

# Substitute Services Employment Application and Civil Service Application



To be considered for employment as a substitute, complete and return the following:

## **SUBSTITUTE TEACHER'S AIDE**

- HFM BOCES Application/Civil Service Application
- Details to submit:
  - High School Transcript/Diploma or GED

## **SUBSTITUTE TYPIST (CLERICAL)**

- HFM BOCES Application/Civil Service Application
  - Needs to show 1 year typing work experience
- Details to submit:
  - High School Transcript/Diploma or GED

## **SUBSTITUTE NURSE (RN/LPN)**

- HFM BOCES Application/Civil Service Application
- Details to submit:
  - RN/LPN License Information
  - Basic Life Support Certification

## **SUBSTITUTE FOOD SERVICE HELPER (HFM BOCES DISTRICT ONLY)**

- HFM BOCES Application/Civil Service Application

## **SUBSTITUTE CUSTODIAL WORKER (HFM BOCES DISTRICT ONLY)**

- HFM BOCES Application/Civil Service Application

\*If applying for multiple positions with the same form requirements, you are only required to complete one set of the forms\*

I, \_\_\_\_\_ acknowledge that I read the above required information that is needed for the position/positions that I am applying for. If all required information is not submitted with my application I understand that it may hold up the application processing time.

# Substitute Services Employment Application



## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Please list other legal names used (if applicable): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Permanent Home Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SUBSTITUTE POSITION(S) FOR WHICH YOU ARE APPLYING

- Teacher's Aide       Typist (Clerical)       Custodial Worker  
 School Nurse       Food Service Helper

Date available to start work: \_\_\_\_\_

## SCHOOL DISTRICT SELECTION

Please select the corresponding school(s) you would like to see available jobs for:

### SCHOOL DISTRICTS

- Broadalbin-Perth Central SD
- Canajoharie Central SD
- Edinburg Common SD
- Fonda-Fultonville Central SD
- Fort Plain Central SD
- Gloversville Enlarged SD
- Greater Amsterdam SD
- Greater Johnstown SD
- Mayfield Central SD
- Northville Central SD
- Oppenheim-Ephratah-St. Johnsville CSD
- Wheelerville Union Free SD

### HFM BOCES LOCATIONS

- Adirondack Academy (Main Campus)
- Career & Technical Center (Main Campus)
- PTECH (Glebe Street)
- PTECH (Main Campus)
- Special Education (Multiple Locations)
- Special Education (Non HFM BOCES Locations)

### GRADE LEVELS:

- High School     Middle School     Elementary

**PROFESSIONAL REFERENCES** (No family members or personal friends)

NAME	EMAIL ADDRESS (Required)	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**EDUCATION INFORMATION**

INSTITUTION	SCHOOL NAME/LOCATION	MAJOR/MINOR	DEGREE
College (undergraduate)	_____	_____	_____
College (graduate)	_____	_____	_____
Vocational/Technical	_____	_____	_____
Other Area(s)	_____	_____	_____

**CERTIFICATION & PROFESSIONAL LICENSE INFORMATION**

CERTIFICATION/PROFESSIONAL LICENSE AREA & TYPE	STATE ISSUED	EXPIRATION DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**EMPLOYMENT HISTORY**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact for a reference?    Yes    No    Later

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact for a reference?    Yes    No    Later

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for a reference?    Yes    No    Later

**■ EMPLOYMENT ELIGIBILITY**

**All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with HFM BOCES. Employment is contingent upon the provision of proof of the right to accept employment in the United States.**

Are you legally authorized to work in the United States? . . . . . Yes    No  
*Upon employment you will be asked to produce documentation in accordance with the Immigration Reform and Control Act of 1985*

Are you over 18 years old? . . . . . Yes    No  
*Subject to verification of minimum legal age requirements*

Have you ever served in any branch of the United States Armed Forces? . . . . . Yes    No  
If yes, type of discharge \_\_\_\_\_

Have you ever worked for BOCES: . . . . . Yes    No  
If yes, what department: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been fingerprinted for employment? . . . . . Yes    No  
If yes, Where: \_\_\_\_\_ Why: \_\_\_\_\_

