

**CHEMUNG COUNTY/CITY OF ELMIRA  
REGIONAL CIVIL SERVICE COMMISSION**  
PO Box 588 • 203 Lake Street • Elmira, New York 14902-0588  
Telephone: (607) 737-2918  
**An Equal Opportunity Employer**

**APPLICATION FOR EXAMINATION OR EMPLOYMENT**

**PRINT IN INK OR TYPE    ANSWER ALL QUESTIONS**

| OFFICE USE ONLY |     |     |     |       |
|-----------------|-----|-----|-----|-------|
| Date Received:  |     |     |     |       |
| Fee:            | P   | W   |     |       |
| Status:         | A   | C   | D   |       |
| Disapproved:    | Exp | Edu | Res | Fee   |
| Other:          |     |     |     |       |
| Transcript:     | HS  | AS  | BS  | Other |

\_\_\_\_\_  
**POSITION/EXAMINATION TITLE**

\_\_\_\_\_  
**EXAMINATION #**

|                            |                    |  |                |  |
|----------------------------|--------------------|--|----------------|--|
| <b>NAME</b>                |                    | <b>SOCIAL SECURITY #</b> _____ - ____ - ____ |                |  |
| <b>Last:</b>               | <b>First:</b>      | <b>M.I.:</b>                                 | <b>Maiden:</b> |  |
| <b>ADDRESS</b>             |                    |  |                |  |
| <b>Street or P.O. Box:</b> | <b>City:</b>       | <b>State:</b>                                | <b>Zip:</b>    |  |
| <b>Home Phone:</b>         | <b>Cell Phone:</b> | <b>Work Phone:</b>                           |                |  |

**NOTE:** You must keep your address and telephone numbers current.

**VETERANS CREDITS** (If applicable, check one):    NON-DISABLED WAR VETERAN \_\_\_\_\_    DISABLED WAR VETERAN \_\_\_\_\_

