

COUNTY OFFICE BUILDING
 411 Main Street • Catskill, NY 12414
 Phone 518-719-3253 – Fax 518-719-3772
 www.greenegov.com

APPLICATION FOR NON-COMPETITIVE APPOINTMENT

To Position with _____
(NAME OF SCHOOL, POLITICAL SUBDIVISION OR DEPARTMENT OF)

as _____
(TITLE OF POSITION)

The Civil Service Law provides that application should be submitted to
 Civil Service Commission for approval prior to appointment

Number _____
Date Received _____
Application
Approved by _____
Disapproved by _____

Answer all Questions Fully and Carefully in ink or Typewriter

1. **NAME (Please print)**

LAST	FIRST	MIDDLE INIT.
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE (Home)	(Business)	

1a. **MAILING ADDRESS (If different from above)**

2. **SOCIAL SECURITY #** _____

3. **State your County and School District of legal residence:**

Name	Yrs/Months
School District	
County of	

4. Are you an Exempt Volunteer Fireman? YES NO

5. Have you served in the Armed Forces of the U.S. during the time of war? YES NO

6. Have you ever been indicted for, or convicted of any violation of law other than minor traffic violations? YES NO

7. Have you ever been dismissed from employment for reasons other than lack of work or funds? YES NO

8. Have you any minor or major physical defects or ailments? YES NO

If you answer "YES" to any questions #6, #7, and #8, you may give specifics under "REMARKS" in section #9. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

9. **REMARKS:**

10. Do you hold the necessary licenses or certificates for this position, such as chauffeur's license, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Title of License or certificate	Number	Expiration Date
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11. **EDUCATION AND TRAINING**

Name and Location of School	No. of Years Completed	Did You Graduate?	Type of Course or Remarks
Elementary			
High School			
Other Schools or Courses			

12. **EXPERIENCE: List below your work experience for at least the last five years.**

Name and Address of Employer	Business of Employer	Dates Employed (Month and Year)		Title and Duties of your Position
		FROM	TO	

* DESCRIBE in greater detail on reverse side any experience which you have that is pertinent to the position for which you are applying.

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.

Date _____

Signature of applicant _____

State maiden name or any other name by which you have been known _____