



APPLICATION FOR CIVIL SERVICE EXAMINATION

MUNICIPAL CIVIL SERVICE COMMISSION OF THE CITY OF BINGHAMTON
38 Hawley Street – City Hall 4th Floor, Government Plaza, Binghamton, New York 13901
<http://www.binghamton-ny.gov>

FOR CIVIL SERVICE USE ONLY

Approved _____ Disapproved _____ Reviewer's Initials _____

Raw Score _____
Veterans _____
Seniority _____
Final Score _____

Comments: _____

A **non-refundable** processing fee is required at the time of application. Make check or money order payable to the "City of Binghamton". Applications and/or processing fees will not be accepted after the Last Date to File. Services charges apply on checks returned for insufficient funds.

Check # and Amount _____ Money Order _____

INSTRUCTIONS TO APPLICANTS

1. Candidates must be legal residents of Broome County for at least one month immediately preceding the examination date unless otherwise stated on the Examination Announcement.
2. A false statement knowingly made in this application, or any deception or fraud on your part will be cause for disqualifying your examination papers or removal from the service upon charges as provided by law.
3. Please answer all questions completely and accurately in regard to your past experience which would qualify you for the position you are seeking. Applications can be printed, filled out, and signed OR electronically filled in, printed, and signed (electronic signature is acceptable). However, applications must be turned in with payment for acceptance.
4. Defective applications may be suspended by the Commission and applicants notified to amend the same, but the Commission shall not be compelled to give such notice or grant such opportunity a second time.

THE CITY OF BINGHAMTON IS AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

**EXACT EXAMINATION TITLE AND NUMBER AS STATED ON ANNOUNCEMENT:
A separate application must be completed for each examination.**

Exam Title: _____ Exam No.: _____

NAME AND LEGAL RESIDENCE: (Immediate notice should be given in writing to the Civil Service Office of any information changes)

1. _____
Last Name First Name M.I. Social Security Number
2. _____
Address: Street City State/Zip Code
3. _____
Home/Cell E-mail address

Question 4 is applicable to Police and Firefighter applicants only.

4. DATE OF BIRTH: _____

The New York Law Against Discrimination prohibits discrimination because of age.

5. CITIZENSHIP: Do you have the legal right to accept employment in the United States? (upon employment, appropriate identification of employment eligibility will be required) Yes No

6. VETERAN CREDITS: Do not fill out this section unless you wish to claim War Time Veterans Credits and Have Not used veterans credits for appointment to a position in New York State or Local Government.

Are you a Veteran? Yes No

Did you receive a discharge which was honorable or were you released under honorable circumstances? Yes No

Please complete the attached application for veterans credits and submit your discharge papers.

Please specify claim: Disabled Veteran Non-Disabled Veteran

Not claiming Veteran Credits Credits previously used

7. Section 50-b of New York State Civil Service Law requires that any applicant be asked the following regarding those who have loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding or that are presently in default of such loan. Do you have any outstanding NYS Guaranteed Loans? Yes No

Are any of those loans in default? Yes No

8. SPECIAL TESTING ARRANGEMENTS AND REASONABLE ACCOMMODATIONS: Most written tests are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, indicate this on your application. We will make arrangements for you to take the test on a different date. We provide reasonable accommodations for persons with disabilities to take a test. On or before the last date for filing applications, contact the Civil Service Office at (607) 772-7008 and describe the accommodation you need. Do you need special arrangements or a reasonable accommodation? Yes No

If yes, please provide accommodation needed _____

9. CONVICTION: Have you ever been convicted of any crime (felony or misdemeanor)? Yes No

If yes, please give particulars and disposition of each charge on a separate sheet and attach it.

10. Were you ever dismissed from any government or private employment for reasons other than reduction in staff?

Yes No If yes, provide details below.

11. EDUCATION:

Do you have a High School or Equivalency Diploma? Yes No

If yes, Name and Location of High School or Issuing Governmental Authority: _____

Education above high school level:

Name of school	Location	Course of Major	Credits completed	Degree Received Type/Year
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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12. LICENSES: Complete the following questions if a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the examination announcement. If not currently licensed, check here. ___

Name of Trade or Profession _____ Granted by (licensing agency) _____
City or State _____ Specialty _____ License Number _____
Licensed from _____ to _____

13. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes ___
License number: _____ Class: _____

14. DESCRIPTION OF EXPERIENCE: Beginning with your most recent, list all employment, military service or volunteer experience that shows you meet the minimum qualifications for the examination(s). **You are responsible for an accurate and clear description of your experience.** Applicants may be required to furnish documentation of experience claimed. If your duties changed materially in the course of your employment in any one organization, indicate the dates of the changes and describe each job as separate employment. If you supervised, state how many people and the nature of such supervision. If additional space is needed, attach 8.5" by 11" sheets of paper. **Do not send your resume only.**

