

CITY OF ITHACA
OFFICE OF HUMAN RESOURCES / CIVIL SERVICE
 CITY HALL
 108 E. GREEN STREET
 ITHACA, NEW YORK 14850
 (607) 274-6539
 FAX: (607) 274-6574
 Web address: <https://ithaca-portal.mycivilservice.com>
APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR OFFICE USE ONLY

Date Received: _____

Approved: _____

Conditionally Approved: _____

Conditions: _____

Disapproved: _____

Other: _____

POSITION TITLE AND EXAM NUMBER (if relevant)

PLEASE ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in ink or type.
 Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

1. NAME AND RESIDENCE	2. SOCIAL SECURITY NUMBER																		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Last</td> <td style="width:33%;">First</td> <td style="width:33%;">MI</td> </tr> <tr> <td colspan="3">Street Address or Post Office Box</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Telephone Number: ()</td> <td colspan="2">Cell Phone: ()</td> </tr> <tr> <td colspan="3">Email Address: _____</td> </tr> </table> <p align="center">Immediate Notice should be given of any change in Post Office Box or Street Address</p>	Last	First	MI	Street Address or Post Office Box			City	State	Zip	Telephone Number: ()	Cell Phone: ()		Email Address: _____			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> <td style="width:33%; height: 20px;"></td> </tr> </table>			
Last	First	MI																	
Street Address or Post Office Box																			
City	State	Zip																	
Telephone Number: ()	Cell Phone: ()																		
Email Address: _____																			

3. Are you under 18 years of age? YES NO If yes, or if minimum age limits are established for the position applied for, enter your date of birth here: Month _____ Day _____ Year _____

4. Legal residence. Please state your permanent legal residence and indicate for how long you have resided there continuously, up to and including, the date of this application.

	Yrs	Mos.
School District _____		
County of _____		
State of _____		

Are you a resident of the City of Ithaca? YES NO

5. Check appropriate answer for each question:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No

B. Did you ever resign from any employment rather than face dismissal? Yes No

If you answered "YES" to any of the questions above, give specifics under REMARKS on the last page of this application. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

Background Investigation: Applicants may be required to undergo a State and national criminal history background investigation, including the sex offender registry in New York, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Special Requirement for Appointment in the Ithaca City School District: Per Chapter 180 of the Laws of 2000, and by Regulations of the Commissioner of Education, to be employed in a position designated by the Ithaca City School District as involving direct contact with students, a clearance for employment from the State Education Department is required.

6. Do you have the legal right to accept employment in the US? YES NO
 Proof of identity and eligibility will be required upon employment.

The City of Ithaca's Workforce Diversity Plan promotes the creation of an inclusive work environment that will enable its employees to maximize their full potential. We invite those who value diversity and inclusion to seek employment with the City of Ithaca.

7. Are you an exempt volunteer firefighter as defined below? YES NO

In order to qualify as an **Exempt Volunteer Firefighter**, you must meet the following criteria as specified in the New York State General Municipal Law:

1. You must be, or have been, a member of a volunteer fire company duly organized under the laws of the State of New York; and
2. You must have, since attaining the age of eighteen (18), faithfully actually performed service in the protection of life and property from fire within the territory immediately protected by the company of which you are or were a member, For a period of five (5) years; and
3. You must possess a certificate issued by the volunteer fire company and signed by the president, captain, foreperson or secretary of the company in the presence of a notary public, verifying the dates of your service with the company and your standing within said company; and
4. You must possess a certified record of the certificate described in (3), issued by the County Clerk within the State of New York with which the certificate was filed.

8. 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? If not, omit 9-12 YES NO

9. If "YES", did you receive a discharge which was honorable or were you released under honorable circumstances? YES NO

10. Did you serve in active duty in the Armed Forces of the United States during any of the following periods? YES NO

- a. December 7, 1941 to December 31, 1946;
- b. June 27, 1950 to January 31, 1955;
- c. February 28, 1961 to May 7, 1975;
- d. Lebanon – June 1, 1983 to December 1, 1987 (expeditionary medal required)
- e. Grenada – October 23, 1983 to November 21, 1983 (expeditionary medal required)
- f. Panama – December 20, 1989 to January 31, 1990 (expeditionary medal required)
- g. Persian Gulf – August 2, 1990 to the end of such hostilities (not yet determined)

If yes, what was your date of entry? _____

Also, what was your date of separation? _____

11. Veterans Credits. Do you claim additional credits on this examination as an honorably discharged veteran?
(See instructions on page 10 of application.)

