



APPLICATION FOR EXAMINATION

Mail or deliver, with non-refundable application fee of \$40 to:
MUNICIPAL CIVIL SERVICE COMMISSION
ONE LARKIN CENTER, 2ND FLOOR, YONKERS, NY 10701
(914) 377-6092

www.yonkersny.gov

Make check or money order payable to CITY OF YONKERS. Include name and exam number.

NUMBER OF EXAMINATION: _____

TITLE OF EXAMINATION: _____

A SEPARATE APPLICATION MUST BE FILED FOR EACH EXAMINATION NUMBER: ALL STATEMENTS ARE SUBJECT TO VERIFICATION

This application is part of your examination. Answer all questions fully and carefully in ink or online. Some questions can be answered by checking the choice which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

1. FULL NAME

Last	First	M.I.
Street Address		Apt. No.
City	State	Zip
Telephone-Home		Work

EMAIL: _____

2. DATE OF BIRTH / SEX

(Mandatory for Police Officer, Firefighter, Detention Officer ONLY)

Month _____ Day _____ Year _____ F M

3. SOCIAL SECURITY NUMBER

4. LEGAL RESIDENCE

Fill in the name of the city or village, county, and state of which you are a permanent resident. Show the number of years and months that you have continuously lived in EACH of these units immediately preceding the date of this application.

NAME	YEARS	MONTHS
City / Village		
County		
State		

5. CITIZENSHIP

Only candidates for Public Officer positions (such as Police Officer, etc.) must answer this question

Are you a citizen of the United States?

Check One

- (A) Yes, by birth
 (B) Yes, by naturalization or derivation
 (C) No, not a citizen

These questions are required by Civil Service Law. By agreement with the Commission on Human Rights, answers will not be revealed to appointing officers. If you are a naturalized citizen or your citizenship is based on naturalization of parent or spouse, submit proof to this commission in person.

6. Except for criminal actions terminated in your favor, youthful offender adjudications, or any sealed convictions (minor traffic infractions or violations), have you ever been convicted of an offense or crime against the law? YES NO

Are you now under any pending charges for any crime? YES NO

If "Yes" to either or both of the above, give the particulars of and the disposition of each charge on a separate sheet and attach the same. A conviction is not an automatic bar to employment. Each case is considered on its individual merits.

7. Have you any objections to this Commission making inquiry regarding your character and qualifications from

- (A) Your former employer? YES NO
 (B) Your present employer? YES NO

If answer is yes to either A/B, please explain (Attach additional sheet)

8. Were you ever dismissed from any employment? YES

If answer is Yes please explain (Attach additional Sheet) NO

9. Do you require special testing arrangements as a religious observer or disabled person? YES NO

If answer is Yes please explain (Attach additional Sheet)

10. Veterans Credit:

- (A) Currently in active duty.
 (B) Yes, as a disabled veteran.
 (C) Yes, as a non-disabled veteran.
 (D) No, I have used my credits.
 (E) No.

If YES:

Please attach original DD 214 (discharge papers)

11. Have you ever taken any other examination given by this commission?

If "YES" give titles and date. (Attach additional sheets if necessary)

Titles of Examinations

Dates

_____	-	-
_____	-	-
_____	-	-
_____	-	-

12. EDUCATION: Read job description for educational requirements, if any. If specialized coursework is required, attach a list of the required courses and semester credit hours you completed.

Do you have a High School or Equivalency Diploma? YES NO

If Yes, Name and location of High _____

School or Issuing Governmental Authority: _____

Date Graduated Or Date Issued: _____

College, University, Professional or Technical School:

Date of Attendance (Month/Year)	No. of Years Credited:	Did you Graduate?	No. of Credits Received:
From:		YES <input type="checkbox"/> NO <input type="checkbox"/>	
To:			

Type of Degree/Major: _____

Date Degree Received or Expected: _____

Name: _____

Address: (Street, City and State) _____

Name: _____

Address: (Street, City and State) _____

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 _____

Date _____

DO NOT WRITE BELOW

APPROVED _____

CONDITIONAL _____

DISAPPROVED _____

ALL UNIFORMED SERVICES POSITION APPLICATIONS MUST BE FILED IN PERSON.

13. LICENSE OR CERTIFICATION: Complete the following if a license, certificate or other authorization to practice a trade or profession is required. If **NOT** currently licensed, check this box:

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

14. DESCRIBE YOUR EXPERIENCE: Beginning with your most recent, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications. 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. Under "Duties" describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervise, state how many people and the nature of such supervision.

LENGTH OF EMPLOYMENT FROM: TO:	FIRM NAME:	ADDRESS:	CITY AND STATE:
EARNINGS (Check One) \$ WK <input type="checkbox"/> MO <input type="checkbox"/> YR <input type="checkbox"/>	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			
LENGTH OF EMPLOYMENT FROM: TO:	FIRM NAME:	ADDRESS:	CITY AND STATE:
EARNINGS (Check One) \$ WK <input type="checkbox"/> MO <input type="checkbox"/> YR <input type="checkbox"/>	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			
LENGTH OF EMPLOYMENT FROM: TO:	FIRM NAME:	ADDRESS:	CITY AND STATE:
EARNINGS (Check One) \$ WK <input type="checkbox"/> MO <input type="checkbox"/> YR <input type="checkbox"/>	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			
LENGTH OF EMPLOYMENT FROM: TO:	FIRM NAME:	ADDRESS:	CITY AND STATE:
EARNINGS (Check One) \$ WK <input type="checkbox"/> MO <input type="checkbox"/> YR <input type="checkbox"/>	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime):			

AN EQUAL OPPORTUNITY EMPLOYER

HIRING AND APPOINTMENTS SHALL BE BASED ON INDIVIDUAL CAPABILITY AND MERIT AND ARE MADE IN OBSERVANCE OF CIVIL SERVICE LAW. FEDERAL, STATE, CITY LAWS PROHIBIT DISCRIMINATION IN APPOINTMENTS BASED ON RACE, COLOR, RELIGION, AGE, GENDER, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY, OR POLITICAL ORIENTATION, EX-OFFENDER STATUS AND STATUS AS A VIETNAM ERA VETERAN, UNLESS OTHERWISE SPECIFIED BY LAW.