APPLICATION for CIVIL SERVICE EXAMINATION

MUNICIPAL CIVIL SERVICE COMMISSION OF THE CITY OF BINGHAMTON
38 Hawley Street – City Hall 5th Floor, 38 Hawley Street, Binghamton, New York 13901
www.cityofbinghamton.com

FOR CIVIL SERVICE USE ONLY

Approved___ Disapproved___ Reviewer's Initials_____

Raw Score_____
Veterans _____
Seniority _____
Final Score _____

Comments:_____
_____

A **non-refundable** processing fee is required at the time of application. Make check or money order payable to the "City of Binghamton". Applications and/or processing fees will not be accepted after the Last Date to File. Services charges apply on checks returned for insufficient funds.

Check # and Amount_____ Money Order_____

** INSTRUCTIONS TO APPLICANTS **

1. Candidates must be legal residents of the City of Binghamton for at least one month immediately preceding the examination date unless otherwise stated on the Examination Announcement.

2. A false statement knowingly made in this application, or any deception or fraud on your part will be cause for disqualifying your examination papers or removal from the service upon charges as provided by law.

3. Please answer all questions completely and accurately in regard to your past experience which would qualify you for the position you are seeking.

4. Defective applications may be suspended by the Commission and applicants notified to amend the same, but the Commission shall not be compelled to give such notice or grant such opportunity a second time.

EXACT EXAMINATION TITLE AND NUMBER AS STATED ON ANNOUNCEMENT:
A separate application must be completed for each examination.

Exam Title:_____ ExamNo.:_____

NAME AND LEGAL RESIDENCE: (Immediate notice should be given in writing to the Civil Service Office of any information changes)

1. _____
Last Name First Name M.I. Social Security Number

2. _____
Street City State/Zip Code

3. PHONE NUMBER:_____
Home Business

THE CITY OF BINGHAMTON IS AN EQUAL OPPORTUNITY EMPLOYER WITH A COMMITMENT TO WORKFORCE DIVERSIFICATION

Question 4 is applicable to Police and Firefighter applicants only.

4. DATE OF BIRTH:_____

The New York Law Against Discrimination prohibits discrimination because of age.

5. CITIZENSHIP: Do you have the legal right to accept employment in the United States? (upon employment, appropriate identification of employment eligibility will be required) Yes___ No___

6. How long have you resided continuously in the City of Binghamton immediately preceding this application?
Years___ Months___

7. VETERAN CREDITS: Do not fill out this section unless you wish to claim War Time Veterans Credits and <u>Have Not</u> used veterans credits for appointment to a position in New York State or Local Government.

Are you a Veteran? Yes___ No___
Did you receive a discharge which was honorable or were you released under honorable circumstances? Yes___ No___
Please complete the attached application for veterans credits and submit your discharge papers.
Please specify claim: Disabled Veteran___ Non-Disabled Veteran___ Not claiming Veteran Credits___ or Credits previously used___

8. Section 50-b of New York State Civil Service Law requires that any applicant who has loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding or that are presently in default of such loan, complete an Applicant Supplement Form. (Attached)

9. SPECIAL TESTING ARRANGEMENTS AND REASONABLE ACCOMMODATIONS:
Most written tests are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, indicate this on your application. We will make arrangements for you to take the test on a different date. We provide reasonable accommodations for persons with disabilities to take a test. On or before the last date for filing applications, contact the Civil Service Office at (607) 772-7008 and describe the accommodation you need. Do you need special arrangements or a reasonable accommodation? Yes___ No___

10. CONVICTION: Have you ever been convicted of any crime (felony or misdemeanor)? Yes___ No___
If yes, please give particulars and disposition of each charge on a separate sheet and attach it.

11. Were you ever dismissed from any government or private employment for reasons other than reduction in staff?
Yes___ No___.
If yes, provide details below.
_____
_____

12. EDUCATION:

Do you have a High School or Equivalency Diploma? Yes___ No___
If yes, Name and Location of High School or Issuing Governmental Authority: _____

_____

Education above high school level:

Name of school	Location	Course of Major	Credits completed	Degree Received Type/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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13. LICENSES: Complete the following questions if a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the examination announcement. If not currently licensed, check here. ___

Name of Trade or Profession_____ Granted by (licensing agency)_____
City or State_____ Specialty_____ License Number_____
Licensed from_____ to_____

14. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes___
License number:_____ Class:_____

15. DESCRIPTION OF EXPERIENCE: Beginning with your most recent, list all employment, military service or volunteer experience that shows you meet the minimum qualifications for the examination(s). We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Applicants may be required to furnish documentation of experience claimed. If your duties changed materially in the course of your employment in any one organization, indicate the dates of the changes and describe each job as separate employment. If you supervised, state how many people and the nature of such supervision. If additional space is needed, attach 8.5" by 11" sheets of paper. **Do not send your resume.**