- Yes, as a disabled war veteran
- Yes, as a non-disabled war veteran
- No.

12. Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? YES NO

13. Have you ever worked for the City of Ithaca, Ithaca City School District or Ithaca Housing Authority? YES NO

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

SIGNATURE OF APPLICANT

DATE

State any other name you have used in education or employment:

**NOTE: When filling out your application, check to make sure that all questions have been answered.
An incomplete application may result in its disapproval. A resume may not be substituted.**

**YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS CITY OF ITHACA APPLICATION FORM
REGARDLESS OF WHETHER YOU SUBMIT A RESUME.**

Applicant's Name _____	Title of Position and Examination Number (if relevant) _____
Applicant's Address _____	Applicant's Phone Number Home: () _____
Email Address _____	Work: () _____ Cell phone: () _____

EDUCATION

Have you graduated from high school? YES NO

If yes, give name and location of High School: _____

If you are not a high school graduate, do you have a high school equivalency diploma? YES NO

If yes, Name of Issuing Authority: _____

Number: _____

Date of Issue: _____

If you are not a high school graduate and do not possess a high school equivalency diploma, please indicate the highest grade you completed: _____

COLLEGE EDUCATION

	Name of School and City in which located	Dates of Attendance (Month and Year)		Day or Night	Full Or Part Time	No. of Years Credited	Have you Graduated?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Rec'd or Expected
		From	To								
College, University, Professional or Technical School											

OTHER SCHOOLS OR SPECIAL COURSES

Name of School and City in which located	Dates of Attendance (Month and Year)		Day or Night	Full or Part Time	Have you Graduated?	Type of Course or Major Subject	Type of Certificate or Degree Received	Date Degree Rec'd or Expected
	From	To						

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Applicant's Address _____	Applicant's Phone Number Home: () _____
Email Address _____	Work: () _____ Cell phone: () _____

LICENSES AND CERTIFICATIONS

Driver's License (please attach a copy)

Do you have a valid driver license that allows you to operate a motor vehicle in the State of New York? Yes No

If yes, class: _____
 Endorsements: _____
 Expiration Date: _____
 State: _____ Number: _____

Note: Positions which require a Commercial Driver's License are required to participate in a mandatory drug and alcohol testing program.

PROFESSIONAL LICENSES & CERTIFICATIONS (please attach a copy)

(includes licensed professions, health or first aid certifications, etc.)

1.	Name of Trade or Profession	License Number	Granted by (licensing agency)		City or State of
	Specialty	Date License First Issued	Registered	From: (Mo./Yr.)	To: (Mo./Yr.)
2.	Name of Trade or Profession	License Number	Granted by (licensing agency)		City or State of
	Specialty	Date License First Issued	Registered	From: (Mo./Yr.)	To: (Mo./Yr.)
3.	Name of Trade or Profession	License Number	Granted by (licensing agency)		City or State of
	Specialty	Date License First Issued	Registered	From: (Mo./Yr.)	To: (Mo./Yr.)
4.	Name of Trade or Profession	License Number	Granted by (licensing agency)		City or State of
	Specialty	Date License First Issued	Registered	From: (Mo./Yr.)	To: (Mo./Yr.)

