

APPLICATION FOR EXAMINATION OR EMPLOYMENT



UPON COMPLETION MAIL OR DELIVER TO:
 CITY OF WHITE PLAINS
 PERSONNEL DEPARTMENT - ROOM 301
 255 MAIN STREET
 WHITE PLAINS, NY 10601

READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING

This application is part of the examination and must be filled out **completely and accurately**. Answer **all** questions **fully** in black ink or typed. Attach additional sheets and documents, if needed, to give complete information. If you apply for more than one examination, a separate application must be filed for each.

\$15 (Non- Refundable) APPLICATION FEE: SEE BACK PAGE

Applicants for Laborer, Driver, Maintenance, Sanitation, Highway, etc. are not required to take a written examination or pay the \$15 fee to submit an application. A \$15 fee will be required if selected for hire to such labor or non-competitive positions.

CITY OF WHITE PLAINS IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the City of White Plains to provide for and promote the equal opportunity of employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, military status, sexual orientation, or record of offenses in connection with employment by the City of White Plains.

(PLEASE PRINT OR TYPE)

1. Title	Exam Number
2. SOCIAL SECURITY NUMBER: _____ / _____ / _____	
3. Last	First M.I.
4. LEGAL RESIDENCE: Street Address	
City	State Zip Code
5. MAILING ADDRESS: Street Address (If different from Legal Residence)	
City	State Zip Code
6. Home Phone ()	Alternate Phone ()

7. Are you a City of White Plains Resident? Yes, since ___/___/___ No
 Date

8. Are you taking another Civil Service Exam on the same date?
 Yes _____ No _____
 If "Yes", attach a separate sheet listing which commissions and the exam titles.

9. Are you requesting special testing arrangements as a religious observer, active duty military or disabled person? Yes _____ No _____
 If "Yes", please specify requirements on an additional sheet with documentation.

10. Check appropriate space:

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

D. Have you ever forfeited a bail bond posted to answer any criminal charge (felony or misdemeanor)? Yes _____ No _____

E. Are you now under charges for any crime (felony or misdemeanor)? Yes _____ No _____

If you answered "Yes" to any of the questions 10 A-E above, you must give specifics. (Attach additional 8 1/2 by 11 sheets.) If such explanation is insufficient, a confidential investigation supplement will be sent to you. Non of the above circumstances represents an automatic bar of 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.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. PURSUANT TO SECTION 210.45 OF THE NEW YORK PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

Consistent with applicable collective bargaining agreement, employees may be required to submit to drug and/or alcohol testing for reasonable suspicion. Employees utilizing a Commercial Driver's license in their position will be subject to random drug testing per Federal Department of Transportation regulations.

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED: By my signature below, I authorize the City of White Plains, and/or its respective Departments, Offices, Agencies, Boards or Authorities to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. This authorization gives my consent for full and complete disclosure of records. I further release the City of White Plains, and/or its respective Departments, Offices, Agencies, Boards or Authorities, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of the front page of this Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their applications(s) for employment are subject to investigation and verification, applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.)

SIGNATURE OF APPLICANT: _____

DATE: _____

10. Is additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your school and/or work record?

No _____ Yes _____ If yes, please indicate here: _____

DO NOT WRITE BELOW - FOR CIVIL SERVICE USE

YES - VETERAN'S CREDIT POINTS _____

APPROVED

CONDITIONAL _____

DISAPPROVED _____

METHOD OF PAYMENT: (*Print Clearly)

Check

Money Order

Visa

Master Card

*Card No. _____

*Exp Date _____

Signature _____

EDUCATION AND TRAINING

YES ARE YOU 18 YEARS OF AGE OR OLDER?
 NO

YES ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.
 NO

DO YOU HAVE A HIGH SCHOOL DIPLOMA? Name and Location of High School
OR
 A HIGH SCHOOL EQUIVALENCY (GED) DIPLOMA? Issuing Government Authority Document Number
OR
 NO DIPLOMA

Education: An official transcript will be required as verification of required college level training within 45 days after the date of the examination. Failure to provide required official transcripts will result in disqualification. If you claim credit for a partially completed college curriculum to meet the minimum exam qualifications, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. If the examination asks for specific course work, list the courses which you have passed on an attached sheet.

TRANSCRIPTS: Previously filed _____ On request from school _____ Copy attached _____ (must follow up with official copy)

COLLEGE/UNIVERSITY

Name of School and City in which located	Type of Course or Major	Number of College Credits Received	Were You Graduated? Yes or No	Type of Degree Received

PROFESSIONAL SCHOOLS	MILITARY SERVICE SCHOOLS	OTHER SCHOOLS

In order to receive placement on the resulting eligible list, applicants with degree and/or course work completed at foreign universities must submit a course by course evaluation of their educational credentials within 45 days after the date of the examination. Evaluations will be accepted from services such as:

World Education Services, Inc.
P.O. Box 745
Old Chelsea Station
New York, NY 10011

Globe Language Services, Inc.
319 Broadway
New York, NY 10007

You can contact this office for a list of additional acceptable companies providing this service. You must pay the required evaluation fee.