Name and address of employer_____

Starting Date_____ Ending Date_____
Month/Date/Year Month/ Date/Year

Your Exact Title_____

Supervisors Name & Title_____Phone_____

Hours worked per week_____

Reason for leaving_____

Description of
duties_____

_____

_____

Name and address employer_____

Starting Date_____ Ending Date_____
Month/Date/Year Month/ Date/Year

Your Exact Title_____

Supervisors Name & Title_____Phone_____

Hours worked per week_____

Reason for leaving_____

Description of
duties_____

_____

_____

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Name and address of employer_____

Starting Date_____ Ending Date_____
Month/Date/Year Month/ Date/Year

Your Exact Title_____

Supervisors Name & Title_____Phone_____

Hours worked per week_____

Reason for leaving_____

Description of
duties_____

_____

_____

BE SURE TO READ THE REQUIRED QUALIFICATIONS ON THE EXAMINATION ANNOUNCEMENT

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

Addendum Attached? Yes___ No___

16. REFERENCES: Do you have any objection to our contacting present or past employers to verify the above? Yes___ No___

If Yes, comment_____

DECLARATION: 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. I understand that all statements made in connection with this civil service examination 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 Date

NOTE: Have you answered all appropriate questions? An incomplete application may be disapproved. An application will be disqualified if the processing fee or qualifying information is not submitted to the Civil Service Office on or before the last date to file listed on the examination announcement. This office does not make formal acknowledgement of the receipt of an application or take responsibility for non-delivery or postal delay.

THE CITY OF BINGHAMTON IS AN EQUAL OPPORTUNITY EMPLOYER WITH A COMMITMENT TO WORKFORCE DIVERSIFICATION

City of Binghamton
Criminal Background Check

City of Binghamton
Release and Authorization to Conduct
Criminal Conviction Background Check

In consideration of the City of Binghamton's evaluation of my suitability for employment, I, _____, do hereby authorize and agree that the City of Binghamton may perform a full criminal conviction background check in order to verify the information I have provided in this regard on the City's employment or exam application. I understand and agree that the City may obtain any criminal court documents and/or police records which may be relevant to any and all of my criminal convictions, whether or not I have listed such criminal convictions on the City's employment or exam application. I further understand that my failure to make a full disclosure of any criminal convictions as requested on the City's employment or exam application or my intentionally making false statement(s) regarding any criminal convictions(s) may subject me to immediate dismissal at any time in the future.

I agree not to assert any claims or causes of action of any kind against the City of Binghamton, its officials, its agents, and/or its employees as a result of this criminal conviction background check. I further release and forever discharge the City of Binghamton, its officials, its agents, and its employees from any and all claims, demands, damages, actions, causes of action or suits or any kind of nature whatsoever arising from the City's investigation of my criminal conviction background. I acknowledge that the City of Binghamton has made no representations of any kind as to whether employment will be offered at the conclusion of this criminal conviction background check.

_____ _____
Signature of Applicant Date

FAILURE TO COMPLETE AND SIGN THIS FORM WILL DISQUALIFY YOU FROM ANY CONSIDERATION FOR EMPLOYMENT WITH THE CITY OF BINGHAMTON.

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Civil Service
Cross Filer Notification

MUNICIPAL CIVIL SERVICE COMMISSION
CITY HALL, GOVERNMENTAL PLAZA
BINGHAMTON, NEW YORK 13901
(607) 772-7008

EXAM DATE:_____

CANDIDATE'S NAME:_____

CANDIDATE'S SOCIAL SECURITY NUMBER:_____

LOCATION WHERE CANDIDATE WISHES TO TAKE EXAM:_____

ALL EXAMINATION NUMBERS, TITLES AND LOCATIONS FOR WHICH THE CANDIDATE HAS APPLIED:

EXAM NUMBER	TITLE	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE CITY OF BINGHAMTON IS AN EQUAL OPPORTUNITY EMPLOYER WITH A COMMITMENT TO WORKFORCE DIVERSIFICATION

Civil Service
Veteran's Credit Information

MUNICIPAL CIVIL SERVICE COMMISSION
CITY HALL, GOVERNMENTAL PLAZA
BINGHAMTON, NEW YORK 13901
(607) 772-7008

To be entitled as a veteran to receive 5 points additional credit in an open competitive examination or 2.5 points in a promotional examination, the VC-1 form (Application for Veteran's Credits) must be completed and notarized. **YOU MUST ALSO PROVIDE DOCUMENTARY PROOF (DD214 SEPARATION FROM SERVICE FORMS OR DISCHARGE PAPERS) AND MEET THE FOLLOWING TERMS:**

