APPLICATION FOR EXAMINATION OR EMPLOYMENT

READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING: This application is part of the examination and must be filled out completely and accurately. Answer all questions fully in black or blue ink. Attach additional sheets/documents if needed to give complete information. A separate application must be filed for each examination.

CITY OF WHITE PLAINS IS AN EQUAL OPPORTUNITY EMPLOYER
It is the policy of the City of White Plains to provide for and promote the equal opportunity of employment, compensation and other terms and conditions of employment without discrimination because of age, race, color, religion, national origin, sex, medical condition or disability, marital status, military or veteran status, gender identity, sexual orientation, criminal convictions or any other classification protected by Federal, State or Local Law.

(PLEASE PRINT OR TYPE)

1. EXAM TITLE

2. SOCIAL SECURITY NUMBER

3. LAST NAME

4. Do you have a change of name, use an assumed name or nickname?

☐ No  ☐ Yes, indicate here:

5. LEGAL RESIDENCE: Street Address

City

State Zip

6. MAILING ADDRESS: (If different from Legal Residence) Street Address

City

State Zip

7. Are you a legal City of White Plains Resident?

☐ No  ☐ Yes, since: ___ / ___ / ___

8. Home Phone ( )

Cell Phone ( )

9. E-MAIL ADDRESS

@

☐ gmail.com  ☐ yahoo.com

10. Are you taking another Civil Service Exam on the same date? ☐ Yes  ☐ No

11. Are you requesting an alternate test date? ☐ Yes  ☐ No

12. Are you requesting special testing arrangements as a religious observer, active duty military or person with disability? ☐ Yes  ☐ No

IF “YES”, YOU MUST COMPLETE THE APPROPRIATE SECTION (ON THE BACK OF THIS APPLICATION)

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. PURSUANT TO SECTION 210.45 OF THE NEW YORK PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLA ST “A” MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

This affirmation and authorization for release of personal information must be completed. By my signature below, I authorize the City of White Plains, and/or its respective Departments, Offices, Agencies, Boards or Authorities to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. This authorization gives my consent for full and complete disclosure of records. I further release the City of White Plains, and/or its respective Departments, Offices, Agencies, Boards or Authorities, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand this “Affirmation and Authorization for Release of Personal Information” and have acknowledged that a photocopy of the front page of this Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. I understand that any omission, misrepresentation and/or falsification of information in this application may constitute grounds for my disqualification and/or dismissal. I understand that all statements made in this application(s) for employment are subject to investigation and verification, and may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check and drug test, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification and/or dismissal.

SIGNATURE OF APPLICANT:

DO NOT WRITE BELOW - FOR CIVIL SERVICE USE

☐ YES - VETERAN’S CREDIT POINTS________

☐ APPROVED

☐ CONDITIONAL

☐ DISAPPROVED

METHOD OF PAYMENT: (*Print Clearly)

☐ Check/Money Order

☐ Credit Card

*Card No. ____________________________

*Exp Date _______ *3-digit Code ______

Signature ____________________________
EDUCATION AND TRAINING

- **ARE YOU 18 YEARS OF AGE OR OLDER?**
  - Yes
  - No

- **ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?**
  - Yes
  - No

If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

**HS DIPLOMA:**
- Yes
- No

**GED or TASC:**
- Yes
- No

<table>
<thead>
<tr>
<th>HS DIPLOMA:</th>
<th>School Name:</th>
<th>Location:</th>
<th>*Country:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
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**Education:** HS or HS equivalency diploma must be issued by an accredited education department of any State of the US or any territory, commonwealth, or possession of the US or by the Canal Zone or from the US Armed Forces certifying successful completion of the tests related to general education development, HS level. **An official transcript will be required as verification of required college level training within 45 days after the date of the examination. Failure to provide required official transcripts will result in disqualification.** If you claim credit for a partially completed college curriculum to meet the minimum exam qualifications, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. If the examination asks for specific course work, list the courses which you have passed on an attached sheet.

