

SARATOGA COUNTY DEPARTMENT OF HUMAN RESOURCES
APPLICATION FOR EMPLOYMENT
OR CIVIL SERVICE EXAMINATION



40 MCMASTER STREET, BALLSTON SPA, NY 12020
518-885-2225 www.saratogacountyny.gov

AN EQUAL OPPORTUNITY EMPLOYER WITH AN AFFIRMATIVE ACTION PROGRAM

Number	_____
APPLICATION	
Approved	_____
Conditional	_____
Disapproved	_____

APPLICATION FOR EMPLOYMENT: Title of Position _____

APPLICATION FOR EXAMINATION: Title and # _____

This application is part of your examination. Please answer all questions completely and accurately. Attach additional sheets if necessary to provide required information. All statements are subject to verification.

1. NAME AND PERMANENT LEGAL RESIDENCE: (Please notify Saratoga County Department of Human Resources in writing of any information changes.)

Last Name	First Name	M.I.	Social Security Number (Required for exam)
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Street	City	State	Zip Code
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Indicate below your actual permanent address and the length of time you have resided there continuously, up to and including date of this application.

	PROVIDE NAME	YEARS	MONTHS
School District			
Village or City			
Town of			
County of			
State of			

NOTE: It is your permanent legal residence that will determine eligibility for examination and appointment. Specific residency requirements are stated on the exam announcement.

2. MAILING ADDRESS: _____
(If different from above) Street City State Zip Code

3. EMAIL ADDRESS: _____

4. PHONE NUMBER: () _____ () _____ () _____
Home Business Cell

5. AGE: If applying for the position of Deputy Sheriff, Police Officer, Correction Officer or any other position with minimum or-maximum age limits (check exam announcement), please state date of birth: _____

6. SPECIAL TESTING ARRANGEMENTS:

RELIGIOUS ACCOMMODATION: Most written tests are held on Saturdays. If you cannot take the test on the announced test day due to a conflict with a religious observance or practice, check the space below.

I cannot be tested on the scheduled examination date due to a conflict with a religious observance or practice.

SPECIAL ACCOMMODATIONS IN TESTING: Saratoga County provides reasonable accommodations for individuals with a disability during application, examination, interview and employment. If you need a reasonable accommodation, check the space below and attach a written description of the accommodation sought. Medical documentation is required.

I require special accommodation to take this examination.

OTHER ACCOMMODATIONS NEEDED: If you require accommodation for reasons other than religious or disability, check the box below and attach a written description of the accommodation sought.

I require special accommodation to take this examination.

7. CHECK APPROPRIATE BOXES:

If you answer YES to any portion of questions 7a-f, provide details on a separate sheet. Your failure to answer these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities. None of the above circumstances represent an automatic bar to employment. Each case is considered and evaluated on individual merit in relation to the duties and responsibilities of the position for which you are applying.

- a. Were you ever discharged from employment for reasons other than lack of work or funds, disability or medical condition? YES NO
- b. Did you ever resign rather than face discharge? YES NO
- c. Have you ever been convicted of a crime (felony or misdemeanor)? YES NO
- d. Has there ever been a complaint of workplace violence or harassment against you? YES NO
- e. Are you now under charges for any crime? YES NO
- f. Did you ever receive a discharge from the Armed Forces of the United States that was other than "Honorable", or which was issued under other than honorable conditions? YES NO
- g. Are you a retiree from New York State or any civil division thereof? YES NO
- h. Are you an exempt Volunteer Fireman? YES NO

8. VETERANS CREDITS: Veteran's credits can be applied for on all examinations but may be used only once. You may not claim additional credits after the eligible list has been established. Any candidate who applies for such credit must submit a copy of DD214 with application.

Do you claim additional credits on this examination as an honorably discharged veteran?

- NO -- Please go to Question 9
 YES -- AS A DISABLED WAR VETERAN YES -- AS A NON-DISABLED WAR VETERAN

YES NO Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?

COMPLETE THE REMAINDER OF THIS SECTION IF YOU:

1. Wish to claim War Time Veterans Credits, AND
2. Have NOT used veteran's credits for appointment to a position in NY State or its civil divisions.

EXTRA CREDITS FOR WAR TIME VETERANS -- Your answers must be "YES" to be eligible for additional credits

YES NO I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. "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 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 am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

- In the Armed Forces:**
 December 7, 1941 – December 31, 1946;
 June 27, 1950 – January 31, 1955;
 February 28, 1961 – May 7, 1975;
 August 2, 1990 to the date when the Persian Gulf hostilities end.
Or earned the Armed Forces, Navy or Marine Corps Expeditionary medal for service in:
 Granada: October 23, 1983 – November 21, 1983;
 Lebanon: June 1, 1983 – December 1, 1987;
 Panama: December 20, 1989 – January 31, 1990.
Or in the U.S. Public Health Service:
 July 29, 1945 – December 31, 1946;
 June 27, 1950 – July 3, 1952.

YES NO I am a United States citizen or an alien lawfully admitted for permanent residence.
 YES NO I am a New York resident.

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9. STUDENT LOANS:

Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation? NO YES

10. YOUR EDUCATION: Read the exam announcement for educational requirements. Send a copy of your transcript only if required by the announcement.

