

COUNTY OFFICE BUILDING
411 MAIN STREET — CATSKILL, NY 12414
PHONE 518-719-3253 — FAX 518-719-3772
www.greenegov.com

DATE RECEIVED

APPLICATION FOR NON-COMPETITIVE APPOINTMENT

Position with _____
(NAME OF COUNTY DEPART, MUNICIPALITY OR SCHOOL DISTRICT)

as _____
(TITLE OF POSITON)

The CIVIL SERVICE LAW provides that the application should be submitted to the GREENE COUNTY CIVIL SERVICE COMMISSION for approval prior to appointment.

CSC ACT APPROVAL DATE

ANSWER ALL QUESTIONS FULLY AND CAREFULLY IN INK OR TYPEWRITER

1. Name (Please print)

Last First Middle Int.

Street Address (Legal Address)

Town/Village State Zip Code

Phone (home) Phone (cell)

2. Mailing address (if different from above)

3. E-mail Address

4. Social Security

5. State your County and School District of legal residence

School District _____/Years/Months

County of _____/Years/Months

6. Are you an Exempt Volunteer Fireman? YES NO

7. Have you served in the Armed Forces of U. S. during the time of war? YES NO

8. Have you ever been indicted for, or convicted of any violation of law other than minor traffic violations? YES NO

9. Have you ever been dismissed from employment for reasons other than lack of work or funds? YES NO

If you answer "YES" to questions #8 and/or #9 you may give more specifics under "REMARKS" in section #10. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

#10 REMARKS:

10. Do you hold the necessary license YES Type of License or certifications for this position NO or Certificate

Number

Expiration Date

11. EDUCATION AND TRAINING

Name and Location of School

No of Years Completed

Did You Graduate

Type of Course or Remarks

Elementary: _____

High School: _____

Other School or Courses

12. EXPERIENCE: List below your work experience for the last five years

Dates of Employment

Name & Address of Employer

Type of Business

From

To

Title and Duties of Position

*DESCRIBE in greater detail on the reverse side any experience which you have that is pertinent to the position for which you are applying for.

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

Date: _____

SIGNATURE OF APPLICANT

ANY OTHER KNOW LEGAL NAME