LICENSE: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination for which you are applying, complete the following and **attach copy**:

Name of Trade or Profession	Specialty	License Number
Granted by (Licensing agency) City or State	Date License Issued	Registered From (Mo/Yr) To (Mo/Yr)

DRIVER'S LICENSE: If a position requires a specified license to operate a motor vehicle list below. The applicant must provide the appointing authority a copy as proof of a current, valid license (subject to verification) prior to appointment.

- COMMERCIAL (CDL)**
 OPERATOR

Class _____ Number _____ Date of expiration _____ State _____

DESCRIPTION OF EXPERIENCE

ALL SECTIONS MUST BE FILLED OUT COMPLETELY. DO NOT LEAVE BLANK. A RESUME IS NOT A SUBSTITUTE.

CAREFULLY READ THE MINIMUM QUALIFICATIONS SECTION ON THE ANNOUNCEMENT. Beginning with **your most recent position**, describe in detail **ALL** employment. You are responsible for submitting an adequate, clear and accurate description of all experience (nature of duties personally performed), showing the dates and estimated time spent at each task during those dates. Omission or vagueness will not be interpreted in your favor. List as separate employment any changes of titles and duties which occurred during the course of your service. List separately volunteer and non-aid experience which may not be used towards the meeting of exam qualifications unless so announced on the exam announcement. Supervisory experience is shown by indicating the nature and scope of supervision, length of time, and numbers of personnel supervised. If more space is needed, attach additional 8 1/2 by 11 sheets. Applicable experience worked at less than full time will be pro-rated.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM	ADDRESS	CITY AND STATE
EARNINGS	HRS. PER WEEK	DESCRIBE DUTIES BELOW:	
TYPE OF BUSINESS:			
YOUR EXACT TITLE:			
SUPERVISOR'S NAME:			
SUPERVISOR'S TITLE:			
REASON FOR LEAVING:			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM	ADDRESS	CITY AND STATE
EARNINGS	HRS. PER WEEK	DESCRIBE DUTIES BELOW:	
TYPE OF BUSINESS:			
YOUR EXACT TITLE:			
SUPERVISOR'S NAME:			
SUPERVISOR'S TITLE:			
REASON FOR LEAVING:			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM	ADDRESS	CITY AND STATE
EARNINGS	HRS. PER WEEK	DESCRIBE DUTIES BELOW:	
TYPE OF BUSINESS:			
YOUR EXACT TITLE:			
SUPERVISOR'S NAME:			
SUPERVISOR'S TITLE:			
REASON FOR LEAVING:			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM	ADDRESS	CITY AND STATE
EARNINGS	HRS. PER WEEK	DESCRIBE DUTIES BELOW:	
TYPE OF BUSINESS:			
YOUR EXACT TITLE:			
SUPERVISOR'S NAME:			
SUPERVISOR'S TITLE:			
REASON FOR LEAVING:			

**NOTE: Have you answered all relevant questions? An incomplete application may be disapproved.
FEE IS NON-REFUNDABLE**

INSTRUCTIONS AND INFORMATION

THERE IS A NON-REFUNDABLE \$15.00 APPLICATION FILING FEE PER EXAMINATION NUMBER. NO CASH ACCEPTED. CHECK OR MONEY ORDER ONLY (PAYABLE TO THE CITY OF WHITE PLAINS) MUST ACCOMPANY THIS APPLICATION. RECORD ALL EXAM NUMBERS ON THE CHECK OR MONEY ORDER. FOR YOUR CONVENIENCE, WE ALSO ACCEPT VISA AND MASTERCARD. APPLICATIONS RECEIVED FOR AN EXAM WITHOUT THE FILING FEE WILL BE RETURNED TO YOU, AND IT WILL BE YOUR RESPONSIBILITY TO RETURN IT WITH THE FEE BY THE FILING DEADLINE.

A. EXAMINATION ANNOUNCEMENT

BEFORE FILLING OUT YOUR APPLICATION, CAREFULLY READ THE EXAMINATION ANNOUNCEMENT. ANNOUNCEMENTS MAY BE OBTAINED AT THE CITY OF WHITE PLAINS PERSONNEL OFFICE.

B. QUALIFICATIONS

THE BURDEN OF ESTABLISHING REQUIRED QUALIFICATIONS IS THE RESPONSIBILITY OF THE APPLICANT. FEES ARE NOT REFUNDED FOR DISQUALIFICATION. OUT-OF-TITLE EXPERIENCE CANNOT BE CREDITED TOWARD MEETING QUALIFICATIONS. APPLICATIONS WILL BE REJECTED FOR LATENESS IF NOT HAND DELIVERED OR POSTMARKED BY THE LAST FILING DATE.

