

APPLICATION FOR CITY OF UTICA YOUTH BUREAU EMPLOYMENT

City of Utica Youth Bureau, 220 Memorial Parkway, Utica, NY 13502

cloconti@cityofutica.com | (315) 223-4320 | www.cityofutica.com

Utica Municipal Civil Service Commission: (315) 792-0225

SOCIAL SECURITY# _____

POSITION TITLE _____

DATE OF BIRTH _____

Last Name

First

MI

Home#

Cell#

Home Address

Apt #

City

State

Zip

Referring to your PERMANENT LEGAL ADDRESS complete all items which apply to where you live

Name

Years

Months

What School District do you live in and for how long? _____

What City, Village or Town do you live in and for how long? _____

What County do you live in and for how long? _____

Check appropriate box to the right of each question:

- | | | |
|---|-----|----|
| A. Were you ever dismissed or discharged from any employment for reasons other than lack of Work, funds, disability or medical condition? | YES | NO |
| B. Did you ever resign from any employment rather than face dismissal? | YES | NO |
| C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was Issued under-other than honorable circumstances? | YES | NO |
| D. Are you now under charges for any crime? | YES | NO |
| E. Have you ever been convicted of any crime (felony or misdemeanor)? If yes, attach completed form, Request For Criminal Offense | YES | NO |
| F. Are you a citizen of the United States? | YES | NO |

If you answered "YES" to any of the Questions A-G above, you may give specifics under "Remarks" on page 3 of this application. If you elect not to provide specifics, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

YES NO

Are you currently or have you ever served in the Armed Forces of the United States? If yes, complete questions for Veterans Credits. VETERANS' CREDITS (See Instruction F, on page 4) If you wish to claim additional credits complete questions 1-4

YES NO

Disabled War Veteran (10 Points)

Non-disabled War Veteran (5 Points)

- | | | |
|---|-----|----|
| 1. Did you received a discharge which was honorable or were you released under honorable circumstances? | YES | NO |
| 2. Did you serve in the Armed Forces of the United States during any of the following periods?
(12/7/41-12/31/46) (6/27/50-1/31/55) (02/28/61-5/7/75) (Persian Gulf: 8/2/90-Present)
(Lebanon: 6/1/83-12/1/87) (Grenada; 10/23/83-11/21/83) (Panama: 12/20/8-1/31/90) | YES | NO |

Note: Credits for Lebanon, Grenada, and Panama will be limited to those who received the following Expeditionary Medals

- | | | |
|---|-----|----|
| 3. Since January 1, 1951, have you received a permanent appointment in New York State using your veteran's credits? | YES | NO |
| 4. At the time of this application are you currently a New York State Resident? | YES | NO |

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under penalty of perjury.

APPROVED
DISAPPROVED

(DATE STAMP BELOW)

Sign Name

Date

BE SURE TO ANSWER THIS SECTION. Section 50-b of the NYS Civil Law requires that all applicants for examination answer the following questions:

EDUCATION: Read examination announcement for educational requirements. If specialized course work is required, attach transcripts showing the required courses and credit hours you completed.

Have you graduated from high school? **IF YES, NAME AND LOCATION OF HIGH SCHOOL** **YEAR GRADUATED**
 Yes No

Do you have a high school equivalency diploma? **IF YES, ISSUING GOVERNMENTAL AUTHORITY: NUMBER DATE OF ISSUE**
 Yes No

	Name of School or College and Address	Dates of attendance (Months and Year) From To	Type of Course Or Major Subject	Number of College Credits Rec'd	Type of Degree Rec'd	Date Degree Rec'd
College University Professional Or Technical School						
Other Schools Or Special Courses						
Dates Employed MO YR MO YR / to /		Employer	Address		City and State	
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business		

Describe Specific work performed and job responsibilities:

Dates Employed MO YR MO YR / to /		Employer	Address		City and State	
Hour per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business		

Describe specific work performed and job responsibilities:

(Use this space to provide any additional information, as necessary. If more is required, attach additional 8 1/2 x 11 sheets)