WORK EXPERIENCE

A. Were you ever dismissed or discharged from any employment for reasons *other* than lack of work or funds?

YES NO

B. Did you ever resign from any employment rather than face dismissal?

YES NO

If you answered "YES" to either of the above questions, please provide details:

**YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS CITY OF ITHACA APPLICATION FORM
REGARDLESS OF WHETHER YOU SUBMIT A RESUME.**

Applicant's Name _____	Title of Position and Examination Number (if relevant) _____
Applicant's Address _____	Applicant's Phone Number Home: () _____
Email Address _____	Work: () _____
	Cell phone: () _____

WORK EXPERIENCE (continued)

DESCRIPTION OF EXPERIENCE: Beginning with the most recent, describe below in detail ALL employments. You are responsible for submitting an accurate, adequate and clear description of your experience. Regardless of whether you attach a resume. IF YOUR TITLE OR DUTIES CHANGED MATERIALLY IN THE COURSE OF YOUR SERVICE IN ANY ONE ORGANIZATION, INDICATE SUCH CHANGE CLEARLY AND AS A SEPARATE EMPLOYMENT. (If more space is needed, attach 8 1/2" x 11" sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

Length of Employment From To <small>Mo. Yr. /Mo. Yr.</small>	Firm Name	Address	City and State
Type of Business	DUTIES:		
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
Average # hours worked per week:			
Number of people supervised:			
Reason for Leaving:			

Length of Employment From To <small>Mo. Yr. /Mo. Yr.</small>	Firm Name	Address	City and State
Type of Business	DUTIES:		
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
Average # hours worked per week:			
Number of people supervised:			
Reason for Leaving:			

YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS CITY OF ITHACA APPLICATION FORM REGARDLESS OF WHETHER YOU SUBMIT A RESUME.

Applicant's Name _____	Title of Position and Examination Number (if relevant) _____
Applicant's Address _____	Applicant's Phone Number Home: () _____
Email Address _____	Work: () _____
	Cell phone: () _____

WORK EXPERIENCE (continued)

Length of Employment From To <small>Mo. Yr. /Mo. Yr.</small>	Firm Name	Address	City and State
Type of Business	DUTIES:		
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
Average # hours worked per week:			
Number of people supervised:			
Reason for Leaving:			

Length of Employment From To <small>Mo. Yr. /Mo. Yr.</small>	Firm Name	Address	City and State
Type of Business	DUTIES:		
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
Average # hours worked per week:			
Number of people supervised:			
Reason for Leaving:			

ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

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Applicant's Name _____	Title of Position and Examination Number (if relevant) _____
Applicant's Address _____	Applicant's Phone Number Home: () _____ Work: () _____ Cell phone: () _____
Email Address _____	

WORK EXPERIENCE (continued)

Length of Employment From To <small>Mo. Yr. /Mo. Yr.</small>	Firm Name	Address	City and State
Type of Business	DUTIES:		
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
Average # hours worked per week:			
Number of people supervised:			
Reason for Leaving:			

Length of Employment From To <small>Mo. Yr. /Mo. Yr.</small>	Firm Name	Address	City and State
Type of Business	DUTIES:		
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
Average # hours worked per week:			
Number of people supervised:			
Reason for Leaving:			

ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

The State of New York and the City of Ithaca prohibit discrimination in employment based on the actual or perceived age; creed; criminal history; color; disability; domestic violence victim status; ethnicity; familial status; gender; gender identity or expression; height; weight; immigration or citizenship status; marital status; military status; national origin; predisposing genetic characteristics; race; religion; sexual orientation; or socioeconomic status of an individual.

**YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS CITY OF ITHACA APPLICATION FORM
REGARDLESS OF WHETHER YOU SUBMIT A RESUME.**

Applicant's Name _____	Title of Position and Examination Number (if relevant) _____
Applicant's Address _____	Applicant's Phone Number Home: () _____ Work: () _____ Cell phone: () _____
Email Address _____	

VOLUNTEER EXPERIENCE

<u>Dates of Service</u>	<u>Name of Organization</u>	<u>Address</u>	<u>City, State, Zip</u>
Average number of hours volunteered each week:	<u>Description of Duties:</u>		
Name of person who can verify volunteer experience:			

<u>Dates of Service</u>	<u>Name of Organization</u>	<u>Address</u>	<u>City, State, Zip</u>
Average number of hours volunteered each week:	<u>Description of Duties:</u>		
Name of person who can verify volunteer experience:			

<u>Dates of Service</u>	<u>Name of Organization</u>	<u>Address</u>	<u>City, State, Zip</u>
Average number of hours volunteered each week:	<u>Description of Duties:</u>		
Name of person who can verify volunteer experience:			