Have you previously resigned from a position in lieu of being terminated? . . . . . Yes    No

Have you ever been convicted of a crime?. . . . . Yes    No  
If yes please explain: \_\_\_\_\_

Have you ever been the subject of a report pursuant to Part 83 of the Commissioner’s regulations? . . . . . Yes    No

Have you ever been the subject of charges under Section 3020-a of the NYS Education Law or any other provision of law? . . . . . Yes    No

As a result of prior employment with a public employer in the State/City of New York, are you receiving a pension from a New York State Retirement System?  
NOTE: NYS Law imposes strict limitations on those retired or intending to retire and draw a pension from NYS public employment system. . . . . Yes    No

If yes, list agency and dates \_\_\_\_\_

## ■ NON-DISCRIMINATION STATEMENT

HFM BOCES is committed to equal opportunity in educational programs, admissions and employment. Hamilton-Fulton-Montgomery BOCES does not discriminate on the basis of an individual's actual or perceived race, color, religion, religious practice, national origin, ethnic group, sex, gender identity, sexual orientation, political affiliation, age, marital status, military status, veteran status, disability, weight or any other basis prohibited by New York state and/or federal non-discrimination laws in its programs and activities, including admissions and employment, and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the BOCES non-discrimination policies should be directed to Dr. Aaron Bochniak (abochniak@hfmboces.org), Assistant Superintendent for BOCES Operations and Component District Services, (518) 736-4305, HFM BOCES, 2755 State Highway 67, Johnstown, NY 12095. Inquiries may also be addressed to the Office for Civil Rights at the US Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005, 646-428-3800, OCR.NewYork@ed.gov. (Revised 9/2020)

The Federal Office of Civil Rights requires that a non-discrimination statement be included on any "bulletins, announcements, publications, catalogs, application forms, or other recruitment materials that are made available to participants, students, applicants, or employees."

## ■ ACKNOWLEDGMENTS

I understand that this application is not a contract of employment. I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I do authorize an investigation of all statements herein and further authorize all cited references to give HFM BOCES any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize HFM BOCES for which I have completed an employment application to check my references, to obtain information from my former employers and educational institutions, to take other action to investigate any information provided in my employment application.

I understand that any omissions on this application may prevent my application from being evaluated and that any misrepresentation, falsification or omission on this application or on other documents submitted to HFM BOCES will be sufficient cause for this application not to be considered by HFM BOCES and may be cause for discharge if I have been employed.

I authorize HFM BOCES to which this application is submitted to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to HFM BOCES.

I understand that fingerprint clearance is required before I am eligible to be employed and that a complete Criminal Background Check (CBC) may be conducted. If required, I understand that I will have to pay the required fees.

I certify that I have read and understand the [job description](#) for the position/s for which I am applying.

By signing below, I certify that I understand and agree to the above stated acknowledgments.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PLEASE SUBMIT APPLICATION AND REQUIRED DOCUMENTS TO:

HFM BOCES

Attn: Substitute Services

2755 State Highway 67

Johnstown, NY 12095

Email: [subsvc@hfmboces.org](mailto:subsvc@hfmboces.org)

Phone: (518) 736-4390

Fax: (518) 736-4311

**FULTON COUNTY PERSONNEL DEPARTMENT**  
**1 EAST MONTGOMERY STREET JOHNSTOWN, NEW YORK 12095-2534**  
**PHONE: (518) 736-5574 FAX: (518) 736-1027**

**ANY AND ALL STATEMENTS MADE ON THIS APPLICATION OR MADE IN CONNECTION WITH IT, INCLUDING ANY ATTACHMENTS OR AMENDMENTS, ARE SUBJECT TO VERIFICATION.**

*READ INSTRUCTIONS AND INFORMATION ON BACK BEFORE BEGINNING  
RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS*

APPLICATION FOR EXAMINATION OR EMPLOYMENT

**POSITION TITLE** **EXAMINATION NUMBER**

This application may be part of your examination. Answer all questions fully and carefully. Attach additional sheets if necessary in order to give complete and detailed information.