Name and address of employer _____

Starting Date _____ Ending Date _____
Month/Date/Year Month/ Date/Year

Your Exact Title _____

Supervisors Name & Title _____ Phone _____

Hours worked per week _____

Reason for leaving _____

Description of duties _____

Name and address of employer _____

Starting Date _____ Ending Date _____
Month/Date/Year Month/ Date/Year

Your Exact Title _____

Supervisors Name & Title _____ Phone _____

Hours worked per week _____

Reason for leaving _____

Description of duties _____

Name and address of employer _____

Starting Date _____
Month/Date/Year

Ending Date _____
Month/ Date/Year

Your Exact Title _____

Supervisors Name & Title _____ Phone _____

Hours worked per week _____

Reason for leaving _____

Description of duties _____

BE SURE TO READ THE REQUIRED QUALIFICATIONS ON THE EXAMINATION ANNOUNCEMENT
ALL STATEMENTS ARE SUBJECT TO VERIFICATION

Addendum Attached? Yes No

15. REFERENCES: Do you have any objection to our contacting present or past employers to verify the above?

Yes No

If Yes, comment _____

DECLARATION: 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. I understand that all statements made in connection with this civil service examination 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.

Signature

Date

NOTE: Have you answered all appropriate questions? An incomplete application may be disapproved. An application will be disqualified if the processing fee or qualifying information is not submitted to the Civil Service Office on or before the last date to file listed on the examination announcement. This office does not make formal acknowledgement of the receipt of an application or take responsibility for non-delivery or postal delay.



CROSS FILER INFORMATION

If you plan on taking more than one examination on the same day, please fill out this form completely. If you are taking a State exam, you must sit at the State testing site. It is the candidate's responsibility to ensure that an application is filed with each agency and that each agency is aware of the testing location you have chosen.

Exam Date: _____

Candidate's Name: _____

Candidate's Social Security Number: _____

Location Where Candidate Wishes To Take Exam: _____

Please list all exams you wish to take on the above date.

EXAM NUMBER

EXAM TITLE

LOCATION OF EXAM



VETERAN'S CREDIT INFORMATION

As a Veteran you are eligible to receive additional credit, 5 points, for an open competitive examination or 2.5 points for a promotional examination. Disabled Veterans are eligible to receive 10 points for an open competitive examination or 5 points for a promotional examination.

In order to receive the additional credits, the below form must be completed and documentary proof must be provided. Disabled Veteran's must also provide documentation of disabled status. **Please Note:** Veteran's credits may be added only to a passing exam grade **and** proof of eligibility must be provided any time between the date of the application and the establishment of an eligible list.

If you have any questions, please contact our office at 607-772-7008. Additional information is located online through the NYS Civil Service Commission.

Last Name

First Name

M.I.

Exam Number & Title: _____

Choose one: Veteran Disabled Veteran

If Disabled, have you sent authorization for Disability Record to the V.A? Yes No

Service Serial Number: _____

Dates of Active Service: _____

I declare, subject to the penalties of perjury, that the statements made on this form and any attachments are to the best of my knowledge, true, and correct.

Signature: _____

Date: _____



Application Fee Waiver Request and Certification Form

Civil Service Law Section 50.5(b): "...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance."

Please fill out the below form if you wish to have the application fee waived and bring documentary proof to support Civil Service Law Section 50.5(b).

EXAM NUMBER

EXAM TITLE

DATE OF EXAM

Check the box(es) below that apply to you:

I am currently unemployed and I am primarily responsible for support of a household

Please Note: Individuals who can be claimed as a dependent on any other person's tax return are not eligible to receive the application fee waiver.

Currently receiving Supplemental Security Income (SSI) payments

Currently receiving Medicaid benefits

Currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) **Please provide your Public Assistance Case Number:** _____

Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

Affirmation: I have read the above portion of Section 50.5(b) relating to the waiver of application fees and certify that I am qualified to receive such waiver for the reasons indicated above. I understand that my claim may be investigated and I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility.

Print Name

Signature

Date



EEO VOLUNTARY SELF IDENTIFICATION FORM

The City of Binghamton is an Equal Opportunity Employer. Qualified applicants and employees are treated without regard to race, color, religion, sex, national origin, age, sexual preference, marital status, or disability.

As an equal opportunity employer, the City of Binghamton complies with all relevant government regulations. To assist us with equal opportunity record keeping, reporting and other legal requirements please complete this form. Completion of this data is **voluntary** and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records.

RACE/ETHNICITY (Please check one of the descriptions below corresponding to the ethnic group with which you identify):

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa

Native Hawaiian or other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including Central America) and who maintain tribal affiliation or community attachment

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races

GENDER: Female Male Other

Print Name