This application is part of your examination. Answer all questions fully and carefully in ink or in typewriter. Some questions can be answered with an "x" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

1. SOCIAL SECURITY NUMBER: 

2. FULL NAME AND ADDRESS

Last Name    First Name    M.I.

Mailing Address

City        State        Zip Code

2a. RESIDENT STREET ADDRESS (if different from above):

2b. PHONE NUMBER (include area code):

2c. E-MAIL:

3. RESIDENCE

If you are applying for an open-competitive examination, please indicate, below, the municipality/district in which you will be a legal resident prior to the examination date.

City or Village:

Town:

County:

State:

Name of School District:

4. CITIZENSHIP & AGE

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?

☐ Yes  ☐ No

(Non-citizens may be required to produce Alien Registration Card at time of appointment)

Are you under 18?

☐ Yes  ☐ No

If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

Mo.  Day  Year

5. Are you taking exams with NYS State or any other County, Town or City that are being held on the same date as the exam(s) you are applying for with Albany County?

☐ Yes  ☐ No

If yes, please attach the Cross-file Application and list all examinations. This can be found on our website.

6. Are you requesting special testing accommodation(s), such as:

1. For a disability?

☐ Yes  ☐ No

2. An alternate test date?

☐ Yes  ☐ No

Please submit your request(s) for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). If you request an alternate test date, please complete the Alternate Test Date Application.

7. CHECK APPROPRIATE BOXES:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?

☐ Yes  ☐ No

B. Did you ever resign from any employment rather than face dismissal?

☐ Yes  ☐ 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?

☐ Yes  ☐ No

If you answer "YES" to any of questions above, you must give specifics. (Attach additional sheets if necessary.)

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.

8. SERVICE IN ARMED FORCES

Have you ever served in the armed forces of the United States?

☐ Yes  ☐ No

If your answer is "yes" please go to item 9.

9. VETERAN'S CREDITS

Do you claim additional credits as an honorably discharged war veteran?

☐ Yes, as a Non-disabled war veteran

☐ Yes, as a Disabled war veteran

☐ No

If the answer is yes then see form ACS-21a (page 3)

If a motor vehicle license is required for the position for which you are applying, please give the following:

Chaufeur  ☐ Operator  ☐

Class:  Date of Expiration:  Number:

LEAVE THIS SPACE BLANK

Exam Number  Approved by  

Date Received  Pending  

Fee $  Disapproved by  

THIS DECLARATION MUST BE COMPLETED: I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of applicant  Date  

State any other names by which you have been known
**Education**

Do you have a high school diploma? □ Yes □ No  
Name and Location of High School:

Or a High School Equivalency (GED) Diploma? □ Yes □ No

**College/University**

<table>
<thead>
<tr>
<th>Name of School and City in which located</th>
<th>Dates of attendance (Month/Year) From – To</th>
<th>Type of Course of Major</th>
<th>Number of College Credits Received</th>
<th>Did you Graduate?</th>
<th>Type of degree received?</th>
<th>Date Degree Received or Expected</th>
</tr>
</thead>
</table>

College Transcripts (omit if not applicable)

Is transcript submitted here with? □  
Is transcript on file with Albany County Civil Service? □

Is College to forward transcript? □

**Professional Schools, Residencies, Military Service Schools, Other Schools**

Do you have a license, certificate, or other authorization to practice a trade or profession? □ Yes □ No

Name of trade or profession ___________________________  
Granted by (Licensing agency) ___________________________  
State of ___________________________.

Initial date of Licensure ___________________________  
License # ___________________________  
Currently Licensed From: Mo. ___________ Yr. ______ To: Mo. ___________ Yr. ______

EXPERIENCE: Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including military service. Begin with your most recent employment and work backward consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed. A resume is not a substitute.

<table>
<thead>
<tr>
<th>Length of Employment</th>
<th>From: Mo. ___________ Yr. ______ To: Mo. ___________ Yr. ______</th>
<th>Name of Employer</th>
<th>Address</th>
<th>City and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid? Yes / No</td>
<td># of hours/week</td>
<td>Type of business</td>
<td>Title</td>
<td>Name and title of Supervisor</td>
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</table>

Describe duties:

Reason for Leaving:

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Describe duties:

Reason for Leaving:

**IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER AND ATTACH SUCH SHEETS TO TOP OF PAGE**

THE NEW YORK STATE HUMAN RIGHTS LAW (ARTICLE 15) PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, MARITAL STATUS OR DISABILITY. 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, SEXUAL ORIENTATION, MILITARY STATUS, SEX, MARITAL STATUS, OR DISABILITY IN CONNECTION WITH EMPLOYMENT BY THE MUNICIPALITY.