1. NAME, MAILING ADDRESS AND PHONE (Please Print)

\_\_\_\_\_  
Last First M.I.

\_\_\_\_\_  
Street Address (Actual residence)

\_\_\_\_\_  
Mailing Address (If different from street address)

\_\_\_\_\_  
City State Zip Code

( ) ( )  
Home Phone Business Phone

May we contact you at your Business Phone?  NO  YES Hrs: \_\_\_\_\_

2. SOCIAL SECURITY NUMBER: \_\_\_\_\_

3. Are you 18 years of age or older?  YES  NO  
If there are minimum/maximum age limits for position give your date of birth:  
\_\_\_\_\_

4. SPECIAL ARRANGEMENTS FOR EXAMINATION (Refer to Pg. 4 D)  
 RELIGIOUS OBSERVER  DISABLED PERSON  
 ACTIVE MILITARY SERVICE

4.a. Have you applied for any other Civil Service examinations for employment with Fulton County, NYS, or any other local government jurisdiction scheduled on the same date?  YES  NO If yes, you must make arrangements to take all the examinations at one test site. You must request and complete form: "Same Day - Multiple Examinations" and return it to the Personnel Office at the above address.

5. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?  YES  NO  
(Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)

6. State the name of each location in which you currently reside and how long you have continuously resided, up to and including the date of this application. Each line must be completed.

I CURRENTLY LIVE IN THE FOLLOWING:	YEARS	MONTHS
State:		
County:		
City or Town: (circle one)		
School District:		

7. Exempt Volunteer Firefighter:  NO  YES I am a bona fide member of the \_\_\_\_\_ Volunteer Fire Department and have served in said department for five years and is so certified to be an exempt volunteer firefighter in accordance with Section 200 of the General Municipal Law.

8. Check appropriate box to the right of each question:

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| B. Did you ever resign from any employment rather than face dismissal?                                     | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| C. Did you ever receive a dishonorable discharge from the Armed Forces of the United States?               | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| D. Have you ever pled guilty to or been convicted of any crime (felony or misdemeanor)?                    | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| E. Are you now under charges for any crime?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

If you answered "YES" to any of the Questions 8 A-C above, give specifics under "Remarks" on back of this application. If you answered "YES" to Questions D or E you must complete "Addendum to Exam and Employment Application: Questions 8.D. & 8.E." 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(s) for which you are applying.

9. THIS AFFIRMATION MUST BE COMPLETED:

I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material mis-statement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Is additional information relative to a change of name, use of an assumed name or nickname necessary to enable a check on your work record? (If yes, explain)

**FOR FULTON COUNTY PERSONNEL DEPARTMENT USE ONLY**

Date Rec'd \_\_\_\_\_ By \_\_\_\_\_

\_\_\_\_\_ Receipt Number \_\_\_\_\_ C \_\_\_\_\_ M.O. \_\_\_\_\_ Fee Waived

Veteran  Disabled Veteran Veterans Credits Forms Given \_\_\_\_\_ (Date)

\_\_\_ Approved Title: \_\_\_\_\_ Approved By: \_\_\_\_\_

Title: \_\_\_\_\_ Approved By: \_\_\_\_\_

\_\_\_ Disapproved Title: \_\_\_\_\_ Disapproved By: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_ Appeal Approved \_\_\_ Appeal Denied Approved/Denied By: \_\_\_\_\_

\_\_\_ Performance Test Waived

Vets Credits:  Pending  Approved  Disapproved  Conditional + \_\_\_\_\_

**ANY AND ALL STATEMENTS MADE ON THIS APPLICATION OR MADE IN CONNECTION WITH IT, INCLUDING ANY ATTACHMENTS OR AMENDMENTS, ARE SUBJECT TO VERIFICATION.**

10. **VETERANS CREDITS:** To claim additional credit as a veteran, you must check the appropriate box below and answer questions A-C. (You must request, complete and return a separate Application for Veteran's Credit and proof of eligibility by the date indicated on the form.)

- NOT A VETERAN
- NON-DISABLED VETERAN - A member of the Armed Forces of the U.S. who was honorably discharged or released under honorable circumstances from such service. Also includes veterans who received an other-than honorable discharge or a general under honorable conditions discharge due to sexual orientation, gender identity, service-related post-traumatic stress disorder, traumatic brain injury or mental health condition linked to military sexual trauma seeking benefits afforded through New York State law and are in possession of a letter from the Division of Veterans Services restoring access to such benefits.
- DISABLED VETERAN - A veteran who is certified by the U.S. Department of Veterans Affairs (DVA) as having a disability rate at 10 percent or more which was incurred while serving in the United States armed forces. The disability must be in effect at the time of application or retention.
- CURRENTLY ON ACTIVE DUTY - On active duty (other than for training purposes) in the Armed Forces of the United States.

- A. Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force or Coast Guard, including all components thereof and the National Guard when in the services of the United States pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes.) YES NO
- B. If "YES" did you receive a discharge which was honorable, were released under honorable circumstances or received an other-than honorable discharge or a general under honorable conditions discharge due to sexual orientation, gender identity, service-related post-traumatic stress disorder, traumatic brain injury or mental health condition linked to military sexual trauma seeking benefits afforded through New York State law and are in possession of a letter from the Division of Veterans Services restoring access to such benefits. YES NO
- C. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for permanent appointment to any position in the public employment of New York State or any of its civil divisions? YES NO

11. **EDUCATION:** If the minimum qualifications for this position requires a college degree or college credit, you must submit a copy of your official academic transcript with this application.

Have you graduated from high school or do you have a high school equivalency diploma or high school individual education plan diploma?  YES  NO

If Yes: Name and Location of High School \_\_\_\_\_ or  
Issuing Governmental Authority \_\_\_\_\_ Date of Issue \_\_\_\_\_

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

12. **LICENSES** If the minimum qualifications for this position require a license, certificate or other authorization to practice a trade or profession, complete the following question and include a copy of your license. If not currently licensed check this box  (INCLUDE A COPY OF YOUR LICENSE)

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.)

13. If required, do you have a valid license to operate a motor vehicle in New York State?  YES  NO

14. Have you ever worked for the County under a different name?  YES  NO If yes, list different name and explain:

15. Name(s) of relative currently employed by the County \_\_\_\_\_

16. Have you ever taken any civil service exams given by this department or any other civil service agency (including NYS)?  YES  NO If "YES" give titles and dates:

TITLE OF EXAMINATION:	DATE:	TITLE OF EXAMINATION:	DATE:
_____	_____	_____	_____
_____	_____	_____	_____

17. **PERFORMANCE TEST:** If the examination you are filing for requires a performance test, refer to the section WAIVER OF PERFORMANCE TEST on the examination announcement for waiver criteria and a description of acceptable documentation. Are you eligible for and requesting a waiver of the performance test?  YES  NO  
*(If yes, you must request, complete and return the Performance Test Waiver form by the date indicated on it.)*

**ANY AND ALL STATEMENTS MADE ON THIS APPLICATION OR MADE IN CONNECTION WITH IT, INCLUDING ANY ATTACHMENTS OR AMENDMENTS, ARE SUBJECT TO VERIFICATION.**

18. **DESCRIPTION OF EXPERIENCE** You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will **NOT** be interpreted in your favor.

Beginning with the most recent, describe below in detail all employment that is pertinent to the position applied for. Under "Duties" **describe the nature of the work personally performed by you, with estimated percentages of time spent on each type of work. If your title or duties changed materially in the course of your tenure in any one organization, indicate such change clearly and as a separate employment. State size and kind of working force, if any, supervised by you and the extent of such supervision.** If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing it as unpaid in the "Earnings" box. If you have had military service which includes experience pertinent to the position(s), describe such experience as a separate employment. (If more space is needed, attach 8½" X 11" sheets of paper.)

NAME OF EMPLOYER:	TELEPHONE NO:	STREET ADDRESS:	DATES OF EMPLOYMENT: FROM (MONTH/YEAR): ____/____ TO (MONTH/YEAR): ____/____
YOUR EXACT TITLE:	TYPE OF BUSINESS:	NAME AND TITLE OF SUPERVISOR:	NUMBER OF HOURS WORKED PER WEEK: (Exclusive of overtime) _____  EARNINGS (CIRCLE ONE): PAID OR UNPAID

REASON FOR LEAVING:

DESCRIBE DUTIES WITH ESTIMATED PERCENTAGES OF TIME SPENT ON EACH TYPE OF WORK (TOTAL NOT TO EXCEED 100%):

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NAME OF EMPLOYER:	TELEPHONE NO:	STREET ADDRESS:	DATES OF EMPLOYMENT: FROM (MONTH/YEAR): ____/____ TO (MONTH/YEAR): ____/____
YOUR EXACT TITLE:	TYPE OF BUSINESS:	NAME AND TITLE OF SUPERVISOR:	NUMBER OF HOURS WORKED PER WEEK: (Exclusive of overtime) _____  EARNINGS (CIRCLE ONE): PAID OR UNPAID

REASON FOR LEAVING:

DESCRIBE DUTIES WITH ESTIMATED PERCENTAGES OF TIME SPENT ON EACH TYPE OF WORK (TOTAL NOT TO EXCEED 100%):

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NAME OF EMPLOYER:	TELEPHONE NO:	STREET ADDRESS:	DATES OF EMPLOYMENT: FROM (MONTH/YEAR): ____/____ TO (MONTH/YEAR): ____/____
YOUR EXACT TITLE:	TYPE OF BUSINESS:	NAME AND TITLE OF SUPERVISOR:	NUMBER OF HOURS WORKED PER WEEK: (Exclusive of overtime) _____  EARNINGS (CIRCLE ONE): PAID OR UNPAID

REASON FOR LEAVING:

DESCRIBE DUTIES WITH ESTIMATED PERCENTAGES OF TIME SPENT ON EACH TYPE OF WORK (TOTAL NOT TO EXCEED 100%):

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# SPECIAL INSTRUCTIONS AND INFORMATION FOR CANDIDATES FOR EXAMINATION

## A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, you must read the announcement for this examination thoroughly and carefully.

When completing your application be sure to enter, at the top of page 1, the examination number and title which identifies the examination for which you are filing and submit it to the Personnel Department along with the processing fee.

## 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, conditionally, to the examination on the basis of statements made on the application or 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 may NOT be notified of their score.

Contact the Fulton County Personnel Department 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. CHANGE OF ADDRESS

Notify this agency immediately of any change of address. Notification must be in writing and include the number and title of examination.

## D. SPECIAL ARRANGEMENTS

If you have duly filed your application but need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination(s)), a Disabled Person (require special arrangements in order to participate in the examination(s)), or due to active Military Service deprived of participation on the scheduled date, you must

1. Check the appropriate box in Question 4 and indicate the special arrangements you require in the REMARKS section below.

2. Write to the Fulton County Personnel Department no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required.

## E. 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.

## 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 veteran or candidate currently in the armed forces, must be made with this application. Failure to complete Question 10 accurately and completely, may result in a denial of your claim.

If you are claiming credits as a non-disabled veteran you must complete a separate Application for Veteran's Credits form and provide proof of eligibility.

If you are claiming credits as a disabled veteran, in addition to the above, you must complete a separate Disability Record Authorization form.

If you have checked the box marked CURRENTLY ON ACTIVE DUTY for question 10, effective 1/1/98 the NYS Constitution allows candidates currently serving in the Armed Forces to request *conditional* veteran's credits. You must complete a separate Application for Veteran's Credits form provide acceptable proof of military status, i.e., a military ID card, military orders, or other official military documents that substantiate active military service at the time of examination. If you pass the exam, you will be restricted from certification using the additional credits until you provide appropriate documentation to show that you meet the non-disabled or disabled veteran requirements as indicated above.

Veteran's credits may only be used for one governmental permanent appointment or promotion.

All claims and grants of veterans' credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material mis-statement or fraud.

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**THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.**

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8½"X11" sheets)

**ANY AND ALL STATEMENTS MADE ON THIS APPLICATION OR MADE IN CONNECTION WITH IT, INCLUDING ANY ATTACHMENTS OR AMENDMENTS, ARE SUBJECT TO VERIFICATION.**