Applicant's Name: _____

CITY OF AUBURN
Civil Service Commission

Memorial City Hall
Auburn, NY 13021
(315) 255-4141

APPLICATION FOR EXAMINATION

CITY OF AUBURN CIVIL SERVICE COMMISSION INTERNAL USE ONLY				
Civil Service Exam				
Exam Number				
Date Application Received				
Exam Fee				
Application Status	☐	Approved	By:	
	☐	Disapproved	By:	
	☐	Conditional	By:	

NOTE: A separate application must be completed for each examination you wish to take.

CITY OF AUBURN CIVIL SERVICE COMMISSION
Application for Examination

This examination is part of your examination. Answer all questions fully or carefully. Please **TYPE** or **PRINT** clearly. This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate such. We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, sexual orientation, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the examination, application and/or interviewing process are encouraged to contact the Civil Service Office.

BIOGRAPHICAL DATA

Name (First, Middle, Last)	E-Mail Address
Address (Please notify this office of changes in address)	Phone Number
City	State Zip
Social Security Number	Salary or Hourly Wage Desired
Are You Available to Work ☐ Full Time ☐ Part Time ☐ Temporary	Date Available For Work
How were you referred to the City of Auburn? ☐ Newspaper ☐ Internet ☐ Civil Service Job Posting ☐ Walk-in ☐ Employee Referral _____ ☐ Other _____	

Are you currently employed? If yes, may we contact your employer to obtain employment information?	☐ Yes ☐ No ☐ Yes ☐ No
If the examination you are applying for has residency requirements stated on the examination announcement, do you meet these requirements?	☐ Yes ☐ No
VETERAN'S CREDITS - Are you applying for Veteran's Credits? If yes, you must complete the enclosed Examination Supplemental Attachment and submit the Veteran's Credits Form and DD214.	☐ Yes ☐ No
Are you legally eligible for employment in the United States? *Employment eligibility verification will be required upon employment.*	☐ Yes ☐ No
If you are under 18 years of age, can you provide required proof of your eligibility to work?	☐ Yes ☐ No ☐ Not Applicable
POLICE OFFICER AND FIREFIGHTER APPLICANTS FOR EXAMINATION ONLY. Age requirements are established for these positions. If you are applying to take any one of these examinations, please indicate your date of birth in the box to the right.	Date of Birth
If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?	☐ Yes ☐ No ☐ Not Applicable

EDUCATIONAL BACKGROUND

Type of School Attended	Name and Location of School	Number of Years Completed *(do not give dates)*	Course of Study	Diploma or Degree Obtained
High School or Preparatory School				
College				
Other				

SKILLS		
	Typing Speed: WPM	Data Entry: # Numeric Keystrokes/Hour # Alpha Keystrokes/Hour
	Computer Skills:	
	List certificates, licenses (*including driver license or CDL endorsement*) or professional achievements that would support your qualifications for employment: If you are applying for a position which requires a Commercial Driver License, provide license # here:_____	List any additional skills, technical or professional knowledge that you feel would support your application:

List your previous four (4) employers whether or not they seem relevant to the position for which you are applying.

Present or Last Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

Next Previous Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

Next Previous Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

Next Previous Employer

Name of Employer	Phone Number
Address City	State Zip
Employment Dates (Month/Year)	Salary
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

U.S. MILITARY HISTORY

☐ Yes ☐ No

U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty

References (Other than relatives or former supervisors; list three)

Name/Occupation	Phone Number
Address City State Zip	Years Known
Name/Occupation	Phone Number
Address City State Zip	Years Known
Name/Occupation	Phone Number
Address City State Zip	Years Known

Conviction Record Status

Have you ever been convicted of and/or plead guilty to a felony? ☐ Yes ☐ No

Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? ☐ Yes ☐ No

If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. **Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the City of Auburn.** The nature of the violation and all other appropriate circumstances will be considered. The City reserves the right to reject individuals for employment with the City based on job-related convictions.

Date	County/State	Conviction/Explanation

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form and understand that for consideration with the City of Auburn, the City will conduct a criminal background check. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local rules and regulations and/or collective bargaining agreements. For positions subject to the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment with the City of Auburn, a pre-employment controlled substance test will be required and must be passed.

Date:_____ Signature of Applicant:_____