

FEE WAIVER
FEE PAID

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

Application for Examination or Employment

Examination 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 _____

4. Check below if you desire special arrangements for testing because you are a:

SABBATH OBSERVER Must Submit _____ HANDICAPPED PERSON (Indicated type of assistance required)
Letter from Church Signed by Clergy _____ **PLEASE ATTACH A SEPARATE NOTE**
(Or religious reasons you cannot be tested on Saturdays)

5. Have you a license, certificate, or other authorization to practice the trade of profession for which you are applying?
 Yes No If 'Yes' answer the following:

Name of Trade of Profession _____ Granted by licensing Agency _____ City or State of _____

6. Answer all questions by placing 'X' in appropriate column	YES	NO
a) Were you ever dismissed or discharged from any employment for a reason other than lack of work or funding?	_____	_____
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 than honorable circumstances?	_____	_____

You answering 'YES' to any of the questions in 6 A-C above, you may give specific under 'Remarks' on page 2 of application. If you elect not to provide however, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents and 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	Date 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 Equivalency Diploma							
College, university, Professional or Technical School							
Other School 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 _____

Title & Duties _____

8b. Name address & Business of Employer _____ No of Hrs. per week – Employed from Mo – Yr to Mo- Yr _____

Title & Duties _____

8c. Name address & Business of Employer _____ No of Hrs. per week – Employed from Mo – Yr to Mo- Yr _____

Title & Duties _____

9. Veteran's Credits if you served in the Armed Forces, do you claim veteran's credits as a:

Non-disabled Veteran Disabled Veteran

DD214 MUST BE ATTCHED

Honorable Discharge or Released under Honorable Circumstances

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

ID Number: _____ Date of Expiration _____

REMARKS: (Use this space to prove any additional information as necessary, if more space is required, attach additional 8-1/2"x11" sheets) Any applicant wishing to claim Veteran's Credit must do so at this 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 his application, including any 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 result eligible list will be called upon to document any information provided on this application.)

Date _____

Signature _____

The New York State Human Right 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.