<u>Dates of Service</u>	<u>Name of Organization</u>	<u>Address</u>	<u>City, State, Zip</u>
Average number of hours volunteered each week:	<u>Description of Duties:</u>		
Name of person who can verify volunteer experience:			

<u>Dates of Service</u>	<u>Name of Organization</u>	<u>Address</u>	<u>City, State, Zip</u>
Average number of hours volunteered each week:	<u>Description of Duties:</u>		
Name of person who can verify volunteer experience:			

Applicant's Name	Title of Position and Examination Number (if relevant)
Applicant's Address	Applicant's Phone Number Home: () _____ Work: () _____ Cell phone: () _____
Email Address	

MILITARY EXPERIENCE

1. If you served in the military, did you receive an honorable discharge or were you released under honorable circumstances? YES NO

If No, Please explain:

2. Did you serve on Active Duty or in the Reserves? Active Duty _____ Years Reserve _____ Years

DESCRIPTION OF EXPERIENCE: Beginning with the most recent, describe below in detail ALL tours of duty relevant to the position you applying for. Please indicate your rank, job title and length of time serving in this position. You are responsible for submitting an accurate and clear description of your experience regardless of whether you attach a resume. Under duties section, please describe the nature of the work personally performed by you, with an estimated percentage of time spent on each type of work. Indicate the size and kind of workforce if any, supervised by you and the extent of the supervision

Dates of Service	Name of Unit	Address	City, State, Zip
Job Title:		Duty Description:	
Rank:			
Supervisor:			
Number of Hours worked per week:			
Number of people supervised:			

Dates of Service	Name of Unit	Address	City, State, Zip
Job Title:		Duty Description:	
Rank:			
Supervisor:			
Number of Hours worked per week:			
Number of people supervised:			

Dates of Service	Name of Unit	Address	City, State, Zip
Job Title:		Duty Description:	
Rank:			
Supervisor:			
Number of Hours worked per week:			
Number of people supervised:			

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, please carefully read the exam announcement or job posting.

When completing your application be sure to enter, at the top of all pages, the position title and the examination number (if relevant) which identifies the examination or position for which you are applying.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for or actual participation in the examination to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score.

Call or email this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. SPECIAL TESTING ARRANGEMENTS

If you require special testing arrangements or assistance for religious accommodation or disability, please include a separate letter requesting the accommodations you need.

D. CHANGE OF ADDRESS AND/OR PHONE NUMBER

Notify this agency immediately of any change of address and phone number. When writing, give the number and the title of examination (if relevant).

E. CROSS-FILING

If you have applied for any other Civil Service examinations for employment with New York State or any other local government jurisdiction, you must make arrangements to take all the examinations at one test site.

If you have applied for both State and local government examinations, you must take all of your examinations at the State examination center. You must advise us no later than two weeks prior to the test date that you have also applied for one or more State examinations, and indicate the exams for which you have applied. You will be advised by letter when and where to report for your examinations.

If you have applied for other local government examinations, call or write to each Civil Service Agency to make arrangements no later than two (2) weeks before the date of examinations. You must notify all local government civil service agencies with whom you have filed an application of the test site at which you wish to take your examination(s). For this examination call (607) 274-6539 or write the City of Ithaca Human Resources Department - 108 East Green Street - Ithaca, NY 14850.

F. VETERANS CREDITS

If you are making a claim for veterans credits with this application, be sure you read the following information very carefully.

Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans credits, you must check (✓,) the appropriate category in question 11 and answer all questions 8-12. Failure to do so, accurately and completely, may result in a denial of your claim.

If you are claiming credits as a disabled war veteran you must in addition to meeting the requirements as indicated by a "YES" answer to questions 8-11 and a "NO" answer to question 12, be certified by the veteran's administration as having a service-connected disability rated at ten (10) percent or more, which was incurred during a "Time of War" as indicated in question 10.

Veterans will be sent forms on which to establish their eligibility for additional credits, if they meet the established criteria. These forms must be completed and filed with the Human Resources Department prior to the establishment of the eligible list. Qualified non-disabled and disabled veterans who obtain passing marks on the examination are entitled to additional credits of 5 and 10 points respectively, provided they have not used such credits to obtain a permanent appointment or promotion subsequent to January 1, 1951.