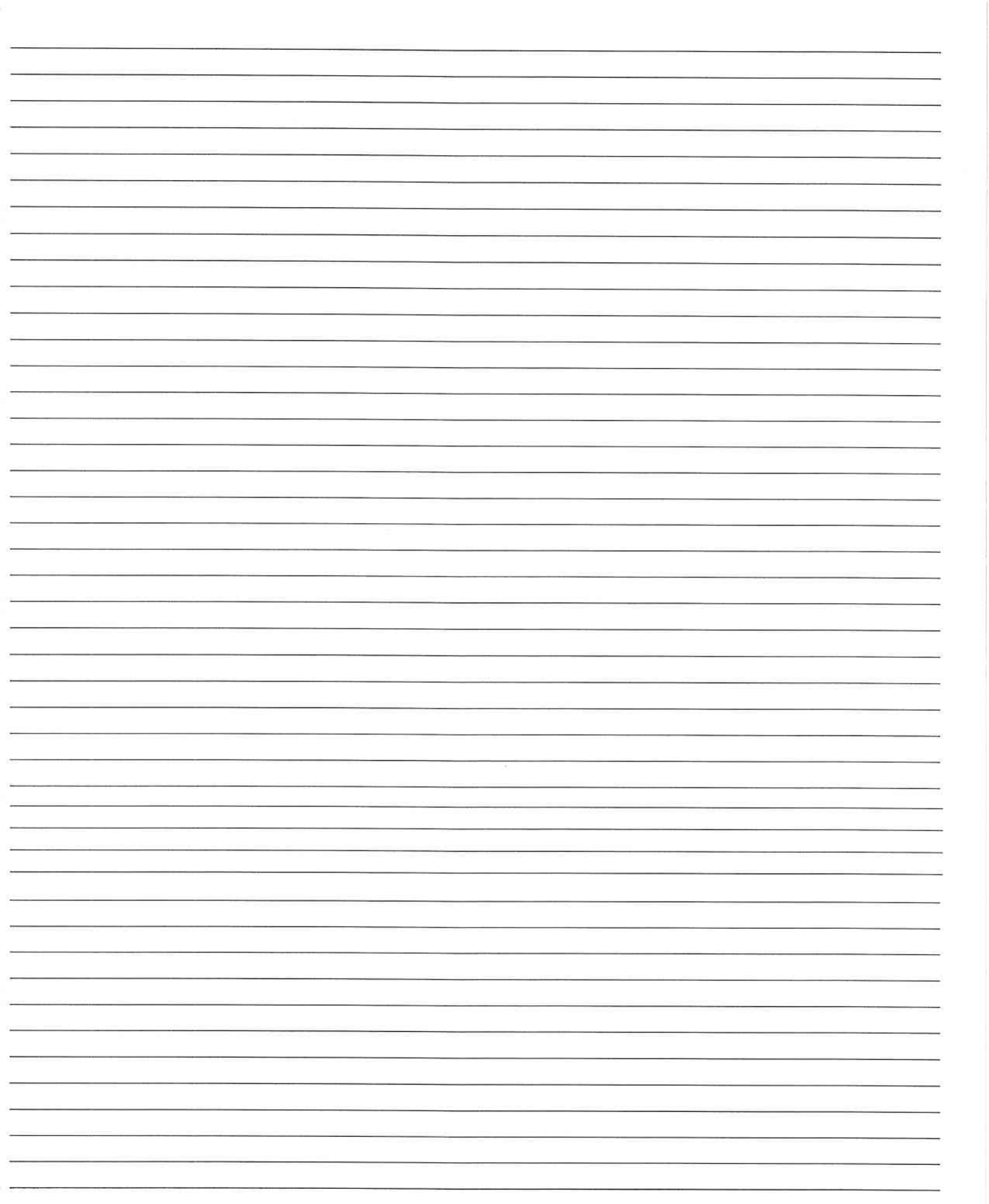
| <b>INDICATE YOUR ANSWER BY PLACING AN "X" IN THE APPROPRIATE SPACE:</b>                            | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| A.    Have you resided in Chemung County for the past 30 days?                                     | _____      | _____     |
| B.    Do you have the right to accept employment in the U.S.?                                      | _____      | _____     |
| C.    Do you require special arrangements for examination (Religious accommodation or disability)? | * _____    | _____     |
| D.    Do you require an alternate test date?   | * _____    | _____     |
| E.    Were you ever dismissed from any employment for reasons other than lack of work?             | * _____    | _____     |
| F.    Did you ever receive a dishonorable discharge from the U.S. Armed Forces?                    | * _____    | _____     |
| G.    Have you ever been convicted of any crime (felony or misdemeanor)?                           | * _____    | _____     |

**\*If yes, please use reverse side to give a full explanation.**

If you answered "yes" to E, F or G you will not necessarily be disqualified. Each case is evaluated on an individual basis in relation to the duties and responsibilities of the position for which you have applied. Omit parking or speeding violations assigned a fine of \$50.00 or less and any other offense adjudicated in Juvenile Court or under a Youthful Offender Law.

**DATE OF BIRTH:** Law enforcement positions and positions requiring a commercial driver's license have minimum age restrictions. If you are applying for one of these positions **OR** if you are under the age of 18, enter your date of birth here... \_\_\_\_/\_\_\_\_/\_\_\_\_

**BACKGROUND INVESTIGATION:** Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.



**THOROUGHLY COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS OFFICIAL APPLICATION**

|                                    |                           |
|------------------------------------|---------------------------|
| <b>Position/Examination Title:</b> |                           |
| <b>Applicant's Name:</b>           | <b>Social Security #:</b> |

**EDUCATION:**

| Type of School           | Name & Address of School | From – To (Mo. & Yr.) | Total College | Type of Degree Received |
|--------------------------|--------------------------|-----------------------|---------------|-------------------------|
| High School or GED       |                          |                       |               | GED#                    |
| College                  |                          |                       |               |                         |
| Graduate school or other |                          |                       |               |                         |

