



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

POSITION or EXAM TITLE: _____

EXAM NUMBER: _____

IMPORTANT INSTRUCTIONS: This application is part of your examination. Answer all questions fully and carefully. Please type or print clearly. This application must be completed and signed personally by the applicant. Each question must be answered in full. We are an Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, sexual orientation, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the examination, application, and/or interviewing process are encouraged to contact the Civil Service Office.

BIOGRAPHICAL DATA

APPLICANT NAME: _____
Last Name First Name M.I.

MAILING ADDRESS: _____
Street City State ZIP Code

LEGAL RESIDENCE: _____
Street City State ZIP Code

Please indicate the number of years and/or months you have resided at your current LEGAL RESIDENCE listed above: _____ | _____
YR MO

PHONE NUMBERS: HOME: (_____) - _____ - _____ WORK: (_____) - _____ - _____ CELL: (_____) - _____ - _____

EMAIL ADDRESS: _____

YES NO 1. Are you a war-time veteran or on active duty in the U.S. Armed Forces? If yes, check one: Disabled Non-Disabled
You must submit the required Veteran Credit forms by the date of the exam. Request these forms by calling (315) 255-4141, or download at <https://www.auburnny.gov/sites/g/files/vyhlif4131/f/uploads/vetcredit.pdf>. Include a copy of your DD-214.

YES NO 2. Are you cross-filing? If you are applying for additional civil service exams (other than City of Auburn exams) which are scheduled on the same date, you must include a CROSS-FILING FORM with your application. Request this form by calling (315) 255-4141, or download at: <https://www.auburnny.gov/sites/g/files/vyhlif4131/f/uploads/crossfile.pdf>.

YES NO 3. Are you legally eligible for employment in the United States?
Employment eligibility verification will be required upon employment.

YES NO 4. If you are under 18 years of age, can you provide proof of your eligibility to work?

YES NO 5. Do you require accommodations due to a religious observance? Most written tests are administered on Saturdays. If you are unable to take the exam on the scheduled date due to a conflict with a religious observance or practice, arrangements may be made for you to take the exam on an alternate date.

YES NO 6. Do you require accommodations due to a disability? It is YOUR responsibility to submit the required written proof, as well as a description of the accommodations being requested. This documentation must be submitted with your application.

Use this space, if needed, to provide additional information regarding Questions 1 – 6: _____

CITY OF AUBURN CIVIL SERVICE COMMISSION INTERNAL USE ONLY

Civil Service Exam: _____

Exam Number: _____

Date Application Received: _____

Exam Fee: _____

Application Status: 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				

DRIVER'S LICENSE

YES NO Do you have a current New York State Driver's License? License#: _____ Expire Date: _____

If yes, indicate class: A B CDL-C Non-CDLC D DJ E M MJ Endorsements: P (Passenger) S (School Bus)

CERTIFICATIONS OR OTHER LICENSES

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 Certificate Number _____ Issued By: (Name of Licensing Agency, City & State) _____

YES NO Are you currently licensed? License or Registration Dates: FROM _____ | _____ TO _____ | _____
MO. YR. MO. YR.

EMPLOYMENT HISTORY

Present or Last Employer	
Name of Employer	Phone number
Address	City State 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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Next Previous Employer			
Name of Employer		Phone number	
Address	City	State	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	State	ZIP
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