





**APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 2**

1. Are you now serving or have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes?  
 Yes  No

**If "No", omit questions 2 through 5.**

2. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? Yes  No

NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.

3. Did you serve in the Armed Forces of the United States during any of the following periods?

A. December 7, 1941 to December 31, 1946

B. June 27, 1950 to January 31, 1955

C. December 22, 1961 to May 7, 1975

**D. August 2, 1990 to "date to be determined"**

E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

Yes  No

Did you receive an expeditionary medal for any of the following conflicts?

F. Lebanon - June 1, 1983 to December 1, 1987

G. Grenada - October 23, 1983 to November 21, 1983

H. Panama - December 20, 1989 to January 31, 1990

Yes  No

I. I am currently on active duty (for other than training purposes).

Yes  No

4. Since January 1, 1951, have you ever used additional credits as a veteran for **appointment** to any position in the public employment of New York State or any of its civil divisions?

Yes  No

5. Are you: A non – disabled war veteran\_\_\_\_\_

A disabled war veteran \_\_\_\_\_

Disabled and non-disabled war veterans who are eligible for additional credits must submit an application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed forms must be received in the office before the eligible list for this examination is established.

6. Do you have a valid license to operate a motor vehicle in New York State? \_\_\_\_\_ Yes - Class \_\_\_\_\_ No

7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a:

A. \_\_\_\_\_ Sabbath Observer and cannot be tested on Saturdays for religious reasons.

B. \_\_\_\_\_ Disabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application.

**8. EXAMINATIONS IN OTHER JURISDICTIONS** - Candidates wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of consideration may not be approved if received after the announced last file date for the examination.

The following sections on education and work experience must be filled in completely. A resume is not sufficient.

9. Have you graduated from high school? Yes  No  If not, what grade did you complete? \_\_\_\_\_  
 Name of school/issuing agency \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Equivalency diploma #: \_\_\_\_\_

For College, University, Professional, Technical and other schools or special courses, please provide copies of transcripts.

Name of school and its location	Dates of Attendance From: / / To: / / (month/year)	Full or Part Time	# of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	___/ ___ To ___/ ___							
	___/ ___ To ___/ ___							
	___/ ___ To ___/ ___							
	___/ ___ To ___/ ___							

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**10. DESCRIPTION OF EXPERIENCE:** In listing your experience, be more specific in describing those which relate to the position for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be resolved in your favor. Include military service experience when appropriate. Relevant volunteer (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the examination announcement). 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. (If more space is needed, attach 8 "x 11" sheets of paper using the same format.)

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				

Your Exact Title	Name of your Supervisor	Supervisor's Title	No. of hours worked per week: FT      PT      Volunteer
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DUTIES: Describe the nature of the work personally performed by you, with estimates of percentages of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.


Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				

Your Exact Title	Name of your Supervisor	Supervisor's Title	No. of hours worked per week: FT      PT      Volunteer
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Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				

Your Exact Title	Name of your Supervisor	Supervisor's Title	No. of hours worked per week: FT      PT      Volunteer
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Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				

Your Exact Title	Name of your Supervisor	Supervisor's Title	No. of hours worked per week: FT      PT      Volunteer
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CENTRAL SCHOOL DISTRICT  
PO Box 300 BOICEVILLE, NEW YORK 12412  
845-657-6383

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Please provide the names and contact information for three references not related to you, and attach this form to your application. Thank you!

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

I authorize you to make inquiry of personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I understand that false or misleading information given in my application or interview may result in discharge, in the event of employment. I understand that I am to abide by all rules and regulations of the Onteora Central School District.

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Signature

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Date