



# City of Auburn Civil Service Application

Memorial City Hall, 24 South Street, Room 211, Auburn, NY 13021

Website: auburnny.gov Telephone: (315) 255-4141 Fax: (315) 255-4735

POSITION or EXAM TITLE: \_\_\_\_\_

EXAM NUMBER: \_\_\_\_\_

**IMPORTANT INSTRUCTIONS:** This application is part of your examination. Answer all questions fully and carefully. Please type or print clearly. This application must be completed and signed personally by the applicant. Each question must be answered in full. 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

APPLICANT NAME: \_\_\_\_\_  
Last Name First Name M.I.

MAILING ADDRESS: \_\_\_\_\_  
Street City State ZIP Code

LEGAL RESIDENCE: \_\_\_\_\_  
Street City State ZIP Code

Please indicate the number of years and/or months you have resided at your current LEGAL RESIDENCE listed above: \_\_\_\_\_ | \_\_\_\_\_  
YR MO

PHONE NUMBERS: HOME: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ WORK: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ CELL: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_ YES \_\_\_ NO 1. Are you a war-time veteran or on active duty in the U.S. Armed Forces? If yes, check one: \_\_\_ Disabled \_\_\_ Non-Disabled  
You must submit the required Veteran Credit forms by the date of the exam. Request these forms by calling (315) 255-4141, or download at [http://www.auburnny.gov/Public\\_Documents/AuburnNY\\_CivilService/VetCredit.pdf](http://www.auburnny.gov/Public_Documents/AuburnNY_CivilService/VetCredit.pdf). Include a copy of your DD-214.

\_\_\_ YES \_\_\_ NO 2. Are you cross-filing? If you are applying for additional civil service exams (*other than City of Auburn exams*) which are scheduled on the same date, you must include a CROSS-FILING FORM with your application. Request this form by calling (315) 255-4141, or download at: [http://www.auburnny.gov/Public\\_Documents/AuburnNY\\_CivilService/CrossFile.pdf](http://www.auburnny.gov/Public_Documents/AuburnNY_CivilService/CrossFile.pdf).

\_\_\_ YES \_\_\_ NO 3. Are you legally eligible for employment in the United States?  
Employment eligibility verification will be required upon employment.

\_\_\_ YES \_\_\_ NO 4. If you are under 18 years of age, can you provide proof of your eligibility to work?

\_\_\_ YES \_\_\_ NO 5. Do you require accommodations due to a religious observance? Most written tests are administered on Saturdays. If you are unable to take the exam on the scheduled date due to a conflict with a religious observance or practice, arrangements may be made for you to take the exam on an alternate date.

\_\_\_ YES \_\_\_ NO 6. Do you require accommodations due to a disability? It is YOUR responsibility to submit the required written proof, as well as a description of the accommodations being requested. This documentation must be submitted with your application.

Use this space, if needed, to provide additional information regarding Questions 1 – 6: \_\_\_\_\_

## 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: \_\_\_\_\_



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**POLICE OFFICER APPLICANTS FOR EXAMINATION ONLY.** Age requirements are established for this position. \_\_\_\_\_  
If you are applying to take this examination, please indicate your date of birth. Date of Birth \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Type of School Attended	Name and Location of School	Number of Years Completed	Course of Study	Diploma or Degree Obtained
High School				
College				
Other				

## DRIVER'S LICENSE

\_\_\_ YES \_\_\_ NO Do you have a current New York State Driver's License? License#: \_\_\_\_\_ Expire Date: \_\_\_\_\_

If yes, indicate class: \_\_\_ A \_\_\_ B \_\_\_ CDL-C \_\_\_ Non-CDLC \_\_\_ D \_\_\_ DJ \_\_\_ E \_\_\_ M \_\_\_ MJ Endorsements: \_\_\_ P (Passenger) \_\_\_ S (School Bus)

## CERTIFICATIONS OR OTHER LICENSES

**Instructions:** Complete this section only if a license, certificate, or authorization to practice a trade or profession is required for the position.

Trade or Profession \_\_\_\_\_ License or Certificate Number \_\_\_\_\_ Issued By: (Name of Licensing Agency, City & State) \_\_\_\_\_

\_\_\_ YES \_\_\_ NO Are you currently licensed? License or Registration Dates: FROM \_\_\_\_\_ | \_\_\_\_\_ TO \_\_\_\_\_ | \_\_\_\_\_  
MO. YR. MO. YR.

## EMPLOYMENT HISTORY

Present or Last Employer	
Name of Employer	Phone number
Address	City State ZIP
Employment Dates	
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities, and significant accomplishments	
Reason for leaving	



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Next Previous Employer								
Name of Employer		Phone number						
Address	City	State	ZIP					
Employment Dates								
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								
Title of Position	Name and Title of Supervisor							
Description of duties, responsibilities, and significant accomplishments								
Reason for leaving								

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## 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 last 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 based on job-related convictions.

Date	County/State	Conviction/Explanation
Date	County/State	Conviction/Explanation
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 definite period and may be terminated at any time, subject to applicable federal, state, and/or local rules 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

Email to: [jwhiting@auburnny.gov](mailto:jwhiting@auburnny.gov)