Form ACS-21 (Rev 11-17)

Albany County Civil Service 112 State Street, Room 900 Albany, New York 12207 APPLICATION FOR EXAMINATION OR EMPLOYMENT

www.albanycounty.com



Title and Exam Number of Position applying for

This application is part of your examination. Answer all questions fully and carefully in ink or in additional sheets if necessary in order to give complete and detailed information.	typewriter. Some questions can be answered with an "x" in the box which applies to you. Attach					
1. SOCIAL SECURITY NUMBER:	5. Are you taking exams with NYS State or any other County, Town or City that are being					
	held on the same date as the exam(s) you are applying for with Albany County?					
	☐ Yes ☐ No					
2. FULL NAME AND ADDRESS	If yes, please attach the Cross-file Application and list all examinations. This can be found on our website.					
	6. Are you requesting special testing accommodation(s), such as:					
Last Name First Name M.I.	1. For a disability?					
	2. An alternate test date? Yes No					
Mailing Address	Please submit your request(s) for accommodations in writing on an attached sheet. You will have to provide					
	documentation to support your request(s). If you request an alternate test date, please complete the Alternate Test Date Application.					
City State Zip Code						
2a. RESIDENT STREET ADDRESS (if different from above):						
	7. CHECK APPROPRIATE BOXES:					
	A. Were you ever dismissed or discharged from any					
2b. PHONE NUMBER (include area code):	Employment for reasons other than lack of work or funds? Yes No					
	B. Did you ever resign from any employment rather than					
Home Other Specify (work, cell, etc.)	face dismissal?					
2c. E-MAIL:	C. Did you ever receive a discharge from the Armed Forces of the United States which was other than					
3. RESIDENCE	"Honorable", or which was issued under other than honorable circumstances? ☐ Yes ☐ No					
	nonotable circumstances:					
If you are applying for an open-competitive examination, please indicate, below, the municipality/district in which you will be a legal resident prior to the examination date.	If you answer "YES" to any of questions above, you must give specifics. (Attach additional sheets if necessary.)					
City or Village:	None of the above circumstances represents an automatic bar to employment. Each case					
Town:	is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.					
County:						
State:	8. SERVICE IN ARMED FORCES					
Name of School District:	Have you ever served in the armed forces of the United States?					
4. CITIZENSHIP & AGE	☐ Yes, ☐ No If your answer is "yes" please go to item 9.					
	9. VETERAN'S CREDITS					
If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?	Do you claim additional credits as an honorably discharged war veteran?					
☐ Yes ☐ No	Yes, as a Non-disabled war veteran Yes, as a Disabled war veteran					
(Non-citizens may be required to produce Alien Registration Card at time of appointment)	□ No					
Are you under 18? ☐ Yes ☐ No	If the answer is yes then see form ACS-21a (page 3)					
If yes, or if minimum and/or maximum age limits are established for the position applied for,	If a motor vehicle license is required for the position for which you are applying, please give the following:					
enter your date of birth here:	Chauffeur Operator O					
Mo. Day Year	Class: Date of Expiration: Number:					
LEAVE THIS SPACE BLANK	THIS DECLARATION MUST BE COMPLETED: 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.					
Exam Number Approved by						
Date Received Pending	Signature of applicant Date					
	State any other names by which you have been known					
Fee \$ Disapproved by						

Education											
Do you have a high school diploma?											
Or a High School Equivalency (GED) Diploma?											
College/University											
Name of School and City in which loo	me of School and City in which located Dates of attendance (Month/Year) From To			Type of Course of Major		Number of College Credits Received	Did y Gradu		Type of degree received?	Date Degree Received or Expected	
Callage Transquints (amit if not applicable)											
College Transcripts (omit if not applicable) Is transcript submitted herewith? ☐ Is transcript on file with Albany County Civil Service? ☐ Is College to forward transcript? ☐											
Professional Schools, Residencies, Military Service Schools, Other Schools											
Do you have a license, certificate, or	other authoriza	tion to practice a trade or	profess	ion?	□ No						
Name of trade or profession Granted by (Licensing agency) State of											
EXPERIENCE: Describe under the headings 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 military service. Begin with your most recent employment and work backward consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed. A resume is not a substitute.											
Length of Employment From: Mo. Yr. To: Mo.	Yr.	Name of Employer		Address				City and State			
Paid? # of hours/week Yes / No	Type of bus	siness	Title				Name and title of Supervisor				
Describe duties:	I										
Reason for Leaving:											
Length of Employment	Length of Employment Name of Employer			Address			City and State				
From: Mo. Yr. To: Mo.	Yr.										
Paid? # of hours/week Yes / No	Type of bus	siness	Title				Name an	ne and title of Supervisor			
Describe duties:											
Reason for Leaving:											
Length of Employment From: Mo. Yr. To: Mo.	Yr.	Name of Employer	er		Address			City and State			
Paid? # of hours/week Yes / No	Type of bus	siness	Title	Title		Name and			title of Supervisor		
Describe duties:	_		-								
				Reason for Le	eaving:						
IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER AND ATTACH SUCH SHEETS TO TOP OF PAGE											
THE NEW YORK STATE HUMAN RIGHTS LAW (ARTICLE 15) PROHIBITS DISCRIMINATION IN EMPLOYMENT RECAUSE											

