



CITY OF GLEN COVE CIVIL SERVICE COMMISSION
 9 GLEN STREET, GLEN COVE, NY 11542
 Equal Opportunity Employer

**APPLICATION FOR
 OPEN-COMPETITIVE EXAMINATION**

GCCS-1A (5/18)

ALL QUESTIONS MUST BE ANSWERED OR APPLICATION WILL NOT BE PROCESSED

PRINT IN INK OR TYPE PHOTOCOPY/FAX NOT ACCEPTABLE

1. (You **must** notify this commission immediately - in writing - of any change of name or address.)

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) – EXPLAIN UNDER #19		

2. **CONTACT INFORMATION**

HOME () _____

MOBILE () _____

EMAIL _____

3. **SOCIAL SECURITY NO.** _____

4. DO YOU POSSESS A VALID N.Y. STATE MOTOR VEHICLE LICENSE?

YES NO If "YES" indicate class: _____

IF REQUIRED FOR POSITION SOUGHT, ATTACH A COPY OF YOUR LICENSE.

5. HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF GLEN COVE OR APPLIED FOR ANY EXAMINATIONS ADMINISTERED BY THE GLEN COVE CIVIL SERVICE COMMISSION?

YES NO (If "YES" give details under No. 19)

(A) Exam Title _____ Exam No. _____

(B) Exam Title _____ Exam No. _____

(C) Exam Title _____ Exam No. _____

COMMISSION USE ONLY – DO NOT WRITE IN THIS BOX

(A) Approved Rejected Cond. by: _____:_____

CK/MO # AMT: REC'D. BY:

(B) Approved Rejected Cond. by: _____:_____

CK/MO # AMT: REC'D. BY:

(C) Approved Rejected Cond. by: _____:_____

CK/MO # AMT: REC'D. BY:

6. RESIDENCE (PROOF MAY BE REQUIRED) List here your actual, permanent, legal addresses for the last five years, including the dates that you lived there. Consult official announcement to ensure that you meet any residency requirements before filing.	CITY OR VILLAGE	COUNTY	STATE	FROM Mo./Yr.	TO Mo./Yr.
	Current Residence				
	Previous Residence				
	2 nd Prior Residence				

VETERAN'S CREDITS

SPECIAL ARRANGEMENTS

(“YES” answers to the following questions must be explained under number 19)

- 7. Do you object to this Commission making inquiry about your character and qualifications from your present employer? YES NO
- 8. Have you ever had a driver’s license suspended or revoked? YES NO
- 9. Have you received any summons for traffic violations within the past three years? YES NO
- 10. Except for the above traffic offenses, have you ever been convicted of any violation, misdemeanor, or felony? YES NO
- 11. Are there any criminal charges pending against you at this time? YES NO
- 12. Were you ever dismissed from employment for reasons other than reduction in staff? YES NO

NOTE: IF YOU WERE EVER FINGERPRINTED OR INVESTIGATED BY THIS COMMISSION, YOU MUST GIVE DETAILS (DATE AND POSITION APPLIED FOR) UNDER #19

- 13. DO YOU HAVE A LICENSE OR CERTIFICATE TO PRACTICE A TRADE OR PROFESSION: (If Yes, and if required for this position/exam, you must attach a photocopy) YES NO

14. EDUCATION:

Note: If special coursework is required for this position/exam, you must give details (Title, date completed, school/agency attended, etc.) under question #19.

- A. Do you have a High School or Equivalency Diploma?
 - YES - Name & location of H.S. or issuing authority: _____
 - NO - Indicate grade completed: _____
- B. Was proof ever submitted to this office? YES NO

VETERAN’S CREDIT

Complete this section only if you wish to claim veteran’s credits and if you have not used veteran’s credits for appointment to a position in NY State since 1/1/51.

For the purpose of claiming veteran’s credits on a Civil Service examination, you must have served, or currently serve, on active duty for purposes other than training in the Armed Forces of the United States at any time during the following “time of war” periods:

- WWII – 12/7/41 – 12/31/46
- Korea – 6/27/50 – 1/31/55
- Vietnam – 2/28/61 – 5/7/75
- Persian Gulf – 8/2/90 - 7/29/45 – 12/31/46
- U.S. Public Health Service 6/27/50 – 7/3/52
- *Lebanon – 6/1/83 – 12/1/87
- *Grenada – 10/23/83 – 11/21/83
- *Panama – 12/20/89 – 1/31/90
- *Limited to those receiving the Armed Forces, Navy or Marine Corps expeditionary medal.

In addition you must:

- (a) Be an Honorably Discharged Veteran – or released under honorable conditions. (You must submit proof via form # DD214) OR:
- (b) Be currently on active duty – for purposes other than training. (Proof must be by military ID or orders). You will be notified as to how to provide proof of Honorable Discharge or release under honorable conditions.
- 15. Have you used veteran’s credits for appointment to a position in N.Y. State since 1/1/51? YES NO (If so, you may not use them again!)
- 16. Do you wish to claim regular veteran’s credits? YES NO
- 17. Do you wish to claim DISABLED veteran’s credits? (The U.S. Dept of Veteran’s Affairs must certify that you were disabled in the actual performance of duty during a “time of war” period listed above and that the disability exists at the time of this application). YES NO

NOTE: Where college education is required, if not already on file, you must have your school send an official transcript directly to this office.

College education from a foreign country must be evaluated by an accredited evaluation service, and an original report sent by them to this office.

Type of School	Name and Location	Dates Attended From – To (Mo./Yr.) (Mo./Yr.)	Type of Course/Major	Did you Graduate?	Date Degree/ Diploma Received	No. of Credits Received	Type of Degree	Was proof submitted to this office? Yes (date) or No
College, University, Professional, Technical, or Trade		-						
		-						
		-						
		-						

18. EXPERIENCE: Describe here all relevant experience (including volunteer or military) starting with the most recent. Include all employment for the last five years, as well as any relevant experience prior to that. (If not employed during part or all of last five years, so state). In addition, you **MUST**:

1. Under "Duties" describe work personally done by you.
2. Estimate percentage of time spent on all work.
3. Indicate size & type of workforce supervised, if any, and extent of supervision.
4. If more than one title at same employer, list as separate employment.
5. If more space is needed, attach extra 8 ½ x 11 sheets of paper.
6. **This section must be completed even if a résumé is submitted.**

(a) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
		-		
Duties:				
Your title:				
Reason for leaving:				
(b) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
		-		
Duties:				
Your title:				
Reason for leaving:				
(c) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
		-		
Duties:				
Your title:				
Reason for leaving:				
(d) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
		-		
Duties:				
Your title:				
Reason for leaving:				

19. Use this space to explain “yes” answers to questions 7 – 12, and for details of special coursework, where required.
Do not use for additional information regarding experience. Rather, attach additional 8 ½” x 11” sheets of paper for that purpose.

20. DECLARATION: I declare, subject to the penalties of perjury, that I have examined all statements made in this application (including statements made in accompanying papers) and to the best of my knowledge all statements are true and correct.

⇒ **Applicant’s Signature:** _____ **Date:** _____

NOTE: Your application cannot be processed until a Confidential Supplement is filed. Submit all forms directly to Civil Service. Each application is reviewed in relation to the examination involved.