1. Be a citizen of New York State at the time of application;
2. Have received an honorable discharge from the Armed Services or have been released under honorable conditions;
3. Service with the National Guards or Reserves is not creditable service unless you served on full-time active duty other than for training purposes;
4. Have served during wartime as defined as follows:

WORLD WAR II from December 7, 1941 to December 31, 1946
KOREA from June 27, 1950 to January 31, 1955
VIETNAM from February 28, 1961 to May 7, 1975
***LEBANON** from June 1, 1983 to December 1, 1987
***GRENADA** from October 23, 1983 to November 21, 1983
***PANAMA** from December 20,1989 to January 31, 1990
PERSIAN GULF from August 2, 1990 to the end of such hostilities (date not yet determined)
SERVICE IN THE COMMISSIONED CORPS OF THE UNITED STATES PUBLIC HEALTH SERVICE DURING THE FOLLOWING DATES: from July 29, 1945 to December 31, 1946 and from June 27, 1950 to July 3, 1952.

***CREDIT FOR LEBANON, GRENADA AND PANAMA WILL BE LIMITED TO THOSE WHO RECEIVED THE ARMEDFORCES EXPEDITIONARY MEDAL, THE NAVY EXPEDITIONARY MEDAL, OR THE MARINE CORPS EXPEDITIONARY MEDAL, PLEASE SUBMIT VERIFICATION OF MEDAL AWARDED.**

NOTE: Veteran's credits may be added ***only*** to a passing score and cannot bring a failing score (below 70.0) up to a passing grade. **PROOF OF ELIGIBILITY FOR VETERANS' CREDIT MUST BE SUBMITTED ANY TIME BETWEEN THE DATE OF THE APPLICATION AND THE DATE OF THE ESTABLISHMENT OF THE RESULTING ELIGIBLE LIST.**

DISABLED VETERANS: Disabled veterans may receive 10 points credit on an open competitive examination and 5 points on a promotional examination. If you are claiming credit as a disabled veteran, in addition to establishing your status as a war veteran as indicated above, you must also submit proof that:

1. You were disabled in the actual performance of duty during wartime;
2. You are currently receiving payments from the Veteran's Administration for such disability, which is rated at 10% or more.
3. **Disabled veteran's must complete the VC-3 form in duplicate in addition to the VC-1 form.** In as much as you must be currently disabled at the time you claim the additional credits, proof must be resubmitted if more than one year has passed since you last submitted proof to our office. However, if you have a stabilized disability of 10% or more and have already submitted proof of this to our office, you need not submit proof unless specifically requested.

If you have any questions concerning procedures for claiming veteran's credits, please contact our office at the address above or call 772-7008. Be sure to include the examination title and number in any letter or inquiry or be prepared to provide this information if you contact us by phone.

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VC-1

Civil Service Veteran's Credit Application

MUNICIPAL CIVIL SERVICE COMMISSION
CITY HALL, GOVERNMENTAL PLAZA
BINGHAMTON, NEW YORK 13901
(607) 772-7008

Application not valid unless accompanied by Discharge papers.

Type or Print answers to all questions:

Social Security Number: _____ Phone Number: _____

_____ _____ _____
Last Name First Name Middle Name

Number & Title of Examination: _____

Your Legal Residence: _____

Credits Claimed: Disabled Veteran Claim Number: _____ Non-Disabled Veteran

If Disabled, have you sent authorization for Disability Record to the V.A.? Yes ____ No ____

Service Serial Number: _____

Dates of Active Service: From: _____ To: _____

List **ALL** public service employment: Veteran Credit Used? Yes _____ No _____

From To Employer Name and Address Title

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I declare, subject to the penalties of perjury, that the statements made on this form and any attachments are to the best of my knowledge true and correct.

Signature: _____ Date: _____

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BINGHAMTON MUNICIPAL CIVIL SERVICE COMMISSION

Application Fee Waiver Request and Certification Form

Civil Service Law Section 50.5(b): "…fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance."

I request that my application fee(s) for the examination(s) listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law.

Examination Title(s)	Exam No(s).	Examination Test Date

Check the box(es) below that apply to you:

☐ I am currently unemployed **and** I am primarily responsible for support of a household

NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for application fee waiver as head of household.

☐ I am currently:

- ☐ Eligible for Medicaid
- ☐ Receiving Supplemental Security Income (SSI) payments
- ☐ Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance): _____
  Enter Public Assistance Case Number
- ☐ Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

**********Affirmation**********

I have read the above portion of Section 50.5(b) of the Civil Service Law relating to the waiver of application fees and certify that I am qualified to receive such waiver for the reasons indicated above. I understand that my claim for application fee waiver may be investigated and I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility for application fee waiver.

_____ _____-- --_____

Candidate's First and Last Name (Please Print) Candidate's Social Security Number

_____ _____

Candidate's Signature Date

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