

# APPLICATION FOR CIVIL SERVICE EXAMINATION OR EMPLOYMENT

## Lewis County Civil Service

7660 North State Street Lowville, NY 13367

Phone: (315) 376-5349 Fax: (315) 376-5152 Website: [www.lewiscountyny.org](http://www.lewiscountyny.org)

<b>POSITION TITLE</b> _____	<b>EXAM NUMBER</b> _____	<b>SOCIAL SECURITY #:</b> _____
		<b>EMAIL ADDRESS:</b> _____

<b>Print Last Name</b> _____	<b>First</b> _____	<b>MI</b> _____	<b>(Area Code)</b> Home Phone ( ) _____	<b>(Area Code)</b> Business Phone ( ) _____
Permanent Legal Address _____			(Mailing Address if different) _____	
Street _____			Street _____	
Apt _____			Apt _____	
City / Town _____			City / Town _____	
State _____			State _____	
Zip Code _____			Zip Code _____	

<p>Referring to your <b>PERMANENT LEGAL ADDRESS</b>, complete all items which apply to where you live.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">NAME</th> <th style="text-align: center; border-bottom: 1px solid black;">Years</th> <th style="text-align: center; border-bottom: 1px solid black;">Months</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">What School District do you live in and for how long? _____</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="padding: 2px 5px;">What City do you live in and for how long? _____</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px 5px;">What Village do you live in and for how long? _____</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px 5px;">What Town do you live in and for how long? _____</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px 5px;">What County do you live in and for how long? _____</td> <td></td> <td></td> </tr> </tbody> </table>	NAME	Years	Months	What School District do you live in and for how long? _____			What City do you live in and for how long? _____			What Village do you live in and for how long? _____			What Town do you live in and for how long? _____			What County do you live in and for how long? _____			<p style="text-align: center;"><b>If age is required on announcement for appointment or to take the examination, complete Date Of Birth:</b></p> <p style="text-align: center;"><b>DOB:</b></p> <p style="text-align: center;">____/____/____</p>
NAME	Years	Months																	
What School District do you live in and for how long? _____																			
What City do you live in and for how long? _____																			
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What Town do you live in and for how long? _____																			
What County do you live in and for how long? _____																			

<p>A. Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, see Instruction H on page 4)</p> <p>B. Are you or were you an exempt volunteer firefighter? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>SPECIAL ARRANGEMENTS</b> (Optional—See Instruction E, on page 4)</p> <p><input type="checkbox"/> Religious Accommodation <input type="checkbox"/> Military <input type="checkbox"/> Disability</p>
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**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, funds, disability or medical condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Did you ever resign from any employment rather than face dismissal?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. Are you now under charges for any crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. Have you ever been convicted of any crime (felony or misdemeanor)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered "YES" to any of the Questions A-D 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.

F. Are you currently or have you ever served in the Armed Forces of the United States? If yes, complete questions for Veterans' Credits.  YES  NO

**VETERANS' CREDITS** If you wish to claim additional credits complete questions 1-4

**Disabled War Veteran (10 Points)**       **Non-disabled War Veteran (5 Points)**

1. Did you receive a discharge which was honorable or were you released under honorable circumstances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Did you serve in the Armed Forces of the United States during any of the following periods? (12/7/41 – 12/31/46) (6/27/50 – 1/31/55) (02/28/61 – 5/7/75) (Persian Gulf: 8/2/90--present) (Lebanon: 6/1/83 – 12/1/87) (Grenada: 10/23/83 – 11/21/83) (Panama: 12/20/89 – 1/31/90)	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: Credits for Lebanon, Grenada, and Panama will be limited to those who received the following Expeditionary Medals:  
Armed Forces, Navy, or Marine Corps (U.S. Public Health Service: (7/29/45 – 12/31/46) OR (6/27/50 – 7/3/52)

3. Since January 1, 1951, have you received a permanent appointment in New York State using your veterans credits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. At the time of this application are you currently a New York State Resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO

- Approved
- Conditioned
- Disapproved

(DATE STAMP BELOW)

**THIS AFFIRMATION MUST BE COMPLETED**

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. (SEE page 4)

**X** \_\_\_\_\_  
(Signature in blue ink) Date

\_\_\_\_\_   
Indicate any other surname (last name) by which you are or have been known

Dates Employed MO YR    MO YR /    to    /	Employer	Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title
Type of Business			

Describe specific work performed and job responsibilities:

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REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets)