

8. Education: Have you graduated from High School? Yes No If Yes:

A. Name of School: _____

B. Location: _____

C. If you have a high school equivalency diploma, indicate:

Issuing Governmental Authority

Date of Issue

If you did not graduate from high school, circle highest year completed:

4 5 6 7 8 9 10 11

If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If more space is required for full explanation, attach additional sheets as required.

	Name of School	Location	Day or Night?	Full or Part Time?	Were you Graduated?	Type of Course or Major Subject	No. of College Credits Received	Type of Degree Received
List each College or University								
Professional or Technical School Attached								
Other Schools or Special Courses								

9. Licenses: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, complete the following questions; if not currently licensed, check this box.

Name of trade or profession	License Number	Granted by (licensing agent)	City or State of
Specialty	Date License	Registered From:	To:

10. Circle the class of your New York State Motor Vehicle License: **A B C D E M BM**

Number: _____ Date of Expiration: _____

11. Description of Experience: [an attached Resume may be substituted for the following information]:

Beginning with the most recent, describe below in detail all employments pertinent to the position sought. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be interpreted in your favor. If you have had military service which includes experience pertinent to the position, describe such experiences as a separate employment. (If more space is needed, attach additional sheets of paper). Under "Duties" for each employment, describe the nature of the work personally performed by you, with estimated percentage 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 From (mo.) ____ (yr) ____ To (mo.) ____ (yr) ____	Firm Name	Address	City & State
Earnings (Circle One) \$ _____ wk/ mo/ yr	Duties		
Type of Business:			
Your Exact Title			
No of Hrs. worked per week			
Supervisor's Title			

Length of Employment From (mo.) _____(yr) _____ To (mo.) _____(yr) _____	Firm Name	Address	City & State
Earnings (Circle One) \$ _____ wk/ mo./ yr.	Duties		
Type of Business:			
Your Exact Title			
No of Hrs. worked per week			
Supervisor's Title			

Length of Employment From (mo.) _____(yr) _____ To (mo.) _____(yr) _____	Firm Name	Address	City & State
Earnings (Circle One) \$ _____ wk/ mo./ yr.	Duties		
Type of Business:			
Your Exact Title			
No of Hrs. worked per week			
Supervisor's Title			

12. Have you ever been known by any other name? Yes No If Yes, by what name? _____

13. Are you currently in default of any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation? Yes No

14. With the exception of the Federal Service, have you ever been employed by a Governmental Agency within New York State?
 Yes No If Yes:
 Length of Employment: From (mo./yr.) _____/_____ To (mo./yr.) _____/_____
 Government Name: _____ Department: _____
 Your Title(s): _____
 (Attach additional sheets of necessary)

15. Service in armed forces: Have you ever served in the Armed Forces of the United States? Yes No

If "NO", skip to Question 18 on the next page. If "YES", and you are applying to take an examination, continue on to question 16. Otherwise, skip to Question 18.

ALL APPLICANTS: BE SURE TO SIGN THE POLICY MANUAL ACKNOWLEDGEMENT AND THE DECLARATION ON THE NEXT PAGE.

	Month	Day	Year
(A) Date of entry into active service			
(B) Date of separation from active service			
(C) Date of discharge			
(D) Service serial Number			

(E) Have you ever received a discharge from such forces which was other than honorable? Yes No

If answer is yes, give particulars:

16. Veteran's credits: _____
 A disabled or non-disabled veteran who wishes to establish eligibility for additional credits must complete items #15-17 of this application and submit photocopies of separation papers (i.e. Form DD-214, WDAGO, or NAVPERS-553) and a copy of the discharge with this application.
 Do you claim additional credits as a honorably discharged war veteran for this exam? **Check one**

1. Yes, as a disabled war veteran
(If yes, see below)
2. Yes, as a non-disabled war veteran
(If yes, see below)
3. No

17. Disabled Veteran's Credits Only - To be completed by applicants claiming disabled veteran's credits:
 Date your VC-3 "Authorization for Disability Record" was sent to the Veteran's Administration: DATE: _____

Instructions to Veterans

According to Civil Service Law, additional credits in examinations are granted to successful candidates who have claimed and established status as disabled or non-disabled veterans.

These credits are granted on the following basis:

	Open-Competitive Exams	Promotional Exams
Disabled Veteran	10	5
Non-disabled Veteran	5	2.5

These additional credits, which are combined with the final score obtained in the examination, may be granted only to passing candidates at the time of the establishment of the eligible list. Candidates are permitted a minimum period of sixty (60) days from the last filing date to submit Veteran's Credits forms for a particular examination. These forms will be accepted until such time as the eligible list is established. **Application for Veteran's credits submitted after the establishment of the eligible list shall be denied.**

Non-disabled veterans: To be considered for additional credits as a non-disabled veteran, an applicant must **submit a photocopy of discharge and a photocopy of separation papers (i.e. For DD-214) from the Armed Forces of the United States.**

Disabled veterans: In addition to the above, to be considered for additional credits as a disabled veteran, an applicant must complete **for each title, a VC-3 form in duplicate**, and forward BOTH copies immediately to the Regional Office of the United States Veterans Administration where application for disability pension is on file. The Veterans' Administration will retain a copy for its files, and will return a copy to this Department, where it will finally be processed.

To obtain additional credits in an examination as a non-disabled veteran, the documents that you submit must show:

1. That you have served on active duty with the Armed Forces of the United States in time of war:
 - World War I, from the April 6, 1917, to and including Nov. 11, 1918.
 - World War II, from Dec. 7, 1941, to and including Dec. 31, 1946.
 - Hostilities participated in by the military forces of the United States, from June 27, 1950, to an including Jan. 31, 1955.
 - Hostilities participated in by the military forces of the United States, from Feb. 28, 1961 to May 7, 1975.
 - Hostilities participated in by the military forces of the United States in Lebanon, from June 1, 1983 to Dec. 1, 1987, as established by receipt of the armed forces expeditionary medal, the Navy expeditionary medal, or the Marine Corps expeditionary medal.
 - Hostilities participated in by the military forces of the United States in Grenada, from October 23, 1983 to Nov. 21, 1983 as established by receipt of the armed forces expeditionary medal, the Navy expeditionary medal, or the Marine Corps expeditionary medal.
 - Hostilities participated in by the military forces of the United States in Panama, from Dec. 20, 1989 to Jan. 31, 1990, as established by receipt of the armed forces expeditionary medal, the Navy expeditionary medal, or the Marine Corps expeditionary medal.
 - Hostilities participated in by the military forces of the United States in the Persian Gulf, from Aug. 2, 1990 to the end of such hostilities.
2. That you were honorably discharged or released under honorable circumstances from such service.
3. That you were a resident of New York State at the time of your original entry into the Armed Forces.
4. That you are a citizen and resident of New York State at the time of establishment of the eligible list.
5. Copy of orders, if activated during Postal Strike.

To qualify for additional credits as a disabled veteran, the documents submitted by you must show, in addition to the four factors listed above, that you have a war incurred disability of at least ten (10%) percent and certified by the Veterans Administration to be in existence at the time of application for additional credits. If you do not forward the proper documentation as outlined above, you will not be granted veteran's credits. Once the eligible list is established, veteran's credits cannot be added. **THIS OFFICE WILL NOT ISSUE ANY REMINDERS TO CANDIDATES TO SUBMIT THE PROPER DOCUMENTATION.**

ALL APPLICANTS BE SURE TO SIGN THE POLICY MANUAL ACKNOWLEDGEMENT AND DECLARATION AT THE BOTTOM OF THIS PAGE!

18. Policy Manual Acknowledgement:

I acknowledge that I have received and read the City of Long Beach Employee Policy Manual, containing the City's Equal Employment Opportunity Policy, Family & Medical Leave Act ("FMLA") Policy, Drug-Free Workplace Policy, and Workplace Violence Prevention Act ("WVPA") Policy.

Date: _____ **Print Name:** _____

Signature: _____

19. 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: _____ **Print Name:** _____

Signature: _____

Mail/bring to: Civil Service Office, Room 504, City of Long Beach, 1 West Chester St., Long Beach, NY 11561