THE NEW YORK STATE HUMAN RIGHTS LAW (ARTICLE 15) PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, MARITAL STATUS OR DISABILITY. 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, SEXUAL ORIENTATION, MILITARY STATUS, SEX, MARITAL STATUS, OR DISABILITY IN CONNECTION WITH EMPLOYMENT BY THE MUNICIPALITY.

ADDITIONAL CREDITS FOR VETERANS AND CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY

INSTRUCTIONS AND INFORMATION

***If you are claiming additional credits as a disabled or non-disabled war veteran, you must submit a copy of your separation papers (DD214) within two months of the last filing date for examination.

A. VETERANS' CREDITS Have you used your veterans' credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951?
☐ Yes ☐ No
***If you answer yes, you cannot use veterans' credits again (NYS Civil Service Law §85.4) unless you had been certified as a non-disabled war veteran and became a disabled veteran after that. **VETERANS' CREDITS:* For the purpose of claiming veterans' credits on a civil service examination, an applicant must have been honorable discharged or released under honorable circumstances after serving on active duty with the armed forces of the United States during time of war. **Disabled and non-disabled veterans who establish eligibility for additional credits and are successful in the examination are entitled to have 10 and points, respectively, (5 and 2.5 points in the case of promotional examinations) added to their earned scores, and provided they have not previously use such credits to obtain permanent appointment or promotion. Veterans may determine to waive the use of their credits at any time up to the time of permanent appointment or promotion. **Veterans who are eligible for additional credit must submit a copy of their separation papers (DD-214) within two (2) months of the last filing dat for the examination. Veterans' credits can only be added to a passing score on the examination. **Effective January 1, 1998, the State Constitution was amended to permit a candidate currently in the armed forces to apply for and be conditional granted veterans' credits in examinations. Any candidate who applies for such credit must provide proof of military status to receive the conditional credit. **No credit may be granted after the establishment of the list.**It is the responsibility of the candidate to provide appropriate documentary proof indicating that the service was in time of war, as defined in Section 85 of the Civil Service Law, and that the candidate received an honorable discharge or was released under honorable conditions in order to be certified at a score including veterans' credits. **Effective January 1, 2014, the State Constitution was amended to permit disabled veterans to use additional credit
If you received or expect to receive an honorable discharge from the Armed Forces of the United States, as a war-time veteran or disabled veteran as defined below, you may claim extra credits to be added to your exam score, if you pass. The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, and 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 basis other than active duty for training purposes. Discharged veterans are required to submit a copy of their DD-214 discharge papers. Active duty members of the Armed Forces must submit proof of active duty status, such as current Military I.D., Military Orders or other official military document that substantiates active duty status. To claim credits as a Disabled Veteran, you must be entitled to receive payments for a service-connected disability (rate at 10% or more) incurred during time of hostile action or war. Active service member?
CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED OR ARE SERVING IN THE ARMED FORCES OF THE UNITED STATES FROM MO/YR TO MO/YR
□ 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: February 28, 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 – () □ Active Duty: August 2, 1990 – ()
***For these service dates Veterans must have received the Armed Forces Expeditionary Medal for Service in Zone of Conflict.
B. ADDITIONAL CREDITS FOR CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY: In conformance with section 85-a of the Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten (10) points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police office killed in the line of duty in thi municipality, please inform this office of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.