

# TOWN OF COLONIE

CIVIL SERVICE DEPARTMENT

APPLICATION FOR EXAMINATION OR EMPLOYMENT  
COLONIE MEMORIAL TOWN HALL, 534 Loudon Road  
Latham, New York 12110



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 crossfiller 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. If a motor vehicle license is required for the position for which you are applying, the Town must review your driving record. I understand that by signing this application I am giving the Town of Colonie permission to obtain my NYS DMV records, including my personal information and driving record, from time to time to evaluate my application and for other permissible purposes.

Driver's License # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Class \_\_\_\_\_  
Date of Expiration \_\_\_\_\_

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)

## CIVIL SERVICE USE ONLY

APPLICATION NO. \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Fee \_\_\_\_\_ Waiver (note log) \_\_\_\_\_

Approved  Conditional  Disapproved

\_\_\_\_\_ PST/Date By: \_\_\_\_\_

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. **You must submit a Veterans Credit Application** (ask for one in our office or download from 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.

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?  Yes  No Name & location of high school \_\_\_\_\_  
 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 \_\_\_\_\_

Date license first issued: \_\_\_\_\_ Licensed: From \_\_\_\_\_ To \_\_\_\_\_

Date EMT license first issued: \_\_\_\_\_ Paramedic License first issued \_\_\_\_\_

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.

|                      |                          |  |   |
|----------------------|--------------------------|--|---|
| <b>FIRM NAME:</b>    | <b>YOUR EXACT TITLE:</b> | <b>LENGTH OF EMPLOYMENT:</b><br>From: Mo: Yr:<br>To: Mo: Yr: | <b>CIRCLE ONE:</b><br>FT / PT / Volunteer<br><br>Number of hours worked weekly: _____ |
| <b>FIRM ADDRESS:</b> | <b>TYPE OF BUSINESS:</b> | <b>SUPERVISOR'S NAME</b>                                     | <b>SUPERVISOR'S TITLE:</b>  |
| <b>DUTIES:</b>       |                          |  |   |
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|----------------------|--------------------------|--|---|
| <b>FIRM NAME:</b>    | <b>YOUR EXACT TITLE:</b> | <b>LENGTH OF EMPLOYMENT:</b><br>From: Mo: Yr:<br>To: Mo: Yr: | <b>CIRCLE ONE:</b><br>FT / PT / Volunteer<br><br>Number of hours worked weekly: _____ |
| <b>FIRM ADDRESS:</b> | <b>TYPE OF BUSINESS:</b> | <b>SUPERVISOR'S NAME</b>                                     | <b>SUPERVISOR'S TITLE:</b>  |
| <b>DUTIES:</b>       |                          |  |   |
|                      |                          |  |   |
|                      |                          |  |   |
|                      |                          |  |   |
|                      |                          |  |   |

|                      |                          |  |   |
|----------------------|--------------------------|--|---|
| <b>FIRM NAME:</b>    | <b>Your Exact Title</b>  | <b>Length of Employment:</b><br>From: Mo: Yr:<br>To: Mo: Yr: | <b>Circle One:</b><br>FT / PT / Volunteer<br>Number of hours worked weekly: _____ |
| <b>FIRM ADDRESS:</b> | <b>TYPE OF BUSINESS:</b> | <b>SUPERVISOR'S NAME</b>                                     | <b>SUPERVISOR'S TITLE:</b>  |
| <b>DUTIES:</b>       |                          |  |   |
|                      |                          |  |   |
|                      |                          |  |   |
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**A resume is not a substitute. If more space is needed or you need to provide additional information, please use this space.**

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13. Whether or not you are claiming veterans credits for examination, use this space to describe military service.

Dates of Service: \_\_\_\_\_ Branch of Service: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_  
Duties, Schools or Special Training: \_\_\_\_\_

14. Are you eligible to claim an exempt volunteer fire fighter status as defined by NYS General Municipal Law Article 10: \_\_\_\_ Yes \_\_\_\_ No

If so, please list location where you volunteer: \_\_\_\_\_ Dates of service \_\_\_\_\_  
Name of the volunteer company that issued your certificate: \_\_\_\_\_

**THIS AFFIRMATION MUST BE COMPLETED**

**I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.**

X \_\_\_\_\_  
Signature of Applicant Date

Please print *any other last name* by which you are or have been known. \_\_\_\_\_

## 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 "change of address notification form" on our webpage.

### 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 veteran for the examination should be made with this application. If you are claiming veteran's credits, you must check appropriate category in #10. Failure to do so accurately and completely may result in a denial of your claim. 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 and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, military status, domestic violence victim status or predisposing genetic characteristics.

#### **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: