR TYPEWRITER)

New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, or 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.

1. EXACT EXAMINATION

NO. _____ TITLE _____

2. SOCIAL SECURITY NUMBER

3. FULL NAME

LAST NAME FIRST NAME INITIAL

STREET ADDRESS OR RD.

CITY STATE ZIP CODE

Immediate notice should be given of any change in mailing address before or after examination.

4. PHONE NO.

HOME NO. _____

BUSINESS NO. _____

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

	Yrs.	Mos.
SCHOOL DISTRICT		
CITY OR VILLAGE OF		
TOWN OF		
COUNTY OF		
STATE OF		

6. SPECIAL ARRANGEMENTS (Optional)

Check box below if you desire special accommodations to participate in the examination because you are a:

- 1. Religious Observer - For religious reasons cannot be tested on date of examination. YES NO
- 2. Handicapped Person - Under REMARKS indicate type of assistance required. YES NO

NOTE: Write to this agency no later than the last day of filing for this examination. Your request must include examination number and title and type of special arrangements required.

7. Have you ever served in the Armed Forces of the United States on a full time active duty basis - other than active duty for training purposes? YES NO
If not, omit 8-12.

8. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? YES NO

9. Are you currently a resident of New York State? YES NO

10. a. Did you serve in active duty in the Armed Forces of the United States during any of the following periods? YES NO

- 1. World War I — April 6, 1917 - Nov. 11, 1918
- 2. World War II — Dec. 7, 1941 - Dec. 31, 1946
- 3. Korean Conflict — June 27, 1950 - Jan. 31, 1955
- 4. Viet Nam Conflict — Jan. 1, 1963 - May 7, 1975
- 5. Persian Gulf Conflict — Aug. 2, 1990 - date Hostilities ended

SCHOOL DISTRICT

CITY OR VILLAGE OF

TOWN OF

COUNTY OF

STATE OF

10. a. (Cont.)

- | | YES | NO |
|-------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 6. U.S. Public Health Services | | |
| July 29, 1945 - Sept. 2, 1945 | <input type="checkbox"/> | <input type="checkbox"/> |
| June 26, 1950 - July 3, 1952 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Receive the Armed Forces, Navy or Marine Corps Expeditionary Medal for Hostilities in: | | |
| Lebanon — June 1, 1983 - Dec. 1, 1987 | <input type="checkbox"/> | <input type="checkbox"/> |
| Grenada — Oct. 23, 1983 - Nov. 21, 1983 | <input type="checkbox"/> | <input type="checkbox"/> |
| Panama — Dec. 20, 1989 - Jan. 31, 1990 | <input type="checkbox"/> | <input type="checkbox"/> |

b. If "YES" enter your Date of Entry _____
 Date of Separation _____

11. VETERANS CREDITS - Do you claim additional credits on this examination as an honorably discharged veteran?

- Yes, as a disabled war veteran
- Yes, as a non-disabled veteran
- No

12. Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York or any of its civil divisions? YES NO

13. Check appropriate box to right of each question.

- A. Were you ever dismissed or discharged from any employment for reasons 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 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. Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
- E. Are you now under charges of any crime? YES NO
- F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO

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

If you answered "YES" to any of the questions above, you may give specifics under "REMARKS". If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

14. A. Are you under 18 or over 70 years age? YES NO
- B. POLICE OFFICER CANDIDATES
 Enter date of birth: Mo. _____ Day _____ Yr. _____
- C. Are you a citizen of the United States? (Answer only if citizenship is a requirement for the position for which you are applying.) YES NO
- D. If you are not a citizen, do you have the legal right to accept employment in the United States? YES NO
 Please give alien registration number _____
 (NOTE: Citizenship is no longer a requirement for employment, except for Public Officer Positions.)
- E. Are you a retiree from New York State or any civil division thereof? YES NO
- F. Are you an Exempt Fireman? YES NO

For questions 16-19 you need answer only those questions which pertain to requirements listed on the announcement for the examination(s) for which you are filing or set forth in the specification for the position applied for. If in doubt, answer all questions.

16. EDUCATION. If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours of courses are required for graduation. DO NOT send transcript unless required by announcement. If specific courses are required, list under "REMARKS" on last page.

DO NOT WRITE IN THIS SPACE
 TRG & Experience

Rated By _____
 Checked By _____

Have you graduated from High School? YES NO

If yes, give year graduated _____

If yes, give name and location of high school.

If no, give highest grade completed _____

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

Trade/Profession _____
 License/Certificate No. _____
 Licensing Agency _____
 City/State _____
 Expiration Date _____

If you have a high school equivalency diploma indicate
issuing Government Authority

Number and/or Date of Issue

	Name of School and City in which located	Date of Attendance (Month and Year)		Day or Night	Full or Part Time	No. of Years Credited	Were You Gradu- ated?	Type of Course or Major Subject	Number of College Credits Received	Degree Received	Date of Degree
		From	To								
College University Professional or Technical School											
Other School or Special Courses											

17. Do you have a valid license to operate a motor vehicle in New York State? YES, Class _____ NO _____

18. DESCRIPTION OF EXPERIENCE: Beginning with your most recent experience, describe in detail below ALL employment that is pertinent to the position for which you are applying. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If relevant volunteer (unpaid experience) is acceptable as qualifying, describe it in the same way as paid work. If you have had military service which includes experience pertinent to the position, describe such employment as a separate employment. If your title or duties changed materially in the course of your service in any one organization, show the dates of the changes and describe each job as a separate employment. Under "Duties" for each organization describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of work. If you supervised a working force, state its size and nature and the extent of such supervision. (If more space is needed, attach 8 1/2 x 11 sheets of paper.)

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	DUTIES		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	DUTIES		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	DUTIES		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application, be sure to enter on page 1, the examination number which identifies the examination for which you are filing.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score.

Call or write this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. VETERANS CREDITS

Persons claiming as disabled war veterans will be contacted by this agency for additional information as necessary.

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.

REMARKS:

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.)

SIGNATURE OF APPLICANT _____ DATE _____

MAIL OR DELIVER TO:
 Port Jervis Civil Service Commission
 14-20 Hammond Street
 Port Jervis, New York 12771

Please print any other surname (last name) by which you are or have been known.