

City of Auburn Civil Service Application Memorial City Hall, 24 South Street, Room 208, Auburn, NY 13021 Website: auburnny.gov Telephone: (315) 255-4141 Fax: (315) 255-4735

POSITIO	ON or	EXAM TITLE:			
EXAM N	IUMBI	ER:			
This applic Employer. marital sta	cation m We con atus, vet	INSTRUCTIONS: This application is part of your nust be completed and signed personally by the application and applications for all positions without regard teran status, sexual orientation, or any other legally examination, application, and/or interviewing process BIOGR.	oplicant. Each question must be answered in full to race, color, religion, gender, national origin, a protected status or class. Applicants requiring a	l. We are a ge, physical a reasonable	n Equal Opportunity or mental disability,
APPLIC	ANT N	NAME:			
		Last Name	First Name		M.I.
MAILING	G ADD		01		710.0
		Street	City	State	ZIP Code
LEGAL	RESID		O't-	01-1-	710.0-1-
		Street	City	State	ZIP Code
Please ind	licate the	e number of years and/or months you have resided a	t your current LEGAL RESIDENCE listed above:	YR	- MO
PHONE	NUME	BERS: HOME: () WC	DRK: () CELL: (_)	-
EMAIL A	ADDRI	ESS:			
YES YES YES YES YES YES	NO NO NO NO	 Are you cross-filing? If you are applying fo scheduled on the same date, you must include a (315) 255-4141, or download at: https://www.aution.org/ Are you legally eligible for employment in the Employment eligibility verification will be required. If you are under 18 years of age, can you proceed to take the exam on the scheduled dimade for you to take the exam on an alternate of the accommodations due to a disparate of	r additional civil service exams (other than City of a CROSS-FILING FORM with your application. Reburnny.gov/sites/g/files/vyhlif4131/f/uploads/crossfile United States? In upon employment. Divide proof of you eligibility to work? Iligious observance? Most written tests are an atte due to a conflict with a religious observance of late. Sability? It is YOUR responsibility to submit the equested. This documentation must be submitted	py of your Auburn exacquest this followed. dministered or practice, a erequired we with your ap	on Saturdays. If you rrangements may be ritten proof, as well plication.
		CITY OF AUBURN CIVIL SERVICE Exam:	CE COMMISSION INTERNAL USE ON		
Exam N Date Ap	umbe plicat	r: ion Received:			
Exam Fo		totus Approved By:	<u> </u>		
Applica	นบก 5	tatus:Approved By: Disapproved By: Conditional By:			



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POLICE OFFICER APPLICANTS FOR EXAMINATION ONLY. Age requirements are established for this position. If you are applying to take this examination, please indicate your date of birth. Date of Birth

EDUCATIONAL BACKGROUND						
Type of School Attended	Name and Location of School	Number of Years Completed	Course of Study	Diploma or Degree Obtained		
High School						
College						
Other						
Instructions: Complete this section only if a license, certificate, or authorization to practice a trade or profession is required for the position.						
Trade or Profession	License or Certific	cate Number	Issued By: (Name of Lic	ensing Agency, City & State)		
YES NO Are you currently licensed? License or Registration Dates: FROM TO						
Present or Last	Employer					
Name of Employer			Phone	number		
Address		City	State	ZIP		
Employment Dates						
Title of Position			e and Title of Supervisor			
Description of duties	, responsibilities, and significant accomplishmen	nts				
Reason for leaving						



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Next Previous Employer			
Name of Employer		Phone number	
Address	City S	tate	ZIP
Employment Dates			
Title of Position	Name and Title of Supervisor	I .	
Description of duties, responsibilities, and significant accomplishments			
Reason for leaving			
New President Frankein			
Next Previous Employer			
Name of Employer		Phone number	
Address	City	tate	ZIP
Employment Dates			
Title of Position	Name and Title of Supervisor		
Description of duties, responsibilities, and significant accomplishments			
Reason for leaving			
Next Previous Employer			
Name of Employer		Phone number	
Address	City St	ate	ZIP
Employment Dates			
Title of Position	Name and Title of Supervisor		
Description of duties, responsibilities, and significant accomplishments			
Reason for leaving			



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References (Other than relatives or former supervisors; list three)						
Name/Occupation					Phone number	
Address		City	State	ZIP	Years Known	
Name/Occupation					Phone number	
Address		City	State	ZIP	Years Known	
Name/Occupation					Phone number	
Address		City	State	ZIP	Years Known	
Conviction Record	l Status					
Have you ever been con	victed of and/or plead guil	ty to a felony?YE	SNO			
Have you been convicted	d of and/or plead guilty to	a misdemeanor within the	last five years?	_YES NO		
If you answered 'YES' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'YES' answer to this question does not necessarily disqualify an applicant from employment with the City of Auburn. The nature of the violation and all other appropriate circumstances will be considered. The City reserves the right to reject individuals for employment based on job-related convictions.						
Date	County/State	Conviction/Explana	ition			
Date	County/State	Conviction/Explana	ition			
Date	County/State	Conviction/Explana	ition			
I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form and understand that for consideration with the City of Auburn, the City will conduct a criminal background check. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for definite period and may be terminated at any time, subject to applicable federal, state, and/or local rules and/or collective bargaining agreements. For positions subject to the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment with the City of Auburn, a pre-employment controlled substance test will be required and must be passed.						
Date	Signature					

Email to: jwhiting@auburnny.gov