* Credit for Lebanon, Grenada, and Panama will be limited to those who received the armed forces expeditionary medal, the navy expeditionary medal, or the marine corps expeditionary medal. The DD-214 form is required to verify military service and should also contain verification of possession of expeditionary medals for Lebanon, Grenada, or Panama.

G. BACKGROUND INVESTIGATION:

Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 " x 11" sheet.)



CITY OF ITHACA

108 East Green Street Ithaca, New York 14850-5690

OFFICE OF HUMAN RESOURCES / CIVIL SERVICE

Telephone: 607 / 274-6539 Fax: 607 / 274-6574 E-mail: hrdept@cityofithaca.org

CRIMINAL HISTORY APPLICATION SUPPLEMENT

This form must be completed if you are applying for any of the following:

- *Law enforcement positions*
- *All City Department Heads and Deputy Department Heads*
- *Youth service positions*
- *All Ithaca Housing Authority positions*

PLEASE CHECK THE JOB POSTING OR EXAM ANNOUNCEMENT TO DETERMINE WHETHER THIS FORM IS REQUIRED.

Applicant name:

Position/Examination for which applying:

- | | | |
|---|-----|----|
| 1. Have you ever been convicted of any crime (felony or misdemeanor)? | Yes | No |
| 2. Are you currently under charges for any crime? | Yes | No |

INSTRUCTIONS

If you have been convicted of a crime, or have criminal charges currently pending against you, you must list all prior convictions and pending charges and provide the details requested below. A **Certificate of Disposition** for each conviction must also be provided. Certificates of Disposition are issued by the court that had jurisdiction over the criminal case, and can be obtained from that court. Additionally, if you have received a **Certificate of Good Conduct** or a **Certificate of Relief from Civil Disabilities**, please provide that documentation as well.

In most cases, conviction of a criminal offense does not constitute an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position or examination for which you are applying, in accordance with the provisions of Article 23-A of NYS Corrections Law.

Criminal Offense	Date of Conviction	City and State In Which Convicted	Disposition/Sentence

I affirm that the statements made on this attachment to my application are true under the penalties of perjury.

Signature of applicant

Date

HR Use Only

- | | |
|---|---|
| <input type="checkbox"/> HR Reviewed _____ | <input type="checkbox"/> Hiring Supervisor Notified of Approval or Disqualification |
| Fingerprint scan: <input type="checkbox"/> Not required | <input type="checkbox"/> Required and reviewed <input type="checkbox"/> Results match information provided by candidate |

Candidate Demographic Questionnaire

This confidential and voluntary reply will be used to evaluate recruitment, application, interview and hiring methods. This reply will be used for statistical purposes and will be separated from your application prior to consideration for acceptance or employment.

1. What position are you applying for?

2. Date:

3. Social Security Number:

4. Sex: Male Female Non-Binary

5. Age:

6. Race/Ethnicity:

- Hispanic or Latino – a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- White (Non Hispanic or Latino) – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American (Non Hispanic or Latino) – a person having origins in any of the black racial groups.
- Asian (Non Hispanic or Latino) – a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- Native Hawaiian or other Pacific Islander (Non Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaskan Native (Non Hispanic or Latino) – a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Please identify your tribal affiliation or community attachment.

- Multi Ethnic – a person having origins in more than one of the groups listed above. Please check all appropriate boxes above.

7. Do you have a disability? Yes No



CITY OF ITHACA

108 East Green Street Ithaca, New York 14850-5690

OFFICE OF HUMAN RESOURCES / CIVIL SERVICE

Telephone: 607 / 274-6539 Fax: 607 / 274-6574 E-mail: hrdept@cityofithaca.org

In order to assess the effectiveness of our recruitment efforts please complete the following and return with your application.

I became aware of the (Title of Position) _____ position through:

_____ Newspaper Advertisement
Publication: _____

_____ Website
Name of site: _____

_____ Informal Network

_____ Job Posting

_____ Other:

Thank You.