Have you graduated from High School? NO YES

Name and Location of High School _____

If you have a High School Equivalency Diploma, indicate: Issuing Government Authority _____

Number _____ Date of Issue _____

College, University, Professional or Technical Schools:	Major subject or type of course	Did you graduate?	If you did not graduate, number of college credits	If graduated, type of degree received	Date degree received or expected
Name of School & City in which located		YES <input type="checkbox"/> NO <input type="checkbox"/>			Mo. / Yr.
Name of School & City in which located		YES <input type="checkbox"/> NO <input type="checkbox"/>			Mo. / Yr.
Name of School & City in which located		YES <input type="checkbox"/> NO <input type="checkbox"/>			Mo. / Yr.
Name of School & City in which located		YES <input type="checkbox"/> NO <input type="checkbox"/>			Mo. / Yr.

11. LICENSE OR CERTIFICATION:

If required on the announcement, do you have a valid license to operate a motor vehicle in New York State?

NO YES License Number: _____ Expiration Date: _____

Class of License: _____ Endorsements: _____ Restrictions: _____

Complete the following if a license, certificate or other authority to practice a trade or profession is required on the announcement(s).

Trade or Profession	License Number	Date License First Issued	Registration Mo. Yr. Mo. Yr. From / to /	If you are not currently licensed, check this <input type="checkbox"/>
Specialty	Granted by (Licensing agency)		City/State	

The County of Saratoga does not discriminate because of age, race, creed, color, citizenship, national origin, sex, religion, marital status, criminal record, disability, limited English proficiency, low income status, political affiliation, genetic predisposition or carrier status, domestic violence victim status, pregnancy or sexual orientation.

NOTE: Federal Law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S. and to provide for review certain documents establishing your identity and work authorization, such as birth certificates, etc.

MSD-330

12. **EXPERIENCE:** You must complete this section whether or not you submit a resume. Describe any employment, volunteer experience or military experience that qualifies you for the position sought. Begin with your most recent experience first and work backwards consecutively to your first position. 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
Earnings: \$ per <input type="text"/> Wk <input type="text"/> Mo <input type="text"/> Yr	Type of Business	Your Title	Name/Title/email or phone Information of Supervisor
Ave. hours per week:	Duties:		
Reason for leaving			

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13. **REFERENCES:** Do you have any objection to our contacting present or past employers to verify above?

NO YES If yes, comment _____

Please print any other surnames (last names) by which you are or have been known: _____

DECLARATION: I declare, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature of Applicant

Date



ARTICLE 19-A BUS DRIVER APPLICATION

(Complete all parts of this form. Please print or type. Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DRIVER INFORMATION

Form with fields for Driver's Last Name, Date of Birth, Social Security Number, Street Address, License ID Number, etc.

CARRIER INFORMATION

Form with fields for Carrier/DBA Name, Street Address, Name of Article 19-A Contact Person, Title, etc.

ADDITIONAL DRIVER INFORMATION

Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages. 1. Have you qualified as a school bus driver under ARTICLE 19-A? 2. Are you a certified ARTICLE 19-A examiner?

Table with 3 columns: Employer Name and Address, What were the date(s) of your employment?, Your job title

Table with 4 columns: Date of Accident, Location, Was there personal injury or property damage?, What type of vehicle were you driving?

Table with 5 columns: Date of Violation, Location, Date of Conviction, Of what charge were you convicted?, If a vehicle was involved, what type of vehicle were you driving?

DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver X _____ Date _____

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles.

Signature of Employer/Agent X _____ Date _____



Ballston Spa

Educating Everyone Takes Everyone

CENTRAL SCHOOL DISTRICT

Pupil Transportation Department

1458 Saratoga Rd
Ballston Spa, NY 12020
FAX (518) 602-0257

TEL (518) 884-7140

Dear Applicant,

In considering you for a position with the Ballston Spa Central School District Transportation Department, we will be pulling a driving abstract from the New York State DMV. It is our policy that all persons applying for employment with us, have a good driving record. The abstract is kept in our files with your application packet for our records.

Please fill out the information below:

Name on Driver's License: _____

Current Address: _____

Driver's License Number: _____

Class of License: _____

Date of Birth: ____/____/____

I consent to my driving abstract being run by the Ballston Spa Central School District and understand that this information will not be shared with any other party, but will be kept with my application for employment.

Applicant Signature: _____

Date: ____/____/____

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Ballston Spa, NY 12020
FAX (518) 602-0257

TEL (518) 884-7140

REFERENCE INQUIRY

Date: ____ / ____ / ____

Dear Sir/Madam:

_____ has applied for the position of school bus driver or bus attendant for the Ballston Spa Central School District. I would appreciate your honest comments regarding the applicant's ability and character. Your answers will be kept confidential.

Sincerely,

Sherry Demers
Transportation Coordinator

Reference Name: _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

Relationship to applicant: _____

How long have you known the applicant? _____

ABILITY: Please state briefly why you feel that the applicant would or would not be a successful bus driver or bus attendant.

CHARACTER: Please state your opinion of this applicant's character and whether he/she is a desirable person to work with school age children.

Signature: _____

Date: ____ / ____ / ____

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C E N T R A L S C H O O L D I S T R I C T

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