

If you have a high school equivalency diploma indicate
issuing Government Authority

Number and/or Date of Issue

	Name of School and City in which located	Date of Attendance (Month and Year)		Day or Night	Full or Part Time	No. of Years Credited	Were You Gradu- ated?	Type of Course or Major Subject	Number of College Credits Received	Degree Received	Date of Degree
		From	To								
College University Professional or Technical School											
Other School or Special Courses											

17. Do you have a valid license to operate a motor vehicle in New York State? YES, Class _____ NO _____

18. DESCRIPTION OF EXPERIENCE: Beginning with your most recent experience, describe in detail below ALL employment that is pertinent to the position for which you are applying. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If relevant volunteer (unpaid experience) is acceptable as qualifying, describe it in the same way as paid work. If you have had military service which includes experience pertinent to the position, describe such employment as a separate employment. If your title or duties changed materially in the course of your service in any one organization, show the dates of the changes and describe each job as a separate employment. Under "Duties" for each employment describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of work. If you supervised a working force, state its size and nature and the extent of such supervision. (If more space is needed, attach 8 1/2 x 11 sheets of paper.)

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	DUTIES		
	TYPE OF BUSINESS		
	YOUR EXACT TITLE		
	NAME OF YOUR SUPERVISOR		
	SUPERVISOR'S TITLE		
	No. of hours worked per week (exclusive of overtime)		
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	DUTIES		
	TYPE OF BUSINESS		
	YOUR EXACT TITLE		
	NAME OF YOUR SUPERVISOR		
	SUPERVISOR'S TITLE		
	No. of hours worked per week (exclusive of overtime)		

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TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application, be sure to enter on page 1, the examination number which identifies the examination for which you are filing.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score.

Call or write this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. VETERANS CREDITS

Persons claiming as disabled war veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veterans credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

REMARKS:

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.)

SIGNATURE OF APPLICANT _____

DATE _____

Please print any other surname (last name) by which you are or have been known.

MAIL OR DELIVER TO:
Port Jervis Civil Service Commission
14-20 Hammond Street
Port Jervis, New York 12771