





**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.*

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

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

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

**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**