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Number

Application

Approved:
Conditional:
Disapproved:

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
Essex County Department of Personnel and Civil Service
7551 Court Street, PO Box 217, Elizabethtown New York 12932
(518)873-3360

APPLICATION FOR
EXAMINATION OR EMPLOYMENT
FOR COUNTY, TOWNS, VILLAGES AND SCHOOL DISTRICTS

Title of Position Applying For

Exam No. (if applicable)

This application is part of your examination, ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in or use ink typewriter. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

1. NAME AND RESIDENCE

Last Name:

First Name:

Initial:

Street Address or RD:

Phone No.

City:

State:

Zip:

Immediate Notice should be given of any changes in Post Office address before or after examination.

2. Social Security Number:

4. long

State your actual permanent legal residence and indicate for how you have resided there continuously, up to and including date of this" application:

3. Are you under 18? Yes: No:

Month

→

If so, or if minium age limits are established for the position applied for, enter your date of birth here:

Day

Year

Date of Birth:

School District:

Village or City Or:

Town Of:

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| County Of: | | |
| State Of: | | |

Check appropriate box to the right of each question: A.

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

Yes: No:

B.

Have you ever been convicted of any crime, (Felony or misdemeanor)?

Yes: No: Yes: No:

C. Are you now under any charges for any crime?

If "Yes", give particulars and disposition of each charge on separate sheet and attach same.

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.

Check appropriate box to the right of each question:

A. Are you currently a U.S. Citizen? (Citizenship is no longer a requirement for employment except for public officer positions)

Yes: No: Yes:

B. If not, do you have the legal right to accept employment in the United States?

No:

Please give alien registration number:

C. Are you a retiree from New York State or any civil division thereof?

Yes: Q No: Q Yes: Q

D. Are you an exempt Volunteer Fireman?

No: Q

Check appropriate box to the right of each question:

A. Do you have a valid license to operate a motor vehicle in New York State?

Yes:QNo:Q

B. If yes give the following:

Class: _____ Number: _____

Date of Expiration:

10. Have you ever served in the Armed Forces of the United States on a full time active duty basis - other than active duty for training purposes?

Yes: Q No: Q

11. If not: Omit Questions 9-13.

If "Yes" did you receive a discharge that was honorable or were you released under honorable circumstances?

Yes: Q No: Q

Have you any objections to this department making inquiry regarding your character and qualifications?

Yes: Q No: Q

Did you serve in active duty in the Armed Forces of the United States during any of the following periods?

Yes: Q No: Q

- 12. a. December 7, 1941 to December 31, 1946;
- b. June 27, 1950 to January 31, 1955;
- c. December 22, 1961 to May 7, 1975;
- d. U.S. Public Health Services: July 29, 1945 to September 2, 1945 or
June 26, 1950 to July 3, 1952;
- 13. e. August 2, 1990 - the date upon which such hostilities end.
- f. Hostilities in Lebanon - June 1, 1983 - December 1, 1987 *
- g. Hostilities in Grenada - October 23, 1983 - November 21, 1983 *
- h. Hostilities in Panama - December 20, 1989 - January 31, 1990 *

14. * denotes - Must have received the armed forces, navy or marine corps expeditionary medal.

Veterans Credits. Do you claim additional credits on this examination as an honorably discharged veteran?

As a disabled war veteran? Yes: Q No: U

As a non-disabled war veteran? Yes: Q No: Q

Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?

Yes: No: Q

EDUCATION: If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. DO NOT send transcripts unless required by announcement.

Have you graduated from high school? Yes:Q No: Q If yes, give name and location of high school:

If "Yes", give year graduated:

If "No" , give highest grade completed:

Have you successfully completed a typing course?

