

**TOWN OF COLONIE**  
**CIVIL SERVICE DEPARTMENT**  
**APPLICATION FOR EXAMINATION OR EMPLOYMENT**  
**COLONIE MEMORIAL TOWN HALL, P.O. BOX 508**  
**NEWTONVILLE, NY 12128-0508**



<b>CIVIL SERVICE USE ONLY</b>	
APPLICATION NO. _____	Date Recd: _____
Fee _____	Waiver(note log) _____
<input type="checkbox"/> Approved <input type="checkbox"/> Conditional <input type="checkbox"/> Disapproved <input type="checkbox"/> PST/Date	
By: _____	

Position Title \_\_\_\_\_ Examination Number (If applicable) \_\_\_\_\_

Type of Position:  Full Time  Part Time  Seasonal

This application is part of your examination. Check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval. Attach additional sheets if necessary in order to give complete and detailed information. *All statements are subject to verification.*

Are you applying with other civil service agencies for examinations that are being held **on the same date**?  
 Yes  No If yes, please attach a crossfiler application and list all examinations. (see forms on [www.colonie.org.civilservice](http://www.colonie.org.civilservice) website)

**1. Name, Mailing Address and Phone (Please Print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
 Specify (work, cell, etc.) \_\_\_\_\_

**2. SOCIAL SECURITY NUMBER:**

3. Are you **now**, or **have you ever been enrolled** in a public retirement system?

Yes  No

4. Are you under 18?  Yes  No

If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

\_\_\_\_\_ Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year

5. Driver's License # \_\_\_\_\_

**6. SPECIAL ARRANGEMENTS (Optional-See Instruction D on pg4)**

Military Member     Person with Disability  
 Religious Observer

7. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?

Yes  No

(Non-citizens may be required to produce 1-151 or 1-551 Alien Registration Cards at time of appointment)

8. 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
City or Village of _____	/	/	
Town of _____	/	/	
County of _____	/	/	
State of _____	/	/	

9. Check appropriate box to the 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 for any crime?  Yes  No

If you answered "Yes" to any of the Questions 9A-E above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information. **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(s) for which you are applying.**

10. **VETERANS CREDITS** (See Instruction E, page 4)  
 If for this examination, you wish to claim additional credit as an honorably discharged veteran, or apply for veteran's credits and be conditionally granted such credit, check the appropriate box below and answer questions A-D. **You must submit a Veterans Credit Application**(ask for one in our office or download off our webpage along with copy of DD214)

Non-disabled War Veteran     Disabled War Veteran  
 Active Duty Currently in Armed Forces, describe situation on back page.

**DO NOT COMPLETE THIS SECTION UNLESS YOU:**

- 1. Wish to claim War Time Veterans Credits, AND
- 2. Have NOT used veterans credits for appointment to a position in NY State or local government employment since January 1, 1951.

**EXTRA CREDITS FOR WAR TIME VETERANS**  
**YOUR ANSWERS MUST BE 'YES' TO BE ELIGIBLE FOR ADDITIONAL CREDITS.**

- A. I received a discharge which was honorable or I was released under honorable circumstances from the Armed Forces of the United States. (The "Armed Forces 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. I served on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:  
**In the Armed Forces:**  
 Aug. 2, 1990 to the date when hostilities end;  
 Feb. 28, 1961 to May 7, 1975; June 27, 1950 to Jan. 31, 1955; Dec 7, 1941 to Dec. 31, 1946;  
**Or earned the Armed Forces, Navy or Marine Corps expeditionary medal for service in:**  
 (Panama) Dec. 20, 1989 to Jan.31,1990;  
 (Lebanon) June 1, 1983 to Dec.1,1987;  
 (Grenada) Oct.23,1983 to Nov.21,1983;  
**Or in the U.S. Public Health Service;**  
 June 26,1950 to July 3,1952; July 29,1945 to Sept.2,1945  
 Yes  No
- C. I am a United States citizen or an alien lawfully admitted for permanent residence.  Yes  No
- D. I am a New York State resident  Yes  No

11. Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of the transcript or a list of the required courses and the number of credit hours you completed.

