



**If you answered "Yes" to G, H, I, J or K above please give a full explanation here.**

**YOU MUST THOROUGHLY COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS OFFICIAL APPLICATION FORM WHETHER YOU SUBMIT A RESUME OR NOT.**  
 (Those interviewing will see only the following pages and any attachments)

|                                    |                    |                    |             |
|------------------------------------|--------------------|--------------------|-------------|
| <b>Position/Examination Title:</b> |                    |                    |             |
| <b>Applicant's Name:</b>           |                    |                    |             |
| <b>Street or P.O. Box:</b>         | <b>City:</b>       | <b>State:</b>      | <b>Zip:</b> |
| <b>Social Security #:</b>          | <b>Home Phone:</b> | <b>Work Phone:</b> |             |

**EDUCATION:**

| Type of School           | Name & Address of School | From – To (Mo. & Yr.) | Type of Course or Major Subject | Total College | Type of Degree Recv'd |
|--------------------------|--------------------------|-----------------------|---------------------------------|---------------|-----------------------|
| High School or GED       |                          |                       | GED#                            |               |                       |
| College                  |                          |                       |                                 |               |                       |
| Graduate school or other |                          |                       |                                 |               |                       |

**LEVEL OF EDUCATION : Please check highest level of education completed.**

High School     
  Associate     
  Bachelor     
  Master     
  Doctorate

**LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE OR PROFESSION:**

| Skill, Trade or Profession | License or Certificate # | Issued by:(City, State, or Agency) | License Dates From - To | Permanent Yes No |
|----------------------------|--------------------------|------------------------------------|-------------------------|------------------|
|                            |                          |                                    |                         |                  |
|                            |                          |                                    |                         |                  |

**DRIVERS LICENSE INFORMATION:** (Complete only if the position you are applying for requires a drivers license.)

None     
  Out of State     
 \_\_\_\_\_ (Indicate State)     
  New York State

Motorist ID #: \_\_\_\_\_ Class: \_\_\_\_\_

Restrictions: \_\_\_\_\_ Endorsements: \_\_\_\_\_

**WORK EXPERIENCE: DO NOT SUBSTITUTE A RESUME FOR THIS SECTION.** Complete all information required. Describe in detail all duties performed which are relevant to the position for which you have applied. (Vagueness will not be ruled in your favor.) A resume may be attached to this application only as a supplement to the information that you are providing.

| Length of Employment<br>From:            To: | Employer       | Mailing Address |
|--|----------------|-----------------|
| Hours worked per week<br>Earnings Per Hour   | <b>Duties:</b> |                 |
| Your Title                                   |                |                 |
| Type of Business                             |                |                 |
| Supervisor                                   |                |                 |
| Reason for Leaving                           |                |                 |

|  |                 |                        |
|--|-----------------|------------------------|
| <b>Length of Employment</b><br>From:            To:      | <b>Employer</b> | <b>Mailing Address</b> |
| <b>Hours worked per week</b><br><b>Earnings Per Hour</b> | <b>Duties:</b>  |                        |
| <b>Your Title</b>  |                 |                        |
| <b>Type of Business</b>                                  |                 |                        |
| <b>Name &amp; Title of Supervisor</b>                    |                 |                        |
| <b>Reason for Leaving</b>                                |                 |                        |

|  |                 |                        |
|--|-----------------|------------------------|
| <b>Length of Employment</b><br>From:            To:      | <b>Employer</b> | <b>Mailing Address</b> |
| <b>Hours Worked per Week</b><br><b>Earnings Per Hour</b> | <b>Duties:</b>  |                        |
| <b>Your Title</b>  |                 |                        |
| <b>Type of Business</b>                                  |                 |                        |
| <b>Name &amp; Title of Supervisor</b>                    |                 |                        |
| <b>Reason for Leaving</b>                                |                 |                        |

**REFERENCES:** (List the names of three (3) individuals familiar with your abilities.)

| <b>Name</b> | <b>Address</b> | <b>Phone No</b> |
|-------------|----------------|-----------------|
| 1. _____    | _____          | _____           |
| 2. _____    | _____          | _____           |
| 3. _____    | _____          | _____           |

**IT IS THE POLICY OF THE CHEMUNG COUNTY/CITY OF ELMIRA REGIONAL CIVIL SERVICE COMMISSION TO PROVIDE FOR AND PROMOTE THE EQUAL OPPORTUNITY OF EMPLOYMENT, COMPENSATION, AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS OR CRIMINAL RECORD.**

STATEMENT: I declare that all statements made in this application (and any accompanying attachments) are true and complete to the best of my knowledge. I understand that any false statements made on this application or in interviews will result in immediate rejection or discharge from employment. I authorize the Regional Civil Service Commission to contact schools/college and former employers cited in the statement contained in this application for employment as may be necessary in arriving at an employment decision. I understand the acceptance of this application for employment by the Regional Civil Service Commission does not constitute or imply a commitment or willingness to offer employment to me in this or any other position. When required, I agree to take all physical examinations and drug screen testing and authorize the release of these confidential examinations and test results to the Regional Civil Service Commission.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_