C. ADMISSION TO EXAMINATION

ADMISSION NOTICES ARE MAILED TO THE ADDRESS LISTED ON THIS APPLICATION. IF YOU DO NOT RECEIVE A NOTICE THREE DAYS PRIOR TO THE EXAM DATE, CALL 422-1257. PARTICIPATION IN THE EXAMINATION DOES NOT MEAN YOU HAVE BEEN FOUND TO MEET THE ANNOUNCED REQUIREMENTS. APPLICANTS MAY BE ADMITTED ON THE BASIS OF STATEMENTS MADE ON THE APPLICATION WHICH ARE SUBJECT TO REVIEW AND VERIFICATION. SCORES WILL NOT BE AVAILABLE IF A DISQUALIFICATION DETERMINATION IS MADE SUBSEQUENT TO THE EXAMINATION.

D. RESIDENCY/LEGAL ADDRESS CHANGES

YOU MUST REPORT CHANGE IN ADDRESS (INCLUDE NUMBER AND TITLE OF EACH EXAMINATION) TO INSURE PROPER NOTIFICATION OF TEST RESULTS AND SUBSEQUENT CIVIL SERVICE LIST INFORMATION IF ANY. ANY RESIDENCY REQUIREMENTS OR PREFERENCES MUST BE ESTABLISHED AT LEAST 30 DAYS PRIOR TO THE EXAMINATION DATE AND CONTINUOUSLY TO THE DATE OF APPOINTMENT AS PER THE EXAMINATION ANNOUNCEMENT.

E. SERVICE IN ARMED FORCES

SECTION 1

- A. Have you ever served in the armed forces of the U.S.? _____ Yes _____ No
B. If "Yes", have you ever received a discharge from such forces which was other than honorable? _____ Yes _____ No
C. Date of entry into active service _____
D. Date of discharge _____
E. Service serial number _____
- If "Yes", give full particulars on additional sheet.
A dishonorable discharge is not an automatic bar to employment. Each case is considered on its individual merits.

SECTION 2

COMPLETE THIS SECTION ONLY IF YOU:

1. Wish to claim War Time Veterans Credits on an exam, AND
2. Have NOT used veterans credits for appointment to a position in NY State or Local Government employment since January 1, 1951.

FORM DD214 SHOULD BE SUBMITTED WITH THE APPLICATION, AND IF NOT, MUST BE SUBMITTED WITHIN 60 DAYS AFTER THE LAST FILING DATE AND PRIOR TO THE ESTABLISHMENT OF THE ELIGIBLE LIST.

EXTRA CREDITS FOR WAR TIME VETERANS

War Time Veterans and Disabled Veterans are eligible for extra credits added to their exam score if they pass. These extra credits can be used **only once** for any permanent government employment in New York State. If you want to have the extra credits added to your exam score, you should answer the questions below. You can waive the extra credits later, if you wish.

YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS.

- _____ Yes _____ No I received, or expect to receive, a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. (The Armed Forces of the United States* 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 United States pursuant to call as provided by law on a **full-time active duty other than active duty for training purposes**.)
- _____ Yes _____ No I served, or am serving on an active duty basis other than active duty for training purposes during one or more of the following time of war or hostile action.

CHECK BELOW THE TIME PERIOD(S) YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES.

- WORLD WAR II: DECEMBER 7, 1941 - DECEMBER 31, 1946
 US PUBLIC HEALTH SERVICE: JULY 29, 1945 - SEPTEMBER 2, 1945
 KOREAN CONFLICT: JUNE 27, 1950 - JANUARY 31, 1955
 US PUBLIC HEALTH SERVICE: JUNE 26, 1950 - JULY 3, 1952
 VIETNAM CONFLICT: DECEMBER 22, 1961 - MAY 7, 1975
 *HOSTILITIES IN LEBANON: JUNE 1, 1983 - DECEMBER 1, 1987
 *HOSTILITIES IN GRENADA: OCTOBER 23, 1983 - NOVEMBER 21, 1983
 *HOSTILITIES IN PANAMA: DECEMBER 20, 1989 - JANUARY 31, 1990
 PERSIAN GULF CONFLICT: AUGUST 2, 1990 - ()
 OTHER DETERMINATIONS: LIST

*NOTE: For these service dates veterans must have received the Armed Forces Expeditionary Medal for service in Zone of Conflict

To claim additional credits as a Disabled Veteran, you must also answer "YES" to this question:

- _____ Yes _____ No I am receiving payments from the U.S. Dept. of Veterans Affairs for a service connected disability rated at 10% or more incurred during a time of war or hostile action listed above. Please provide documentation.