

Town of Berne is an Equal Opportunity Employer. The Town of Berne does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.



Town of Berne

1656 Helderberg Trl
Berne NY 12023

APPLICATION FOR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS
LIBRARIES AND SPECIAL DISTRICTS

1. _____ POSITION TITLE _____ EXAM NUMBER _____

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the **General Conditions and Instructions** for more information.

2. Name and Legal Residence

Last Name _____ First Name _____ Middle Initial _____

Street Address or Road _____ R.D. # or P.O. Box # _____

County _____ City, Town, Village _____ State _____ Zip _____

Home Phone Number _____ Cell Phone: _____

Email Address: _____

If mailing address is different:

Street Address or Road _____ R.D. # or P.O. Box # _____

County _____ City, Town, Village _____ State _____ Zip _____

3. Police Officer & Firefighter Candidates Only:

Date of Birth (MM/DD/YYYY) ____ / ____ / ____

4. **Residency Requirements:** Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements. Indicate how long this has been your legal residence, up to the date of this application, showing that you meet the residency requirements as announced.

| | Name | Years | Months |
|-----------------|------|-------|--------|
| State of: | | | |
| County of: | | | |
| Village of: | | | |
| Town of: | | | |
| City of: | | | |
| School District | | | |

Date Received _____ Approved _____

Conditional _____ Disapproved _____

CIVIL SERVICE DEPT.
USE ONLY

5. Citizenship

A. Are you currently a U.S. Citizen? YES NO

B. If not, do you have the legal right to accept Employment in the United States? YES NO
Please give alien registration number: _____

C. Are you a retiree from New York State or any civil division thereof? YES NO

6. **Special Testing Arrangements** (Refer to General Conditions and Instructions). If you need Special Accommodations to take the examination, contact the Civil Service Office at (518) 388-4233.

Religious Military Disability

7. **Crossfiler** - If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, attach the CROSSFILER APPLICATION. Call to make arrangements no later than two weeks before the test date.

8. **Driver's License:** Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

| | |
|---------------------------------|--|
| License #: | |
| Restrictions: | |
| Expiration Date: | |
| Endorsements: | |
| Class of License: | |
| Is this License Currently Valid | YES <input type="checkbox"/> NO <input type="checkbox"/> |

9. Veterans Credits: If you wish to apply for Veterans Credits, complete the following questions and complete the Application for Veterans Credits (Refer to General Conditions and Instructions).

YES NO

| | | |
|---|-----|----|
| Have you ever served in the Armed Forces of the United States? (The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes). | YES | NO |
| 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 |
| Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above. | YES | NO |
| After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? | YES | NO |
| Are you currently a resident of New York State? | YES | NO |
| | YES | NO |

10. Additional Questions: Check the appropriate box to the right of each question.

YES NO

| | | |
|--|-----|----|
| Were you dismissed or discharged from any employment for reasons other than lack of work or funds? | YES | NO |
| Did you ever resign from any employment rather than face dismissal? | YES | NO |
| Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances? | YES | NO |
| Have you ever been convicted of any crime (felony or misdemeanor)? | YES | NO |
| Are you now under charges for any crime? | YES | NO |
| Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge? | YES | NO |

If you answered yes to any of the above questions, you may give specifics below. If you elect not to provide specifics, 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 position (s) for which you are applying.

REMARKS:

11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying.

| | | | | | |
|--------------------------------|--|------------------|------------|----------------|--|
| Name of Trade or Profession: | | | Specialty: | | |
| License Number: | | | | | |
| Granted by (Licensing Agency): | | | City/State | | |
| Date License First Issued: | | Registered From: | | Registered To: | |

12. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

High School

| Have you ever graduated from High School or do you have possession of a High School Equivalency Diploma? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
|--|---------------------------|------------------------------|-----------------------------|-------------------|----|----------------------------------|
| If Yes, Name and Location of High School or Issuing Government Authority: | | | | | | |
| Equivalency Diploma Number: | | | | | | |
| College, University, Professional or Technical School | | | | | | |
| Name of School | Number of College Credits | Degree Earned | Major Subject/ Courses | Did You Graduate? | | Date Degree Expected or Received |
| | | | | Yes | No | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

13. Experience: All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties*, clearly describe the nature of work which you personally performed. Part-time experience will be prorated unless otherwise stated on the examination announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. *If you move to a different position within the same organization, indicate so in a separate employment box. You may attach additional sheets if you need more space.*

| | | | | |
|---|-------------------------------|--|---------------|--|
| Length of Employment | Firm Name: | | | |
| From: / | Firm Address: | | | |
| To: / Month/Year (mm/yyyy) | Description of Duties: | | | |
| Month/Year (mm/yyyy) | | | | |
| Employment Details | | | | |
| Your Exact Title | | | | |
| Name of Your Supervisor | | | | |
| Supervisor's Title | | | | |
| Hours worked / wk. (exclusive of overtime) | | | | |
| Reason for Leaving | | | | |
| Length of Employment | | | Firm Name: | |
| From: | | | Firm Address: | |
| To: / Month/Year (mm/yyyy) | Description of Duties: | | | |
| Month/Year (mm/yyyy) | | | | |
| Employment Details | | | | |
| Your Exact Title | | | | |
| Name of Your Supervisor | | | | |
| Supervisor's Title | | | | |
| Hours worked / wk. (exclusive of overtime) | | | | |
| Reason for Leaving | | | | |

| | | | |
|---|--|-------------------------------|--|
| Length of Employment | | Firm Name: | |
| From: | | Firm Address: | |
| Month/Year (mm/yyyy) | | Description of Duties: | |
| To: | | | |
| Month/Year (mm/yyyy) | | | |
| Employment Details | | | |
| Your Exact Title | | | |
| Name of Your Supervisor | | | |
| Supervisor's Title | | | |
| Hours worked / wk. (exclusive of overtime) | | | |
| Reason for Leaving | | | |
| Length of Employment | | Firm Name: | |
| From: | | Firm Address: | |
| Month/Year (mm/yyyy) | | Description of Duties: | |
| To: | | | |
| Month/Year (mm/yyyy) | | | |
| Employment Details | | | |
| Your Exact Title | | | |
| Name of Your Supervisor | | | |
| Supervisor's Title | | | |
| Hours worked / wk. (exclusive of overtime) | | | |
| Reason for Leaving | | | |

THIS AFFIRMATION MUST BE COMPLETED

I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and successfully pass a pre-employment drug test.

Signature of Applicant

Print Name

Date

(State below any other name by which you have been known)