## 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

POSITION TITLE		_		DATEOFBIRTH				
Last Name	First		MI	Home# Cell#				
Home Address		Apt #						
City	State	Zip						
Referring to your <u>PERN</u>	IANENT LEGAL AD	DRESS comple	ete all ite	ms which apply to where you live				
				Name Years	Months			
What School District do yo	ou live in and for how	long?						
What City, Village or Tov	wn do you live in and fo	r how long?						
What County do you live	o in and for how lange	,						
what County do you live	e in and for now long?							
Check appropriate box to	the right of each que	estion:						
				r than laok of Work, funds, disability or medical condition?	YES	N		
B. Did you ever resign from				which was asked then UTT are such latter with the way Tangard	YES YES	N N		
under-other than honorable		Forces of the Uni	ted States	which was other than "Honorable" or which was Issued	YES	N		
D. Are you now under charge					YES	N		
		or misdemeanor);	? If yes, att	ach completed form, Request For Criminal Offense	YES			
F. Are you a citizen of the U		or misdemeanor)	? If yes, att	ach completed form, Request For Criminal Offense	YES			
F. Are you a citizen of the Urou answered "YES" to any ocifics, or if such explanation	United States?  of the Questions A-G about is ins11fficient, you	ove,you may give may be required	specifics to submi	ach completed form, Request For Criminal Offense under "Remarks" on page3 of this application. If you elect further information. None of the above circumstances on to the duties and responsibilities of the position(s) for whi	et not to provide represents autor	natic '		
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BESURETOANSWERTHIS SECTION. Section 50-bofthe NYS Civil Law requires that all applicants for examination answer the following questions:

<u>EDUCATION:</u> 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 grad	uated from h	igh school	? IF YE	S, NAME <u>AND</u> I	LOCA	TION (	OF HIGH	SCHOOL		YEAR	GRADUATED
Yes	No										
Do you have a hi Yes	gh school equi No	ivalency dip	loma? IF YES	S, ISSUING GOVE	RNMI	ENTAL A	UTHORIT	Y: NUMB	BER	DATE OF 1	SSUE
	Name of Scho	ool or Colleį	ge and Address	Dates of attend (Months and Y From To	ance Year)		of Course Or Subject	Number o College Credits Ro		Type of Degree Rec'd	Date Degree Rec'd
College University Professional Or Technical School											
Other Schools Or Special Courses											
Dates Employed  MO YR   1 to	MO YR		ployer		Add	ress			City	and State	
Hours per week		Job Title		Supervisor's N	lame		Supervisor	r's Title		Type of Bu	isiness
Describe Specific v	vork performe	ed and job r	esponsibilities:	•						,	

Dates Employed	Employer	Address		City a	nd State
MO YR MO Y	/R				
l to l					
Hour per week J	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 x11sheets)