Fee received:				
Amount:				
Check:				
MO:				
Rec'd by:				

RENSSELAER COUNTY CIVIL SERVICE COMMISSION RENSSELAER COUNTY OFFICE BUILDING 99 TROY ROAD, EAST GREEENBUSH, NY 12061

Recommendation:	
Approved by:	
Disapproved by:	

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Exam Number /Title or Position Applying For:

e cor	nplete and deta	ailed information. Most w	ER ALL QUESTIONS FULLY AND CAREFULLY. Print in ritten test are held on Saturdays. If you cannot take the test "Religious Accommodation." We will make arrangements for	on the announ	ced test da	ate due to a conflic
1.	Social Secu	urity Number:				
2.	Name: (Las	st, First)		Phone #	#:	
	Address: _					
ail A			CONTACT VIA:		EMAIL	/ BOTH
	Date of Bir	_	R CORRECTIONS/LAW ENFORCEMENT POSITI			
	Imr	nediate Notice sho	uld be given if any changes in address befor	e or after	examin	ation.
3.		actual permanent lega	l residence and indicate for how long you have res	ided there c	ontinuous	
	City on M	illana afi		Y	ears	Months
	City or Vi					
	County o					
	State of:					
	Name of	School District				
4.	CHECK A	PPROPRIATE BOX	TO THE RIGHT OF EACH QUESTION.	Yes	No	
	A.	Were you ever dismi reasons other than la	ssed or discharged from any employment for ck of work or funds?			
	B.	Did you ever resign	from an employment rather than face dismissal?			
	C.	Have you ever recei Armed Forces of the	yed a Dishonorable Discharge from the United States?			
	D.	Have you ever been	convicted of any crime (felony or misdemeanor)?			
	E.	Are you now under	charges for any crime?			
	F.		ted bail bond posted to guarantee your to answer to any criminal charge?			
	If you answ	wered "Yes" to any of	the questions A-F above, attach an additional shee	t giving cor	nplete de	etails.
5.	Are you cu	rrently a U. S. citizen	?	Yes	No	
	ffirm that t perjury.	he statements mad	e on this application (including any attached	papers) ar	e true u	ınder the pena
	<u> </u>	gnature of Applicant	Date			

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6. SERVICE IN ARMED FORCES:		Yes	No		
(A) Have you ever served in the armed forces of the US?					
(B) Date of entry into active service:				_	
(C) Date of discharge:				_	
(D) Service serial number:				_	
(E) Have you ever received a permanent original appointment or a permanent promotion in the civil service of the state or any city or civil division thereof from an eligible list on which you were allowed additional credits as an honorably discharged veteran?		Yes	No 🗀		
7. VETERANS CREDIT:					
Do you claim additional credits as an honorable discharge	ed war veteran?	Check (One		
(A) Yes, as a Non-disabled war veteran(B) Yes, as a Disabled war veteran(C) No]]]		
If you claim veteran's credits, you must submit discha	arge or separatio	n paper	s with this applic	ation.	
8. RELIGIOUS ACCOMMODATION:					
Check if you desire special arrangements because of a R Observer (For religious reasons cannot be tested on Sa		Yes	No		
9. Check if you are Handicapped Person requiring special a (Submit a statement describing the type of accommodal)					
10. Have you any loans made or guaranteed the New York Education Services Corporation which are currently or					
The New York State Human Rights Law prohibits discrimination in national origin, marital status, disability, military status, domestic characteristics. Accordingly, nothing in this application form should discrimination as outlined in the New York State Human Rights Law,	violence victim s be viewed as expre	tatus, cr essing di	iminal or arrest re rectly or indirectly a	ecord, or predisposing gany limitation, specificati	genetic ion, or
BACKGROUND INVESTIGATION: APPLICANTS MAY BE HISTORY BACKGROUND INVESTIGATION, WHICH WILL FOR APPOINTMENT. FAILURE TO MEET THE STANDARD DISQUALIFICATION.	INCLUDE FING	ERPRIN	NT CHECK, TO D	DETERMINE SUITABI	LITY
NONE OF THE ABOVE CIRCUMSTANCES REPRESENT AN AU AND EVALUATED ON INDIVIDUAL MERITS IN RELATION T WHICH YOU ARE APPLYING.					
11. EDUCATION:					
Have you received a High School Diploma?		Yes	No		
If yes, Name and Location of High School:					
If no, have you received a General Equivalency Diplor	ma (G.E.D.)?				
If you have a high school equivalency diploma, indica	te issuing Govern	mental A	Agency.		
Number: Date of	Issue:				

Name of School	Location	Course or	Ū	Credits Completed	Degree/Certif. Rec'd
13. LICENSE/CERTIFICA	ATION:				
Do you have a license, If yes, is this certificat				a trade or Profession	? Yes No
Name of trade or profe	ession:	Lice	ense/Certifica	nte Number:	
Licensing Agency:		Lice	ensed from: _	to:	_
15. EXPERIENCE: Des experience that tends t	cribe under the hoo qualify you for lost recent emplo	eading given belo the position and a yment and work b	w any emplo s far as possi ackward to c	yment or occupation ble every other emp	New York State? Yes No you have ever had which includes loyment including service first one. Applicants may be
Length of Employment: Fr	omto	Firm Name:		Address:	
Type of Business:		Your Title:		Immediate Su	pervisors Name:
Description of Duties:					
Reason for leaving:			Paid Po	sition: Yes / No Ho	ours worked per week
Length of Employment: Fr	omto	Firm Name:		Address: _	
Type of Business:		Your Title:		Immediate Su	pervisors Name:
Description of Duties:					
Reason for leaving:			Paid Po	sition: Yes / No Ho	ours worked per week
Length of Employment: Fr	omto	Firm Name:		Address: _	
Type of Business:		Your Title:		Immediate Su	ipervisors Name:
Description of Duties:					
Reason for leaving:					ours worked per week

12. EDUCATION ABOVE HIGH SCHOOL LEVEL:

Please use this sheet for any additional information you may need to provide.					
FOR OFFICE USE ONLY					