i 🖌 🧯 9 GLEN STH		RVICE COMMISSION OVE, NY 11542 mployer		APPLICATION I EN-COMPETITIVE EX						
PRINT IN INK OR TYPE PHO 1. (You <u>must</u> notify this commission immediately LAST NAME	ОТОСОРУ/ГАУ	X NOT ACCEPTABLE y change of name or address.)	(A) Exam Title	OT BE PROCESSED						
STREET ADDRESS										
СІТҮ	STATE	ZIP	COMMISSIC	ON USE ONLY – DO	NOT WRITE IN THIS BOX					
MAILING ADDRESS (IF DIFFERENT	FROM ABOVE) – EXPLAIN UNDER #19	(A) □ Approved CK/MO #	□ Rejected □ Co AMT:	ond. by:: REC'D. BY:					
2. CONTACT HOME INFORMATION MOBILE EMAIL	()									
3. SOCIAL SECURITY NO.			(B)	□ Rejected □ Co	nd. by:::					
4. DO YOU POSSESS A VALID N.Y. ST. □ YES □ NO If "YES" in	ATE MOTOR VE	HICLE LICENSE?	CK/MO #	AMT:	REC'D. BY:					
IF REQUIRED FOR POSITION SOUC	GHT, ATTACH A C	COPY OF YOUR LICENSE.	(C)	□ Rejected □ Co	nd. by:::					
5. HAVE YOU EVER BEEN EMPLO APPLIED FOR ANY EXAMINATION CIVIL SERVICE COMMISSION?		ERED BY THE GLEN C	OR CK/MO #							
6. RESIDENCE (PROOF MAY B List here your actual permanent legal		2	CITY OR VILLAGE	COUNTY STATE	FROM TO Mo/Yr Mo/Yr					

6. RESIDENCE (PROOF MAY BE REQUIRED)					FROM	ТО
List here your actual, permanent, legal addresses for		CITY OR VILLAGE	COUNTY	STATE	Mo./Yr.	Mo./Yr.
the last five years, including the dates that you lived	Current Residence					
there. Consult official announcement to ensure that	Previous Residence					
you meet any residency requirements before filing.	2 nd Prior Residence					

VETERAN'S CREDITS	SPECIAL ARRANGEMENTS	
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Page 1 of 4

	("VES")	answers to the following questions	s must be explained und	ler number	• 10)	VETERAN'S CREDIT								
_			-	Complete this section only if you wish to claim veteran's credits and if you have										
7.		object to this Commission making and qualifications from your pres		YES	not used veteran's credits for appointment to a position in NY State since 1/1/51.									
	characte	and quantications from your pres	sent employer :	For the purpose of claiming veteran's credits on a Civil Service examination, you must										
8.	Have yo	u ever had a driver's license suspe	ended or revoked?	YES	🗌 NO	have served, or currently serve, on active duty for purposes other than training in the								
						Armed Forces of the United States at any time during the following "time of war" periods:								
9.	Have yo	u received any summons for traffic	c violations within the	YES	🗌 NO	WWII - 12/7/41 - 12/31/46 *Lebanon - 6/1/83 - 12/1/87								
	past thre	e years?					-6/27/50-1				$3 - \frac{11}{21} \\ 83$			
10.	Except f	or the above traffic offenses, have	vou ever been	YES	🗌 NO		am – 2/28/61 - n Gulf – 8/2/9				-1/31/90 iving the Armed Force	ces.		
10.		d of any violation, misdemeanor, o					Public Health S				s expeditionary meda			
11	A .1						7/29/45 -							
11.	Are there	e any criminal charges pending ag	ainst you at this time?	YES	🗌 NO		6/27/50	- 7/3/52						
12.		u ever dismissed from employmer	nt for reasons other	YES	🗌 NO									
	than redu	action in staff?				In add	lition you mus	it:						
NOT		WERE EVER FINGERPRINTED OR		(a)										
	М	JST GIVE DETAILS (DATE AND POS	ITION APPLIED FOR) UN	NDER #19		(1-)	,	You must submit	•		,			
13.	DO YOU	HAVE A LICENSE OR CERTIFICATE T	O PRACTICE A TRADE O	R PROFESSI	ION:	(b)	(b) Be currently on active duty – for purposes other than training. (Proof must be by military ID or orders). You will be notified as to how to provide							
	(If Yes, an	d if required for this position/exam, you m	ust attach a photocopy)	YES	NO NO	proof of Honorable Discharge or release under honorable conditions.								
14.	EDUCA	TION:				15. Have you used veteran's credits for appointment to a								
		special coursework is required for				position in N.Y. State since $1/1/51$?						NO		
	details (Fitle, date completed, school/agene	cy attended, etc.) under	question #	#19.		(If so, you ma	ay not use them a	igain!)					
А.	Do you l	nave a High School or Equivalency	y Diploma?			16. Do you wish to claim regular veteran's credits?						NO		
	□ YES	- Name & location of H.S. or issu	ing authority:			17. Do you wish to claim DISABLED veteran's credits?								
								pt of Veteran's A				NO		
	🗌 NO -	Indicate grade completed:						abled in the actua						
B.	Was pro	of ever submitted to this office?		T YES	🗌 NO			e of war" period exists at the time						
NO		nere college education is require	d if not already or fi				•			,	ated by an accredi	itad		
		ir school send an official transcr	· ·		si nave			and an original				ucu		
Type of Dates Attended Type of							Did you	Date Degree/	No. of	Туре	Was proof submit			
	chool	Name and Location	From – To (Mo./Yr.) (Mo./Y	Course/N		Graduate?	Diploma Received	Credits	of	to this office?				
Coll	ege.				Received	Received	Degree	Yes (date) or N	10					
Univ	versity,													
	essional,		-											
Trad	nnical, or le		-											
Linu	~~				I	1	I	I						

