

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 2

1. Are you now serving or have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes?
Yes No

If "No", omit questions 2 through 5.

2. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? Yes No

NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.

3. Did you serve in the Armed Forces of the United States during any of the following periods?

- A. December 7, 1941 to December 31, 1946
- B. June 27, 1950 to January 31, 1955
- C. December 22, 1961 to May 7, 1975

D. August 2, 1990 to "date to be determined"

E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952
Yes No

Did you receive an expeditionary medal for any of the following conflicts?

- F. Lebanon - June 1, 1983 to December 1, 1987
- G. Grenada - October 23, 1983 to November 21, 1983
- H. Panama - December 20, 1989 to January 31, 1990

Yes No

I. I am currently on active duty (for other than training purposes).
Yes No

4. Since January 1, 1951, have you ever used additional credits as a veteran for **appointment** to any position in the public employment of New York State or any of its civil divisions?
Yes No

Yes No

5. Are you: A non – disabled war veteran _____
A disabled war veteran _____

Disabled and non-disabled war veterans who are eligible for additional credits must submit an application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed forms must be received in the office before the eligible list for this examination is established.

6. Do you have a valid license to operate a motor vehicle in New York State? _____ Yes - Class _____
_____No

7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a:

A. _____Sabbath Observer and cannot be tested on Saturdays for religious reasons.

B. _____Disabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application.

8. **EXAMINATIONS IN OTHER JURISDICTIONS** - Candidates wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of consideration may not be approved if received after the announced last file date for the examination.

The following sections on education and work experience must be filled in completely. A resume is not sufficient.

9. Have you graduated from high school? Yes No If not, what grade did you complete? _____
Name _____ of _____ school/issuing _____ agency _____
Address: _____
Equivalency diploma #: _____

For College, University, Professional, Technical and other schools or special courses, please provide copies of transcript s.

Name of school and its location	Dates of Attendance From: / / To: / / (month/year)	Full or Part Time	# of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	___/___/___ To ___/___/___							
	___/___/___ To ___/___/___							
	___/___/___ To ___/___/___							
	___/___/___ To ___/___/___							

