

# TOWN OF BABYLON APPLICATION FOR OPEN-COMPETITIVE EXAMINATIONS/APPOINTMENTS

200 E. SUNRISE HIGHWAY, LINDENHURST NY, 11757

TOWN OF BABYLON DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, RELIGION, HANDICAP, SEX, AGE, MARITAL STATUS OR SEXUAL PREFERENCE.

Website: [www.townofbabylon.com/503/Civil-Service](http://www.townofbabylon.com/503/Civil-Service)

**THERE IS AN APPLICATION PROCESSING FEE: SEE THE EXAMINATION ANNOUNCEMENT FOR THE FEE AMOUNT** (The fee will **NOT BE REFUNDED** if your application is **DISAPPROVED**) A separate application is required for each examination (identified by examination number) for which you are applying. Each application must be accompanied by a **NON-REFUNDABLE NON-TRANSFERABLE** application processing fee. Do not send cash. Make the check or money order payable to the Town of Babylon Department of Civil Service. Please indicate the examination title and the last four digits of the applicant's social security number on the face of the check or money order. Certain applicants may be eligible for a fee waiver. See examination announcement for details. This application is part of your examination. Answer all questions fully and carefully in ink. Attach additional sheets if necessary to give detailed information.

**PLEASE PRINT:**

1. TITLE OF EXAMINATION: \_\_\_\_\_

2. \_\_\_\_\_  
 LAST NAME                                      FIRST NAME                                      M.I.                                      SOCIAL SECURITY NUMBER

MAILING ADDRESS                                      LEGAL ADDRESS (Not a Post Office Box)  
 \_\_\_\_\_  
 CITY                                      STATE                                      ZIP CODE                                      CITY                                      STATE                                      ZIP CODE

3. TELEPHONE NUMBER (include area code)  
 (      ) \_\_\_\_\_

4. E-MAIL ADDRESS: \_\_\_\_\_

5. Check appropriate box to the right of each question:
- A. Have you ever been convicted of any crime? (felony or misdemeanor)      YES       NO
  - B. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?      YES       NO
  - C. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?      YES       NO
  - D. Did you ever resign from any employment rather than face dismissal?      YES       NO
  - E. Have you ever worked for the Town of Babylon?      YES       NO

**Background Investigation: Applicants may be required to undergo a State & national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.**

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying. Background investigations may be conducted on all candidates considered for employment. A False statement may result in the disqualification of your application in accordance with the provisions of Section 50 of the Civil Service Law.

If you answered YES to any part of **question 5** you MUST give specifics in the COMMENTS section below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If yes, what department? \_\_\_\_\_

6. EDUCATION      YES       NO

A. Have you graduated from senior high school?  
 If yes, complete name and location.  
 Name of school: \_\_\_\_\_

Location: \_\_\_\_\_

B. If you have a high school equivalency diploma, indicate: \_\_\_\_\_

Issuing Authority

C. If you did **NOT** graduate from high school, circle highest school year completed:      ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 11

	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Have You Graduated?	Type of Course or Major Subject	Number of Credits Rec'd. To Date	Type of Degree Received	Date Degree Received
List each College University Professional Technical School Attended							

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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