Have you graduated from high school?  No  Yes \_\_\_\_\_ Name & location of high school \_\_\_\_\_ Year \_\_\_\_\_  
 If not, what grade did you complete? \_\_\_\_\_

If you have a high school equivalency diploma, indicate issuing Government Authority: \_\_\_\_\_  
 Number and/or date of issue: \_\_\_\_\_

**College/University/Professional or Technical School(s)**

Name of School and City in which located	Dates of Attendance (Month/Year)		Type of course or major	Number of college credits received	Did you graduate	Type of degree received	Date degree received or expected
	From	To					

Do you have a license, certificate, or other authorization to practice trade or profession?  Yes  No  
 Name of trade or profession \_\_\_\_\_ Granted by (licensing agency) \_\_\_\_\_ City or State of \_\_\_\_\_  
**Licensed: From \_\_\_\_\_ To \_\_\_\_\_**

If a motor vehicle license is required for the position for which you are applying, please give the following:  
 Chauffeur \_\_\_\_\_ Operator \_\_\_\_\_ Class \_\_\_\_\_ Date of Expiration \_\_\_\_\_ Number \_\_\_\_\_

12. **Description of Experience:** Beginning with the most recent, describe below in detail all employment. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "earnings" box. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions and vagueness will NOT be interpreted in your favor. Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any supervised by you and the extent of such supervision.

Length of Employment From Mo: Yr: to Mo: Yr:	FIRM NAME	ADDRESS	CITY AND STATE
Earnings (circle one) \$ _____ /wk/Mo/Yr	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 From Mo: Yr: to Mo: Yr:	FIRM NAME	ADDRESS	CITY AND STATE
Earnings (circle one) \$ _____ /wk/Mo/Yr	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 From Mo: Yr: to Mo: Yr:	FIRM NAME	ADDRESS	CITY AND STATE
Earnings (circle one) \$ _____ /wk/Mo/Yr	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, at the top of 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 announcement 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 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 office 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. CHANGE OF ADDRESS

Notify this office immediately of any change of address. When writing, give the year, number, and title of examination. Use form TOCchangeofaddress found on our web page.

### D. SPECIAL ARRANGEMENTS

If you need special arrangements because you are a religious observer or a person with a disability, or military member (require special arrangements in order to participate in the examination), you must EITHER

1. Check the appropriate box in #6 and indicate the special arrangement you require in the REMARKS section below;  
OR
2. Write to this office no later than the last date of filing for this examination. Your request must include the examination date, number and title, and the type of special arrangements required.

### E. VETERANS CREDIT

If you are making a claim for veteran's credits with this application, be sure you read the following information very carefully: Complete a Veteran's Credit Application (obtained in our office OR on our webpage under "forms") along with discharge documents. Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veteran's credits, you must check appropriate category in #10 and answer questions #10A-D. Failure to do so accurately and completely may result in a denial of your claim. If you are claiming credits as a **disabled war veteran** you must, **in addition** to meeting the requirements as indicated by "yes" answer to questions #10A-D be certified by the U.S. Dept of Veteran's Affairs for a service-connected disability rated at ten(10) percent or more incurred during a "time of war" as indicated in #10B.

All claims and grants of veteran's 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. 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 from any eligible list on which you have been granted additional credits as a result of such material misstatement or fraud.

#### **AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

It is the policy of the Town of Colonie to provide accommodation in testing to individuals with disabilities and religious observers and to provide for an promote equal opportunity in employment, compensation and other terms and conditions of employment with discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability or marital status.

#### **PERSONAL PRIVACY PROTECTION LAW NOTIFICATION**

The information which you are providing on this application is being requested pursuant to §50.3 of the NYS Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with §96(1) of the Personal Privacy Protection Law, particularly subdivision (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the Town of Colonie.

Remarks: