

City of Mount Vernon
Municipal Civil Service Commission
Roosevelt Square
Mount Vernon, New York 10550
(914) 665-2357

Accepted by: _____

Rejected by: _____

Date: _____

Application No. _____

Application for Examination or Employment

Position Title

Exam No.

Please read the instructions on all pages of the application and the examination announcement carefully before filling out your application. **PLEASE PRINT IN BLACK OR BLUE INK.**

1. Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____

Street Address _____ City _____ County _____ State _____ Zip Code _____

E-Mail Address: _____

Contact Telephone Number: _____

2. Date of Birth: Month _____ Day _____ Year _____ 3. U.S. Citizen: _____ Yes _____ No
(for Police Officer exam only)

4. Check below if you desire special arrangements for testing because you are a:
 SABBATH OBSERVER HANDICAPPED PERSON (indicate type of assistance requested)
 (for religious reasons cannot be tested on Saturday) PLEASE ATTACH A SEPARATE NOTE

5. Have you a license, certificate or other authorization to practice the trade or profession for which you are applying? _____ Yes _____ No _____
 If 'YES' answer the following:
 Name of Trade or Profession _____ Granted by licensing Agency _____ City or State of _____

6. Answer all questions by placing 'X' in the appropriate column. Yes No

A) Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?.....	_____	_____
B) Did you ever resign from any employment rather than face dismissal?.....	_____	_____
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?.....	_____	_____
D) Have you ever been convicted of an offense against the law?	_____	_____
E) Have you ever forfeited bail or other collateral?.....	_____	_____
F) Do you now have any criminal charges pending against you?.....	_____	_____

If you answered 'YES' to any of the questions in 6 A-F above, you may give specifics under "Remarks" on page 2 of application. If you elect not to provide specifics, however, 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.

7. Education	Name of School and City in which located	Dates of Attendance From to	Did you Graduate?	No of College Credits Received	Date Degree received or expected	Type of degree received	Type of Course/Major Subject
High School or Equivalency Diploma							
College, University, Professional or Technical School							
Other School Or Special Courses							

8. EMPLOYMENT HISTORY. The Examination Announcement includes the minimum work experience required to compete in this test. Describe below all work experience which shows that you meet these stated minimum requirements.

8a. Name, Address & Business of Employer	No. of Hrs per Week – Employed from – Mo. – Yr. To Mo. – Yr.
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Title & Duties _____

8b. Name, Address & Business of Employer	No. of Hrs per Week - Employed from – Mo. - Yr. To Mo. – Yr.
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Title & Duties _____

8c. Name, Address & Business of Employer	No. of Hrs. per Week – Employed from – Mo. – Yr. To Mo. – Yr.
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Title & Duties _____

9. Veteran's Credits If you have served in the Armed Forces, do you claim veteran's credits as a:
 Non-disabled Veteran Disabled Veteran DD214 must be attached

For the purpose of claiming Veteran's Credits on a competitive examination, an applicant must

A. Have been honorably discharged or separated from the Armed Forces of the United States;

B. Have been on active duty in the Armed Forces of the United States during any of the following periods:

World War II - December 7, 1941 to and including December 31, 1946

Korean Conflict – June 27, 1950 to and including January 31, 1955

Vietnam Conflict – December 22, 1961 to and including May 7, 1975

Hostilities in Granata * – Oct. 23, 1983 – Nov. 21, 1983 ----- Hostilities in Lebanon * - June 1, 1983 - Dec. 1, 1987

Hostilities in Panama * - Dec. 20, 1989 – Jan. 31, 1990----- Persian Gulf Conflict – August 2, 1990 to an unspecified period

* For hostilities in Lebanon, Grenada & Panama, the individual **must** HAVE RECEIVED THE ARMED FORCES, NAVY, OR MARINE CORPS EXPEDITIONARY MEDAL. Without appropriate medal, service is treated as under May 8, 1975 – Aug. 1, 1990.

10. If you possess a motor vehicle license fill in the following: Class: _____ Operator _____

ID Number: _____ Date of Expiration _____

REMARKS: (Use this space to provide any additional information as necessary. If more space is required, attach additional 8-1/2" x 11" sheets.) Any applicant wishing to claim Veteran's Credits must do so at the time of filing application. Ask for form (MSB-332 VP-1) 'APPLICATION FOR VETERANS CREDITS.'

Note: Please check to make sure that all appropriate questions have been answered. An incomplete application may result in its Disapproval. All statements are subject to verification.

AFFIRMATION: I affirm that the statements made on this application, including any attached papers, are true. (Withholding relevant information or supplying inaccurate information, will result in your disqualification. Notice to appear for the test constitutes only conditional approval of your application. Individuals appointed from the resultant eligible list will be called upon to document any information provided on this application.)

Date

Signature

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status or criminal record. 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, sex, disability, marital status, or criminal record in connection with employment.