

YOU MUST THOROUGHLY COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS OFFICIAL APPLICATION FORM WHETHER YOU SUBMIT A RESUME OR NOT.

(Those interviewing will see only the following pages and any attachments)

EDUCATION:

Type of School	Name & Address of School	From – To (mo. & yr.)	Type of Course or Major Subject	Total Yrs. College	Type of Degree Recv'd
High School or GED			GED #		
College					
School or other					

LEVEL OF EDUCATION: Please check highest level of education completed.

High School Associate Bachelor Master Doctorate

Licenses/Certificates Or Other Authorizations To Practice A Skill, Trade Or Profession:

Skill, Trade or Profession	License or Certificate #	Issued by: (City, State or Agency)	License dates From – To	Permanent Yes or No

Drivers License Information: (Complete only if the position you are applying for requires a drivers license.)

_____None _____Out of State _____(Indicate State) _____New York State

Motorist ID #: _____ Class: _____

Restrictions: _____ Endorsements: _____

WORK EXPERIENCE: DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. Complete all information required.

Describe in detail all duties performed which are relevant to the position for which you have applied. (Vagueness will not be ruled in your favor.) A resume may be attached to this application only as a supplement to the information that you are providing.

Length of Employment From: To:	Employer:	Mailing Address:
Hours worked per week: Earnings per week:	Duties	
Position/Title:		
Type of Business:		
Name & Title of Supervisor		
Reason for leaving:		

Length of Employment From: To:	Employer:	Mailing Address:
Hours worked per week: Earnings per week:	Duties	
Position/Title:		
Type of Business:		
Name & Title of Supervisor		
Reason for leaving:		

Length of Employment From: To:	Employer:	Mailing Address:
Hours worked per week: Earnings per week:	Duties	
Position/Title:		
Type of Business:		
Name & Title of Supervisor		
Reason for leaving:		

REFERENCES: (List the names of three (3) individuals familiar with your abilities.)

Name	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

STATEMENT: I declare that all statements made in this application (and any accompanying attachments) are true and complete to the best of my knowledge. I understand that any false statements made on this application or in interviews will result in immediate rejection or discharge from employment. I authorize the Regional Civil Service Commission to contact schools/college and former employers cited in the statement contained in this application for employment as may be necessary in arriving at an employment decision. I understand the acceptance of this application for employment by the Regional Civil Service Commission does not constitute or imply a commitment or willingness to offer employment to me in this or any other position. When required, I agree to take all physical examinations and drug screen testing and authorize the release of these confidential examinations and test results to the Regional Civil Service Commission.

Date: _____ **Signature:** _____

Please mail the application to: CVRHN ~ 103 Washington St., PO Box 588 ~ Elmira, NY 14902-0588