



# Application for Examination and Employment

City of Kingston  
Civil Service Commission  
420 Broadway  
Kingston, New York 12401

Civil Service Office Use Only

Approved  Disapproved

Exam Fee Amount Paid: \_\_\_\_\_

Check # \_\_\_\_\_  Money Order

Position Title	Exam #	Date Received
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### COMPLETING THE APPLICATION

This application is the start of the hiring process and/or part of your examination. Answer all questions completely. Print in ink. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification. Any false statements or missing information can result in disapproval of the application.

1. Last Name, First Name, MI	2. Social Security Number
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Street Address	3. Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide your birthdate below. Mo _____ Day _____ Year _____
City	You will need to provide current working papers (working papers can be obtained through your high school).
State	
Zip Code	

Phone ( )	( )	<b>ATTENTION: POLICE OFFICER CANDIDATES:</b> There is an age requirement/restriction for all Police Officer Candidates. Please provide your date of birth. If not provided you may be disapproved for the exam. Mo _____ Day _____ Year _____
Home	Work	
E-mail Address:		

4. Special Arrangements: If you need special arrangements because you are a Religious Observer or Military Member and cannot be tested on the date of examination(s) or disabled and require special arrangements in order to participate in the examination(s), you must <b>either</b> Check the appropriate box and indicate the special arrangements you require in the REMARKS section on page 3 <b>OR</b> Write to the agency no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required. Religious Observer <input type="checkbox"/> Disabled <input type="checkbox"/> Military Member <input type="checkbox"/>	5. 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 ( <i>Required for proof of residency</i> ).			
		Name	# of Years	# of Months
		School District		
		City/Town/Village		
		County		
	State			

6. 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 <input type="checkbox"/>	No <input type="checkbox"/>
B. Did you ever resign from any employment rather than face dismissal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

7. <b>DO NOT COMPLETE THIS SECTION UNLESS YOU:</b> Wish to claim War Time Veterans Credits, AND have NOT used Veterans Credits for appointment to a position in NY State or Local Government employment since January 1, 1951.	<b>In the Armed Forces:</b> Aug. 2, 1990 to the date when the Persian Gulf Hostilities end; Feb. 28, 1961 to May 7, 1975; June 27, 1950 to Jan. 31, 1955; Dec. 7, 1941 to Dec. 31, 1946 <b>Or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:</b> (Panama) Dec. 20, 1989 to Jan. 31, 1990 (Lebanon) June 1, 1983 to Dec. 1, 1987 (Grenada) Oct. 23, 1983 to Nov. 21, 1983 <b>Or in the U.S. Public Health Service:</b> June 26, 1950 to July 3, 1952; July 29, 1945 to Dec. 31, 1946.
A. I received or expect to receive a discharge which was honorable or I was released under honorable circumstances from the Armed Forces of the United States. Yes <input type="checkbox"/> No <input type="checkbox"/>	
B. I served on active duty basis other than active duty for training purposes during one or more of the following "Time of War Periods" indicated at right. Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>To claim additional credits as a disabled Veteran, you must also answer "YES" to this question:</b>	
C. I am receiving, from the U.S. Dept. of Veterans Affairs, a service connected disability rated at 10% or more incurred during a "Time of War" period indicated at right. Yes <input type="checkbox"/> No <input type="checkbox"/>	

8. I am a United States Citizen or an alien lawfully admitted for permanent residence.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. I am a New York Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>

## EDUCATION

If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required by announcement.

Have you graduated from high school? Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Name and location (City/State)	Year Graduated
If you have a high school equivalency diploma, indicate the Issuing Government Authority:		

	Name and location of School (City & State)	Dates of Attendance (Month & Year)		Number of years Credited	Type of Course or Major Subject	College Credits Received	Type of Degree Received	Date Degree Rec'd/ Expt'd
		From	To					
		College, University, Professional or Technical School						

Other Schools or Special Courses	

**Licenses:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination or job vacancy notice for which you are applying, complete the following question:

If not currently licensed check this box.

Name of Trade of Profession	License Number	Granted by (licensing agency)	City or State of

Specialty	Date License First Issued	Registered From: (Mo/Yr)	To: (Mo/Yr)

If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes  No

**DESCRIBE YOUR EXPERIENCE:** Beginning with your most recent, list all employment, military service or volunteer experience that shows you **meet the minimum qualifications for examination(s)**. 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 supervised, state how many people and the nature of such supervision and the length of time in the position supervising.

Length of Employment From:                      To:	Firm Name	Address	City, State
Mo/Yr                      Mo/Yr			
Title:	Type of Business	Supervisor's Name & Title	

**Duties:**

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Length of Employment From:                      To:	Firm Name	Address	City, State
Mo/Yr                      Mo/Yr			
Title:	Type of Business	Supervisor's Name & Title	

**Duties:**

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Length of Employment From: _____ To: _____ Mo/Yr _____ Mo/Yr _____		Firm Name	Address	City, State
Title:	Type of Business	Supervisor's Name & Title		
<b>Duties:</b> _____				
Length of Employment From: _____ To: _____ Mo/Yr _____ Mo/Yr _____		Firm Name	Address	City, State
Title:	Type of Business	Supervisor's Name & Title		
<b>Duties:</b> _____				

**REMARKS:**

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**AFFIRMATION AND AUTHORIZATION TO RELEASE**

I affirm that the statements made on this application and any attached papers or documents are true under the penalties of perjury.

I hereby authorize the City of Kingston Civil Service Office, or any person acting on their behalf, to investigate and receive information about me related to the verification of my qualifications and eligibility for the examination or the position for which I am applying. Further, I authorize any person who receives a request to disclose information related to this application, to release any or all information about me to which such person may have access. I specifically authorize such disclosures and agree to hold harmless all corporations, agents or persons who request or release such information.

**SPECIAL REQUIREMENT FOR APPOINTMENT TO CITY OF KINGSTON POSITIONS:** Following the interview process, a prospective Employee will undergo required criminal background checks and fingerprinting after signing a Criminal Background Investigation Release Form. In accordance with City of Kingston Resolution 186 of 2015 or by any other applicable State and Federal Statutes, candidates for prospective employment to all City of Kingston positions must obtain fitness for appointment by review and consideration by the City based on the New York State Division of Criminal Justice Services or other mandated State and Federal regulatory authority. The City shall not be precluded from withdrawing conditional offers of employment for any lawful reason, including the determination that the candidate has a conviction that bears a direct relationship to the duties and responsibilities for the position sought, or their hiring would pose an unreasonable risk to property or to the safety of individuals or the general public.

Check here to indicate that you do not wish your present employer to be contacted at this time.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, marital status or disability. 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, sexual orientation, military status, sex, disability, or marital status in connection with employment in the municipal service of the City of Kingston. It is the policy of the City of Kingston Civil Service Commission 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, sexual orientation, military status or any other protected status.