**TRANSCRIPTS:**
- Previously filed
- On request from school
- Copy attached

**COLLEGE/UNIVERSITY**

<table>
<thead>
<tr>
<th>Name of School and City in which located*</th>
<th>Type of Course or Major</th>
<th>Number of College Credits Received</th>
<th>Were You Graduated?</th>
<th>Type of Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowling Green Station</td>
<td>305 Broadway Ste. 401</td>
<td>6133 Bristol Pkwy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.O. Box 5087</td>
<td>New York, NY 10007</td>
<td>Culver City, CA 90230</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York, NY 10274-5087</td>
<td>Web: <a href="http://www.globelanguage.com">www.globelanguage.com</a></td>
<td>Web: <a href="http://www.ierf.org">www.ierf.org</a></td>
<td></td>
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</tr>
<tr>
<td>Web: <a href="http://www.wes.org">www.wes.org</a></td>
<td>Phone: (212) 966-6311</td>
<td>Email: <a href="mailto:info@ierf.org">info@ierf.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: (212) 227-1994</td>
<td>Phone: (310) 258-9451</td>
<td></td>
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</tbody>
</table>

**PROFESSIONAL SCHOOLS**

**MILITARY SERVICE SCHOOLS**

**OTHER SCHOOLS**

<table>
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*Applicants with a foreign High School diploma or college degree and/or course work completed at foreign universities must submit a course by course evaluation of their educational credentials within 45 days after the date of the examination (or at the time of appointment for non-competitive positions). You must pay the required evaluation fee. Evaluations will be accepted from services such as:

- **World Education Services, Inc.**
  - Bowling Green Station
  - P.O. Box 5087
  - New York, NY 10274-5087
  - Web: [www.wes.org](http://www.wes.org)
  - Phone: (212) 966-6311

- **Globe Language Services, Inc.**
  - 305 Broadway Ste. 401
  - New York, NY 10007
  - Web: [www.globelanguage.com](http://www.globelanguage.com)
  - Phone: (212) 227-1994

- **International Education Research Foundation, Inc.**
  - 6133 Bristol Pkwy
  - Culver City, CA 90230
  - Web: [www.ierf.org](http://www.ierf.org)
  - Email: info@ierf.org
  - Phone: (310) 258-9451

**LICENSE:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination for which you are applying, complete the following and attach copy:

<table>
<thead>
<tr>
<th>Name of Trade or Profession</th>
<th>Specialty</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>granted by (licensing agency) City or State</td>
<td>Date License Issued</td>
<td>Registered From (Mo/Yr) To (Mo/Yr)</td>
</tr>
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**DRIVER’S LICENSE:** If a position requires a specified license to operate a motor vehicle list below. The applicant must provide the appointing authority a copy as proof of a current, valid license (subject to verification) prior to appointment.

- **OPERATOR**
- **COMMERCIAL (CDL)**

Class Number Date of expiration State
**DESCRIPTION OF EXPERIENCE**

All sections must be filled out completely. Do not leave blank. A resume is not a substitute.

Carefully read the minimum qualifications section on the announcement. Beginning with your most recent position, describe in detail all employment. You are responsible for submitting an adequate, clear and accurate description of all experience (nature of duties personally performed), showing the dates and estimated time spent at each task during those dates. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job description or exam announcement. Omission or vagueness will not be interpreted in your favor. List as separate employment any changes of titles and duties which occurred during the course of your service. Supervisory experience is shown by indicating the nature and scope of supervision, length of time, and numbers of personnel supervised. If more space is needed, attach additional 8 ½ by 11 sheets. Applicable experience worked at less than full time will be pro-rated.

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<th>CITY AND STATE</th>
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<tr>
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- **PAID**
- **UNPAID**

- **HRS. PER WEEK:**

**DESCRIBE DUTIES BELOW:**

**TYPE OF BUSINESS:**

**YOUR EXACT TITLE:**

**SUPERVISOR’S NAME:**

**SUPERVISOR’S TITLE:**

**REASON FOR LEAVING:**

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**SUPERVISOR’S TITLE:**

**REASON FOR LEAVING:**

NOTE: Have you answered all relevant questions? An incomplete application may be disapproved.

FEE IS NON-REFUNDABLE
**CROSS FILERS**

For exam date: ____________, list all other exam #’s, titles and agencies for which you have also applied including those with the City of White Plains:

<table>
<thead>
<tr>
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<th>Government Agency</th>
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Government agency where you would prefer to take the above examinations: ______________________________. You must notify each of the above.

**SPECIAL TESTING ARRANGEMENTS/ALTERNATE TEST DATE GUIDELINES**

Most written exams are held on Saturdays. If you require special arrangements/or an alternate test date, check the appropriate box below and attach to this application a written request describing the type of special arrangements or reason for the alternate test date. **DOCUMENTATION IS REQUIRED**

- ☐ Military Duty
- ☐ Religious Observance
- ☐ Person with Disability
- ☐ W edding or other ceremony – participant, or immediate family member of a participant only.
- ☐ V acation for which a non-refundable down payment was made before the exam announcement was issued.
- ☐ R equired court appearances
- ☐ Death in the immediate family or household within the week preceding the examination
- ☐ Hospital stay or medical emergencies involving the candidate or immediate family if documented by attending physician.
- ☐ Professional or education examination, held on the same day of exam.
- ☐ E mergency w eather condition verified by W hite Plains P ublic S afety that results in road closures which prevents a candidate from reaching the test center.

