

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 _____

(For Police Officer Exam ONLY)

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 requested)
 Letter from Church Signed by Clergy _____ **PLEASE ATTACH A SEPARATE NOTE**

(for religion 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 discharge 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?	_____	_____

If you answered '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 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	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 Mp - Yr to Mo - Yr

Title & Duties

8b. . Name address, & Business of Employer

No. of Hrs. per Week- Employed from Mp - Yr to Mo - Yr

Title & Duties

8c. . Name address, & Business of Employer

No. of Hrs. per Week- Employed from Mp - Yr to Mo - Yr

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 Credit on a competitive examination, an applicant must

- A. Have been honorable 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 Granada *- October 23, 1983 - November 21, 1983

Hostilities in Lebanon *- June 1, 1983 - December 1, 1987

Hostilities in Panama *- December 20, 1989 - January 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 MARINES CORPS EXPEDITIONARY MEDAL. Without appropriate medical, service is treated as under May 8, 1975- August 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 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 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 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 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 from 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