18. EXPERIENCE: Describe here all relevant experience (including volunteer or military) starting with the most recent. Include all employment for the last five years, as well as any relevant experience prior to that. (If not employed during part or all of last five years, so state). In addition, you MUST:

- 1. Under "Duties" describe work personally done by you.
- 2. Estimate percentage of time spent on all work.

- 4. If more than one title at same employer, list as separate employment.
- 5. If more space is needed, attach extra $8\frac{1}{2} \times 11$ sheets of paper.

3. Indicate size & type of workforce supervised, if any, and extent of supervision

6.	This section mus	t be com	pleted ev	en if a re	ésumé is s	submitted.

(a) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
Your title: Reason for leaving:	Duties:		L I	
(b) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
Your title: Reason for leaving:	Duties:		t	
(c) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
Your title: Reason for leaving:	Duties:			
(d) Employer – Name/Address	Type of Business	Dates you worked there From (Mo./Yr.) To (Mo./Yr.)	Hours worked per week	Name and title of your supervisor
Your title: Reason for leaving:	Duties:		L	

19. Use this space to explain "yes" answers to questions 7 - 12, and for details of special coursework, where required. Do not use for additional information regarding experience. Rather, attach additional 8 $\frac{1}{2}$ " x 11" sheets of paper for that purpose.

20. DECLARATION: I declare, subject to the penalties of perjury, that I have examined all statements made in this application (including statements made in accompanying papers) and to the best of my knowledge all statements are true and correct.

⇒ Applicant's Signature: ______

Date:

NOTE: Your application cannot be processed until a Confidential Supplement is filed. Submit all forms directly to Civil Service. Each application is reviewed in relation to the examination involved.

All q Com	application cannot be processed by the Civil Service Con uestions must be answered or your application <u>will not</u> be plete this form and send it with your examination application T IN INK OR TYPE	processed.				ress.				
1.	Name (Last, First M.I.):		List any other last name by which you have been known:							
2.	APPLICANTS WITH A DISABILITY: Will you need accommodation in taking an examination of Requests for accommodations must be addressed to this of writing from your doctor specifying the disability involve Accommodation determination to be made by the New Y (Please check the "Special Arrangements" box on the fro	Commission ed and the ad ork State D	at the above a accommodation epartment of C	s requested.	Yes	🗌 No				
3.	RELIGIOUS ACCOMMODATION: Do you require an alternate test date due to a conflict with (Please check the "Special Arrangements" box on the fro			r practice?	Yes	🗌 No				
4.	DEMOGRAPHICS (OPTIONAL) GenderThis information is used to evaluate our recruitment programs. Your confidential and voluntary reply is appreciated and will in no way affect your employment application.Image: Constraint of the second	male	e/Ethnicity:	Black (not Hispanic (not Indigenous	luding Indian) of Hispanic o regardless of r s (American Ir of Hispanic o	rigin) ace) ndian or Eskimo)				
5.	FOR POLICE OFFICER APPLICANTS ONLY Police Officer minimum qualifications require the collection of this information to determine eligibility for examination and/or appointment.	Date of Birth: Years of Military Experience: Are you a citizen of the United States?								

DECLARATION:

CAEN COVE 1

⇔

I declare, subject to the penalties of perjury, that all statements made in this application (including statements made in accompanying papers) have been examined by me and to the best of my knowledge are true and correct.

➡ Applicant's Signature:

City of Glen Cove

	"our "our	ED INORK	9 Glen Street Glen Cove, NY 11542						AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION									GCCS-2R (9/13)						
. .									6.01	a			CI.	a	a	1 G		a					G	

I do hereby authorize release, to the **City of Glen Cove** (including the **Glen Cove Civil Service Commission** and the **Glen Cove Police Department**) my personal documents and records including, but not limited to, the following: employment, motor vehicle, criminal history, taxing authorities, armed services, credit bureaus, government agencies, medical-hospital, school, and probation/parole.

I agree to waive all privileges arising out of the confidential nature of such records and to release any entity providing such records, its employees and all agents from any and all actions, causes of action and liability whatsoever to me, or to my heirs or assigns forever, arising from the furnishing of such information.

I have read and fully understand the contents of this "Authorization for Release of Personal Information". I affirm under penalties of perjury that all statements made on this application supplement are true.

A PHOTOCOPY/ FACSIMILE OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY/FACSIMILE DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

Date:

AUGUODIZA TION DOD

CONFIDENTIAL SUPPLEMENT TO EXAMINATION APPLICATION

GCCS-2A (5/21)

City of Glen Cove 9 Glen Street Glen Cove, NY 11542