## FEE WAIVER

## FEE PAID

## City of Mount Vernon **Municipal Civil Service Commission** 1 Roosevelt Square Mount Vernon, New York 10550 (914) 665-2357

www.CMVNY.com

## **Application for Examination or Employment**

	Examination Title		Exam N	0	_
	Please read the instructions on all pages of the <b>PRINT IN BLACK OR BLUE INK.</b>	application and the exan	nination announcement o	arefully before filling	out your application. PLEASE
	1. Last Name First Name	ne	Middle Ini	tial	Social Security Number
	Street Address	City	County	State	Zip Code
	E-Mail Address		Cont	act Telephone Numb	er
	(For Police Officer Exam ONLY)  2. Date of Birth: Month Day Ye	ar 3.	U.S. Citizen	YesNO	
וכ	4. Check below if you desire special arrangement  SABBATH OBSERVER- Must Submit  Letter from Church Signed by Clergy  r religion reasons you cannot be tested on Saturda		HANDICAPPED PE	RSON (indicated type E <b>ATTACH A SEPARAT</b>	e of assistance requested) <b>E NOTE</b>
5. Have you a license, certificate or other authorization to practice the trade of profession for which you are applying?  Yes No If 'Yes' answer the following:					
	Name of Trade of Profession	Granted by licensin	ng Agency	City or State of	
	6. Answer all questions by placing 'X' in app	propriate column.			Yes No
	A) Were you ever dismissed or discharge from any 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 "honorable" Or which was issued under other				1
i	you answered 'YES' to any of the questions in ot to provide however, or if such explanation ircumstances represents an automatic bar to e uties and responsibilities of the position(s) for	is insufficient, you ma mployment. Each case	ay be required to subre is considered and eva	nit further informa	tion. None of the above
	7. Education Name of School City in which loc		id you No of College aduate? Credits Received	Received or Deg	e of Type of gree Course/Major vived Subject
	High School Equivalency Diploma				
	College, University, Professional or Technical School				
1	Other School Special Courses				

Describe below all work experience which shows that	t you meet these stated minimum requirements.			
8a. Name address, & Business of Employer	No. of Hrs. per Week-Employed from Mp - Yr to Mo – Yr			
Title & Duties	· · · · · · · · · · · · · · · · · · ·			
8b Name address, & Business of Employer	No. of Hrs. per Week- Employed from Mp - Yr to Mo – Yr			
Title & Duties				
8c Name address, & Business of Employer	No. of Hrs. per Week- Employed from Mp - Yr to Mo – Yr			
9. Veteran's Credits if you have served in the Armed Forces, do you claim veteran's credits as a:  Non-disabled Veteran  Disabled  Disabled Veteran  Disabled  Disabled Veteran  Disabled  Dis				
	chain information as necessary, If more space is required, attach additional claim Veteran's Credit must do so at the time of filing application. Ask for form ANS CREDITS."			
Note: Please check to make sure that all appro- In its Disapproval. All statements are subject to	priate questions have been answered. An incomplete application may result o verification.			
or supplying inaccurate information, will result in	le on this application, including any papers, are true (Withholding relevant information your disqualification. Notice to appear for the test constitutes only conditional ed from the resultant eligible list will be called upon to document any information			
Date	Signature			

EMPLOYMENT HISTORY. The examination announcement includes the minimum work experience required to compete in this test.

The New York State Human Right 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 from 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