**LEVEL OF EDUCATION:** Please circle highest level of education completed.

High School     
  Associate     
  Bachelor     
  Master     
  Doctorate

**LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE OR PROFESSION:**

| Skill, Trade or Profession | License or Certificate # | Issued by: (City, State, or Agency) | License Dates From - To | Permanent<br>Yes    No |
|----------------------------|--------------------------|-------------------------------------|-------------------------|------------------------|
|                            |                          |                                     |                         |                        |
|                            |                          |                                     |                         |                        |

**DRIVERS LICENSE INFORMATION:** (Complete only if the position you are applying for requires a driver's license.)

None     
  Out of State     
 \_\_\_\_\_ (Indicate State)     
  New York State

Motorist ID #: \_\_\_\_\_ Class: \_\_\_\_\_

Restrictions: \_\_\_\_\_ Endorsements: \_\_\_\_\_

**WORK EXPERIENCE:** DO **NOT** SUBSTITUTE A RESUME FOR THIS SECTION. Complete all information required. *Describe in detail all duties performed which are relevant to the position for which you have applied.* (Vagueness will not be ruled in your favor.) A resume may be attached to this application only as a supplement to the information that you are providing.

| Length of Employment<br>From:            To: | Employer | Address |
|--|----------|---------|
| Hours worked per week:<br>Earnings per Hour: |          | Duties: |
| Title:                                       |          |         |
| Type of Business:                            |          |         |
| Name & Title of Supervisor:                  |          |         |
| Reason for Leaving:                          |          |         |

|   |                 |                |
|---|-----------------|----------------|
| <b>Length of Employment</b><br>From:                      To: | <b>Employer</b> | <b>Address</b> |
| <b>Hours worked per week:</b><br><b>Earnings per Hour:</b>    | <b>Duties:</b>  |                |
| <b>Title:</b>   |                 |                |
| <b>Type of Business:</b>                                      |                 |                |
| <b>Name &amp; Title of Supervisor:</b>                        |                 |                |
| <b>Reason for Leaving:</b>                                    |                 |                |

|   |                 |                |
|---|-----------------|----------------|
| <b>Length of Employment</b><br>From:                      To: | <b>Employer</b> | <b>Address</b> |
| <b>Hours Worked per Week:</b><br><b>Earnings per Hour:</b>    | <b>Duties:</b>  |                |
| <b>Title:</b>   |                 |                |
| <b>Type of Business:</b>                                      |                 |                |
| <b>Name &amp; Title of Supervisor:</b>                        |                 |                |
| <b>Reason for Leaving:</b>                                    |                 |                |

**REFERENCES:** (List the names of three (3) individuals familiar with your abilities.)

| Name     | Address | Phone # |
|----------|---------|---------|
| 1. _____ | _____   | _____   |
| 2. _____ | _____   | _____   |
| 3. _____ | _____   | _____   |

**IT IS THE POLICY OF THE CHEMUNG COUNTY/CITY OF ELMIRA REGIONAL CIVIL SERVICE COMMISSION TO PROVIDE FOR AND PROMOTE THE EQUAL OPPORTUNITY OF EMPLOYMENT, COMPENSATION, AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS OR CRIMINAL RECORD.**

**STATEMENT:** I declare that all statements made in this application (and any accompanying attachments) are true and complete to the best of my knowledge. I understand that any false statements made on this application or in interviews will result in immediate rejection or discharge from employment. I authorize the Regional Civil Service Commission to contact schools/college and former employers cited in the statement contained in this application for employment as may be necessary in arriving at an employment decision. I understand the acceptance of this application for employment by the Regional Civil Service Commission does not constitute or imply a commitment or willingness to offer employment to me in this or any other position. When required, I agree to take all physical examinations and drug screen testing and authorize the release of these confidential examinations and test results to the Regional Civil Service Commission.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_