



APPLICATION FOR EMPLOYMENT OR EXAMINATION
CITY OF KINGSTON
MUNICIPAL CIVIL SERVICE COMMISSION
CITY HALL - 420 BROADWAY, KINGSTON, NEW YORK 12401
www.kingston-ny.gov (845) 334-3921

Civil Service Office Use Only

Approved Disapproved

Exam Fee Amount Paid: _____

Cash MO Check # _____

Position Title	Exam #	Date Received
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This application is part of your examination. Answer all questions fully and carefully. Type or print in ink. Attach additional sheets if necessary in order to give complete and detailed information.

1. Last Name, First Name, MI			2. Social Security Number		
Street Address			3. Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 _____		
City	State	Zip Code			
Phone () ()					
Home		Work		4. Special Arrangements (Optional - see Instructions on back page) 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.					
	Name	# of Years	# of Months		
School District					
City/Town/Village					
County					
State					
6. Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions.					
1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? Yes <input type="checkbox"/> No <input type="checkbox"/>					
2. If so, are you presently in default on any such loan? Yes <input type="checkbox"/> No <input type="checkbox"/>					

7. 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 questions in #7, A-E above, you may give specifics under "Remarks" on page 3 of this application. If you elect not to provide specifics 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.

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

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"/>	In the Armed Forces: 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 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 Dec. 31, 1946.
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 (indicated at right):	Yes <input type="checkbox"/> No <input type="checkbox"/>	
C. I am a United States Citizen or an alien lawfully admitted for permanent residence.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. I am a New York State Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>	
To claim additional credits as a disabled Veteran, you must also answer "YES" to this question:		
E. I am receiving, from the U.S. Dept. of Veterans Affairs, a service connected disability rates at 10% or more incurred during a "Time of War" period listed above.	Yes <input type="checkbox"/> No <input type="checkbox"/>	