## APPLICATION FOR CITY OF UTICA YOUTH BUREAU EMPLOYMENT

City of Utica Youth Bureau, 220 Memorial Parkway, Utica, NY 13502 ljenkins@cityofutica.com | (315) 223-4320 | www.cityofutica.com Utica Municipal Civil Service Commission: (315) 792-0225

POSITION TITLE				DATEOFBIRTH					
Last Name	First		MI	Home#		Cell#			
Home Address		Apt #							
City	State	Zip							
Referring to your <u>PERN</u>	MANENT LEGAL AD	DDRESS comple	ete all ite	ms which apply to whe	ere you live				
				Name		Years	Months		
What School District do y	ou live in and for how	long?							
What City, Village or To	wn do you live in and fo	r how long?							
What County do you live	e in and for how long?	)							
what County do you no	e in and for now long:								
Check appropriate box to	o the right of each gu	estion:							
A. Were you ever dismissed			asons other	r than laok of Work, funds,	disability or medical	condition?	YES	1	
<ul> <li>B. Did you ever resign from</li> </ul>	any employment rather th	han face dismissal?	•	, ,	,		YES YES	1	
		Forces of the Unit	ted States	which was other than "Ho	norable" or which was	s Issued			
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under-other than honorable. Are you now under chare. Have you ever been converted that the you a citizen of the you answered "YES" to any cifics, or if such explanation mployment. Each case is converted you currently or have you explanately than the your converted that the your currently or have your converted that the your currently or have your currently or have your converted that they was the your currently or have your currentl	le circumstances? rges for any crime? icted of any crime (felony United States?  of the Questions A-G abo on is ins11fficient, you nsider ed and evaluated of ever served in the Armed For	ove, you may give may be required n individual merit	specifics to submits in relation	ach completed form, Requinder "Remarks" on page t further information. Non to the duties and responses, complete questions for Vo	e3 of this application one of the above cirusibilities of the position eterans Credits.	. If you electroumstances	YES YES YES YES ect not to provide s represents autor	natic	
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BE SURE TO ANSWERTHIS SECTION. Section 50-bofthe NYS Civil Law requires that all applicants for examination answer the following questions:

<u>EDUCATION:</u> Read examination announcement for educational requirements. If specialized course work is required, attach transcripts showing the required courses and credit hours you completed.

Have you grade	uated from h	igh school	? IF YE	S, NAME <u>AND</u> I	LOCA	TION (	OF HIGH	SCHOOL		YEAR	GRADUATED
Yes	No										
Do you have a hi Yes	gh school equi No	ivalency dip	loma? IF YES	S, ISSUING GOVE	RNMI	ENTAL A	UTHORIT	Y: NUMB	BER	DATE OF 1	SSUE
	Name of Scho	ool or Colleį	ge and Address	Dates of attend (Months and Y From To	ance Year)		of Course Or Subject	Number o College Credits Ro		Type of Degree Rec'd	Date Degree Rec'd
College University Professional Or Technical School											
Other Schools Or Special Courses											
Dates Employed  MO YR   1 to	MO YR		ployer		Add	ress			City	and State	
Hours per week		Job Title		Supervisor's N	lame		Supervisor	r's Title		Type of Bu	isiness
Describe Specific v	vork performe	ed and job r	esponsibilities:	•						,	

Dates Employed	Employer	Address		City a	nd State
MO YR MO Y	/R				
l to l					
Hour per week J	Job Title	Supervisor's Name	Supervisor's Title		Type of Business

Describe specific work performed and job responsibilities:

(Use this space to provide any additional information, as necessary. If more is required, attach additional 8 1/2 x11sheets)