

City of Amsterdam Civil Service

Employment and Examination Application

Leave Blank:

Date received _____ Fee Paid _____ Leave Blank: (Application) Approved D Disapproved D Conditional D

Insert Title or Position Applying for on line above

An Equal Opportunity Employer

This application is a part of your examination. Answer all questions fully and carefully in ink or typed. Some question can be answered with an "x" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information

Name Address Phone number				Are you taking exams with NYS or any other County, Town or City that being held on the same date as the exam(s) you are applying for with		
Last	First		MI	City of Amsterdam?		
				Yes 🗆	No 🗆	N/A 🗆
Street Address	PO Box			CHECK APPROPRIATE BO	XES	
City	State ZIP		7IP	Were you ever dismissed		v Employment
City	State		20	For reason other than lack of work or funds ? Yes I No		
Home Phone	Bus	iness Phone				
				Did you ever resign from	any employment rathe	er than face dismissal
SOCIAL SECURITY NUN	<u>1BER</u>					Yes 🗆 No 🗆
				Did you ever receive a dis	charge from the Arme	d Forces of the United
VETERANS' CREDITS				which was other than "ho	onorable", or which wa	as issued under other th
Do you draw additiona	l credits on this exam as	a veteran? CHEC	K ONE	honorable circumstances	?	Yes 🛛 🛛 No 🗆
YES, as a disabled war	veteran 🗖					
Yes, as a non-disabled war veteran \square				If you answer yes to any of the above questions, you must give specific		
NO 🗆				(attach additional sheets if needed)		
If "YES" please request and fill our separate form for veteran's credits.				None of the above circumstances represent an automatic bar to empl Each case is considered and evaluated on individual I merits in relation		
SPECIAL ARRANGEME				duties and responsibilities	s of the position(s) for	which you are applying
For a disability?	Yes 🗆					
An alternate Test date	Yes 🗖	No 🗆		NEW YORK STATE HUMA		
CITIZENSHIP AND AGE				I employment because of	-	-
If you are a citizen of the United States, do you have the legal right to accept				marital status, or criminal record. Accordingly nothing in this application should be viewed as expressing, , directly or indirectly, any limitations,		
employment in the United States?				specification, or discrimination as to age, race, color National origin, se		
				disability, marital status o		-
	ired to produce Alien Registi	ration Cards at time o	of appointment)	the municipality.		
Are you under 18 years	sofage YES□	NO 🗆		THIS DECLARATION MUS		actoral subject to the a
- ,				of perjury, that the staten		
If yes, or if minimum a	nd/or maximum age limit	s are established f	for the position	made in any accompanyir		
applied for, enter your				best of my knowledge and		-
Month	Day	Year				
RESIDENCE				Signature of Applicant		Date
State your actual perm	anent legal residence and	d how long you ha	ve resided there			
continually, up to and i	ncluding the date of this	application		State any other names by	which you have been	known
I	NAME	YEARS	MONTHS		MAIL OR DELIVER	<u>TO</u> :
School District				Am	sterdam Housing A	uthority
City or Village of					52 Division Stre	et
Town of					Amsterdam NY 12	010
County of				inquirv@	amsterdamhousing	
State of						