Yes:Q

No:Q

If you have a high school equivalency diploma:

Number and/or Date of Issue:

Indicate issuing Government Authority:

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College,
University,
Professional

Technical

Other

Schools or
Special

courses

15.
LICENSES - If a license, certificate or other authorization to practice a trade or profession is listed as a

requirement on the announcement or the

examination(s) for which you are applying, complete the following: (If not currently licensed, check this box: Q)

Name of Trade or Profession: _____
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| Length of Employment: | | | Firm Name: | | A |
| From: | Mo: | Yr: | | | |
| To: | Mo: | Yr: | Type of Business: | Your Title: | |
| | | | Immediate Supervisor: | | |
| Total: | Yrs: | Mos: | DUTIES: Describe below the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force. | | |
| Monthly Salary: | | | | | |
| Min: | Max: | Last: | | | |
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| Total Hours Per Week: | | | | | |
| Reason For Leaving: | | | | | |

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| Monthly Salary: | | | | | |
| Min: | Max: | Last: | | | |
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| Total Hours Per Week: | | | | | |
| Reason For Leaving: | | | | | |

EXPERIENCE: Describe under the heading 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 war service. Begin **with your** most recent employment and work back consecutively to

your first. Applicants may be required to furnish

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|-----------------------|------|-------|--|-------------|--|
| Length of Employment: | | | Firm Name: | | |
| From: | Mo: | Yr: | | | |
| To: | Mo: | Yr: | Type of Business: | Your Title: | |
| | | | Immediate Supervisor: | | |
| Total: | Yrs: | Mos: | DUTIES: Describe below the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force. | | |
| Monthly Salary: | | | | | |
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| Total Hours Per Week: | | | | | |
| Reason For Leaving: | | | | | |

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|-----------------------|------|-------|--|-------------|---|
| Length of Employment: | | | Firm Name: | | A |
| From: | Mo: | Yn | | | |
| To: | Mo: | Yn | Type of Business: | Your Title: | |
| | | | Immediate Supervisor: | | |
| Total: | Yrs: | Mos: | DUTIES: Describe below the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force. | | |
| Monthly Salary: | | | | | |
| Min: | Max: | Last: | | | |
| | | | | | |
| Total Hours Per Week: | | | | | |
| Reason For Leaving: | | | | | |

Your Title: _____ Name and Title of _____
 IF MORE SPACE IS REQUIRED,
 USE ADDITIONAL SHEETS
 ARRANGED IN THE SAME
 MANNER. ATTACH SUCH
 SHEETS TO THE ORIGINALS.
 SHEETS WORKING FOR AGENTS supervised by you and extent of such supervision.

NOTE: When filling out your application form, check to make sure that

all questions have been answered. An incomplete application may result in its disapproval A resume may not be substituted.

Yes:Q

Y

REMARKS:

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 in the municipal service of the County of Essex.

THIS AFFIRMATION MUST BE COMPLETED

/ affirm that the statements made on this application (including any attached papers)

are true under the penalties of perjury.

Signature of Applicant D
(Provide any other name a
you have used in t
education or e
employment)

Check box below if you desire special accommodations because you are a: Person Under REMARKS, indicate type of assistance required.

Sabbath Observer
- For religious reasons cannot be tested on Saturdays
 Handicapped



New York State Department of Motor Vehicles **ARTICLE**
19-A BUS DRIVER APPLICATION

(Complete all parts of this form. Please print or type. Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DS-870 (11/08)

| |
|---|
| DRIVER INFORMATION |
| Driver's Last Name |
| Street Address |
| Client/License ID Number (from Driver License) |

CARRIER INFORMATION

Carrier/DBA Name
 State NY Zip Code
 Title

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TRANS. SUPERVISOR

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What type of vehicle were you driving ?

CONVICTIONS
 (Start with your most recent conviction, and include all criminal convictions):

ADDITIONAL DRIVER INFORMATION

Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages.

1. Have you qualified as a school bus driver under ARTICLE 19-A? D Yes D No If "yes", give month and year of qualification
2. Are you a certified ARTICLE 19-A examiner? D Yes D No
 If "yes", give certificate number

_____ and expiration date

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EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):

| | | |
|---------------------------|--|----------------|
| Employer Name and Address | When were the date(s) of your employment ? (From - To) | Your job title |
|---------------------------|--|----------------|

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ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):

| | |
|--|------------------|
| Location (City, State, Zip Code, County) | Date of Accident |
|--|------------------|

Personal injury or property damage? If "YES", indicate the dollar amount of damage to each

W as the injured person? vehicle, and the number of people injured.
 Date of Accident

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DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver &*

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. All questions pertaining to this form and/or the Article 19-A Program should be directed to: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 220C, Albany NY 12228. (518) 473-9455.

Date

Signature
of
Employer
/Agent &*

D
a

www.nysdmv.com