



City of New Rochelle
**MUNICIPAL CIVIL SERVICE
 COMMISSION**
 515 NORTH AVENUE
 NEW ROCHELLE NY 10801
 (914) 654-2172



APPLICATION FOR FIREFIGHTER EXAMINATION

Examination Number 64-612	Examination Fee <u>\$50.00</u> CHECK <input type="checkbox"/> CASH <input type="checkbox"/>
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PLEASE READ THE INSTRUCTIONS ON ALL PAGES OF THE APPLICATION AND THE EXAMINATION ANNOUNCEMENT CAREFULLY BEFORE FILLING OUT YOUR APPLICATION. WRITE APPROPRIATE INFORMATION ABOVE THE INDICATED LINE. PLEASE PRINT IN INK.

1. LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
			N.Y.
2. STREET ADDRESS	CITY	STATE	ZIP CODE
3. PRIMARY TELEPHONE NUMBER:	SECONDARY TELEPHONE NUMBER:	E-MAIL:	
4. US CITIZEN: YES <input type="checkbox"/> NO <input type="checkbox"/>	5. DATE OF BIRTH: _____		

6. CHECK BELOW IF YOU DESIRE SPECIAL ARRANGEMENTS FOR TESTING BECAUSE YOU ARE A:

<input type="checkbox"/> SABBATH OBSERVER <small>(For religious reasons cannot be tested on Saturday.)</small>	<input type="checkbox"/> HANDICAPPED PERSON <small>(Describe disability below and indicate type of assistance requested.)</small>
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7. ANSWER ALL QUESTIONS BY PLACING "X" IN THE APPROPRIATE COLUMN	YES	NO
A) WERE YOU EVER DISMISSED OR DISCHARGED FROM AN EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS?		
B) DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL?		
C) DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES WHICH WAS OTHER THAN "HONORABLE" OR WHICH WAS ISSUED UNDER OTHER THAN HONORABLE CIRCUMSTANCES?		
D) HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW? FELONY OR MISDEMEANOR		
E) HAVE YOU EVER FORFEITED BAIL OR OTHER COLLATERAL?		
F) DO YOU NOW HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU?		

If you answered "YES" to any of the Questions in a-f above, you may give specifics under "Remarks" on page 2 of this application. If you elect not to provide specifics, however, 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 duties responsibilities of the position(s) for which you are applying.

8. EDUCATION	NAME OF SCHOOL AND CITY IN WHICH LOCATED	DATES OF ATTENDANCE FROM TO	DID YOU GRADUATE?	NO. OF COLLEGE CREDITS RECEIVED	DATE DEGREE RECEIVED OR EXPECTED	TYPE OF DEGREE RECEIVED	TYPE OF COURSE/ MAJOR SUBJECT
<i>HIGH SCHOOL OR EQUIVALENCY DIPLOMA</i>							
<i>COLLEGE, UNIVERSITY PROFESSIONAL OR TECHNICAL SCHOOL</i>							
<i>OTHER SCHOOL OR SPECIAL COURSES</i>							

9. **EMPLOYMENT HISTORY:** The examination announcement includes the minimum work experience required to compete in this test. Describe below all work experience which shows that you meet the stated minimum requirement.

NAME, ADDRESS & BUSINESS OF EMPLOYER	AVERAGE NUMBER OF HOURS PER WEEK	EMPLOYED FROM TO				TITLE & DUTIES
		MO	YR	MO	YR	

10. **VETERANS CREDITS:** If you have served or are serving in the Armed Forces, do you claim veteran's credits as a:

NON-DISABLED VETERAN DISABLED VETERAN

For the purpose of claiming Veterans Credits on a competitive examination, an application must:

- A. Have been honorably discharged or separated from the Armed Forces of the United States.
- B. Currently serving on active duty in the armed forces.
- C. Have been on active duty in the armed Forces of the United States during any of the following periods:

December 7, 1941 to and including December 31, 1946
 June 27, 1950 to and including January 31, 1955
 December 22, 1961 to and including May 7, 1975
 June 1, 1983 - December 1, 1987 (Hostilities in Lebanon*)
 October 23, November 21, 1983 (Hostilities in Grenada *)
 December 20, 1989 - January 31, 1990 (Hostilities in Panama*)
 August 2, 1990 - Not Specified (Persian Gulf Conflict)

* For hostilities in Lebanon, Grenada and Panama, the individual must have received the armed forces, navy, or Marine Corps expeditionary medal. Without appropriate medal, service is treated as under May 8, 1975 - August 1, 1990.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8½" x 11" sheets.)

AFFIRMATIVE ACTION PROGRAM: This confidential reply will be used to evaluate our requirement and testing process. It will in no way affect your participation in this or future Civil Service Examinations.

Sex: Male Female

Ethnic Group: White Black American Indian Hispanic Asian American

NOTE: PLEASE CHECK TO MAKE SURE THAT ALL APPROPRIATE QUESTIONS HAVE BEEN ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN ITS DISAPPROVAL. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS OR CRIMINAL RECORD. 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, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

AFFIRMATION: I affirm that the statements made on this application, including any attached papers, are true. (Withholding relevant information or supplying inaccurate information will result in your disqualification. Notice to appear for the test constitutes only conditional approval of your application. Individuals appointed from the resultant eligible list will be called upon to document any information provided on this application.)

DATE

SIGNATURE