

7. DRIVER'S LICENSE: Circle the class of your New York State Motor Vehicle License: 1 2 3 4 5 6 A B C D E M

Date of Expiration _____

8. LICENSE: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, complete the following question:

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State
Specialty	Date License First Issued	Registered From:	To:

9. DESCRIPTION OF EXPERIENCE

Beginning with the most recent, describe below in detail **ALL** paid and volunteer employments **relevant** to the position sought. You are responsible for submitting an accurate and clear description of your experience. Omissions or vagueness will **NOT** be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as separate employment. **IF YOUR TITLE OR DUTIES CHANGED MATERIALLY IN THE COURSE OF YOUR SERVICE IN ANY ONE ORGANIZATION. INDICATE SUCH CHANGE CLEARLY AND AS A SEPARATE EMPLOYMENT.** Under "Duties" for each employment describe the nature of the work you performed or attach a resume with the pertinent information.

ALL EXPERIENCE IS SUBJECT TO VERIFICATION.

A. LENGTH OF EMPLOYMENT
 MO. YR. MO. YR.
 FROM / To

COMPANY NAME		ADDRESS		CITY AND STATE	
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:			
TYPE OF BUSINESS					
YOUR EXACT TITLE					
Average no. of hrs. worked per week (exclusive of overtime)					
SUPERVISOR'S TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER	

B. LENGTH OF EMPLOYMENT
 MO. YR. MO. YR.
 FROM / To

COMPANY NAME		ADDRESS		CITY AND STATE	
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:			
TYPE OF BUSINESS					
YOUR EXACT TITLE					
Average no. of hrs. worked per week (exclusive of overtime)					
SUPERVISOR'S TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER	

C. LENGTH OF EMPLOYMENT
 MO. YR. MO. YR.
 FROM / To

COMPANY NAME		ADDRESS		CITY AND STATE	
EARNINGS (Circle One) \$ WK /MO /YR		DUTIES:			
TYPE OF BUSINESS					
YOUR EXACT TITLE					
Average no. of hrs. worked per week (exclusive of overtime)					
SUPERVISOR'S TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER	

**BE SURE TO SIGN THE DECLARATION AT THE BOTTOM OF THIS PAGE
UNSIGNED APPLICATIONS WILL BE DECLARED INELIGIBLE**

VETERANS' CREDITS

Veterans' credits are granted on the following basis:

DISABLED VETERANS: 10 points for Open-Competitive Exams
5 points for Promotional Exams

NON-DISABLED VETERANS: 5 points for Open-Competitive Exams 2.5
points for Promotional Exams

These additional credits, which are combined with the final score obtained in the examination, may be granted only to **PASSING CANDIDATES** at the time of establishment of the eligible list.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veterans, you must:

1. Have served on **ACTIVE DUTY**, other than active duty for training purposes, with the

Armed Forces of the United States during any of the following periods:

- VIETNAM - December 22, 1961 through and including May 7, 1975
- LEBANON* - June 1, 1983 through and including December 1, 1987
- GRENADA* - October 23, 1983 through and including November 21, 1983
- PANAMA * - December 20, 1989 through and including January 31, 1990
- PERSIAN GULF - August 2, 1990 - to the end of hostilities as yet undefined

* To receive veterans' credits for service in these campaigns, an applicant must also have been the recipient of one of the following:

- Armed Forces Expeditionary Medal
- Navy Expeditionary Medal
- Marine Corps Expeditionary Medal

2. Have been honorable discharged or released under honorable conditions from such service.

3. Submit a photocopy of separation papers (i.e. **FORM DD-214 MEMBER 4 COPY**) from the Armed Forces of the United States before this eligible list is established.

DISABLED VETERANS

In order to be eligible for additional credit as a disabled veteran, in addition to meeting the requirements of items 1, 2 & 3 listed above, you must also complete, **FOR EACH TITLE:**

Form VC-3, (Authorization for Disability Record), in duplicate and forward BOTH copies immediately to the Regional Office of the United States Veterans Administration where your application for disability pension is on file. The Veterans Administration will retain a copy for its files, and will return a copy to this Department for processing. Disabled veterans must have a war-incurred disability of at least ten percent (10%) certified by the Veterans Administration at the time of application for additional credits.

IF YOU DO NOT FORWARD THE PROPER DOCUMENTATION AS OUTLINED ABOVE, YOU WILL NOT BE GRANTED VETERANS' CREDITS, ONCE THE ELIGIBLE LISTS ESTABLISHED, VETERANS' CREDITS CANNOT BE GRANTED.

10. A. Did you ever receive a discharge from the Armed Forces of the United States which was other than honorable or which was issued under other than honorable circumstances? YES NO

B. Do you claim additional credits as an honorably discharged war veteran for this examination?

1. YES, AS A NON-DISABLED VETERAN
2. YES, AS A DISABLED VETERAN
3. NO.

If you checked YES, complete C and D:

C. Have you previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State?

YES NO If you check YES complete the information in 10 D below.

CIVIL SERVICE LAW LIMITS THE USE OF VETERANS' CREDITS TO ONE PERMANENT COMPETITIVE CLASS APPOINTMENT WITHIN NEW YORK STATE.

D. With the exception of the federal service, have you ever been employed by governmental agency outside of Town of Babylon (e.g. New York City, New York State, Office of Court Administration, or another county within New York State?)

YES NO If you checked YES complete the information in 10E below:

E. Government Name _____

Length of Employment From _____ To _____

Department _____

Your Official Title(s) _____

(Attach additional sheets if necessary)

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 further request and authorize any former or present employer, military records center, police, parole, and probation agencies, & former school to provide to the Town of Babylon Department of Civil Service any and all information including, but not limited to information as to my character, habits, work ability, and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities, or damages.

_____ X _____
DATE SIGNATURE OF APPLICANT

State former name or any other name(s) by which you were known.

FOR CIVIL SERVICE USE ONLY

TEST SCORE _____	NOTES _____	<input type="checkbox"/> PENDING TRANSCRIPT	ELIGIBLE	INELIGIBLE
VETS CREDIT _____	_____			
TOTAL SCORE _____		_____	DATE	

FOR PROVISIONAL APPOINTMENTS ONLY

DEPARTMENT _____	DATE APPOINTED _____
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