**SERVICE IN ARMED FORCES**

ATTACH A COPY OF DD214 OR PROOF OF ACTIVE DUTY STATUS SUCH AS MILITARY ID, ORDERS OR OTHER OFFICIAL MILITARY DOCUMENT

**SECTION 1**

1) Have you ever served in the armed forces of the U.S.? ☐ Yes ☐ No
2) I wish to claim War Time Veterans Credits on this exam? ☐ Yes ☐ No (Note: Additional credit is not deemed to have been used where the addition of such credit does not change the veteran’s position on the eligible list relative to other candidates)

**SECTION 2** - War Time Veterans and Veterans with disability are eligible for extra credits added to their exam score if they pass. For non-disabled, these extra credits can be used only once for any permanent government employment in New York State. If you want to have the extra credits added to your exam score, you should answer the questions below.

- You can waive the extra credits later, if you wish.
- ☐ 1) Have you ever used veteran’s credit for appointment to a position in NY State or Local Government employment since January 1, 1951 ☐ Yes ☐ No
- ☐ 2) Date of entry into active service: __________________________ Date of discharge: __________________________
- ☐ I received, or expect to receive, an HONORABLE or release under HONORABLE circumstances from the Armed Forces of the United States. (The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a full-time active duty other than active duty for training purposes.)
- ☐ I served, or am serving on an active duty basis (other than for training purposes) during one or more of the following time of war or hostile action.

**CHECK BELOW THE TIME PERIOD(S) YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES.**

- ☐ WORLD WAR II: DECEMBER 7, 1941 - DECEMBER 31, 1946 ☐ *HOSTILITIES IN LEBANON: JUNE 1, 1983 - DECEMBER 1, 1987

*NOTE: For these service dates veterans must have received the Armed Forces Expeditionary Medal for service in Zone of Conflict *

3) Have you ever received a discharge from US armed forces which was other than honorable? ☐ Yes ☐ No

(A dishonorable charge is not an automatic bar to employment. Each case is considered on its individual merits. Give full particulars on an additional sheet.)

**SECTION 3 - VETERAN WITH DISABILITY:** TO CLAIM ADDITIONAL CREDITS CHECK THE BOX BELOW

- ☐ You must provide certification by the U.S. Dept. of Veterans Affairs stating that you are a veteran who was disabled in the actual performance of duty in any war, that the disability is rated at 10 percent or more; and that the disability exists at the time of application for appointment or promotion.

**INSTRUCTIONS AND INFORMATION**

THERE IS A NON-REFUNDABLE $25.00 APPLICATION FILING FEE PER EXAMINATION NUMBER. NO CASH ACCEPTED. CHECK OR MONEY ORDER ONLY (PAYABLE TO THE CITY OF WHITE PLAINS) MUST ACCOMPANY THIS APPLICATION. RECORD ALL EXAM NUMBERS ON THE CHECK OR MONEY ORDER. FOR YOUR CONVENIENCE, WE ALSO ACCEPT VISA, MASTERCARD AND AMERICAN EXPRESS. APPLICATIONS RECEIVED FOR AN EXAM WITHOUT THE FILING FEE WILL BE RETURNED TO YOU, AND IT WILL BE YOUR RESPONSIBILITY TO RETURN IT WITH THE FEE BY THE FILING DEADLINE. SEE EXAM ANNOUNCEMENT FOR FEE WAIVER ELIGIBILITY AND REQUEST FORM.

**A. EXAMINATION ANNOUNCEMENT**

Before filling out your application, carefully read the examination announcement. Announcements may be obtained at the City of White Plains Personnel Office.

**B. QUALIFICATIONS**

The burden of establishing required qualifications is the responsibility of the applicant. Fees are not refunded for disqualification. Out-of-title experience cannot be credited toward meeting qualifications. Applications will be rejected for lateness if not hand delivered or postmarked by the last filing date.

**C. ADMISSION TO EXAMINATION**

Admission notices are mailed to the address listed on this application. If you do not receive a notice four days prior to the exam date, call 422-1257. Participation in the examination does not mean you have been found to meet the announced requirements. Applicants may be admitted on the basis of statements made on the application which are subject to review and verification. Scores will not be available if a disqualification determination is made subsequent to the examination.

**D. RESIDENCY/LEGAL ADDRESS CHANGES**

You must report change in address (include number and title of each examination) to insure proper notification of test results and subsequent civil service list information if any. Any residency requirements or preferences must be established at least 30 days prior to the examination date and to the date of appointment as per the examination announcement.

11/2018