



Kathy M. Sheehan  
Mayor

Office of Human Resources  
Peachie L. Jones, Esq.

Albany City Hall  
24 Eagle Street, Rm 301  
(p) 518-434-5049  
(f) 518-434-5269

## **Notice of Job Opening**

<b><u>Position:</u></b>	Seasonal Worker (Positions in all department subdivisions are available.)
<b><u>Department:</u></b>	General Services
<b><u>Number of Vacancies to be filled:</u></b>	30
<b><u>Rate of Pay:</u></b>	\$15.52/hour
<b><u>Schedule:</u></b>	Various (7 a.m. to 3 p.m., 3 p.m. to 11 p.m., 4 a.m. to 12 (noon), or 11 p.m. to 7 a.m.)
<b><u>How to Apply:</u></b>	Interested individuals can either submit an online application through the <i>jobs.albanyny.gov</i> employment portal <b>or</b> print and complete the enclosed application and submit it to the Department of General Services (DGS) by emailing <a href="mailto:cigoe@albanyny.gov">cigoe@albanyny.gov</a> or in person at 1 Richard J. Conners Boulevard, Albany, NY 12204.

**The City of Albany is an Equal Opportunity /Affirmative Action Employer.**

APPLICATION FOR EMPLOYMENT OR EXAMINATION

CITY OF ALBANY  
 MUNICIPAL CIVIL SERVICE COMMISSION  
 CITY HALL ROOM 301  
 ALBANY, NY 12207  
 (518) 434-5049

Leave this space blank

Exam #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Leave this space blank

Number: \_\_\_\_\_

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

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

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

<p>1. Title or Position and Exam Number</p>	<p>5. Mailing Address</p> <p>No., Street, Apt: _____</p> <p>City, State, ZIP: _____</p> <p>Permanent Address (if different)</p> <p>No., Street, Apt: _____</p> <p>City, State, ZIP: _____</p> <p style="text-align: right; font-size: small;">Immediate notice should be given of any change in address.</p>
<p>2. Last Name, First Name, MI</p>	
<p>3. Phone Number</p> <p>(    )                      (    )</p> <p style="text-align: center; font-size: small;">Home                      Work</p>	<p>4. Social Security Number</p> <p style="text-align: center; font-size: small;">XXX - XX - _____</p>

6. Residence: Fill in the names of the city and county of which you are an actual permanent legal resident. List how long you have continuously lived in each residence immediately preceding the date of this application.

	NAME	YEARS	MONTHS
CITY			
COUNTY			

9. Special Accommodations in Testing:

Please submit your request(s) for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). If you request an alternate test date, please complete and Alternate Test Date Application.

We provide reasonable accommodations for individuals with disabilities or for those who are Saturday Religious observers.

Do you require special accommodations due to a disability? Yes  No

Do you require special accommodations due to Saturday Religious observance? Yes  No

7. Have you ever served in the U.S. armed forces? Yes  No

If "Yes", did you receive an honorable discharge? Yes  No

Have you previously used veterans' credits? Yes  No

Do you claim additional veterans' credits?

Yes, as a non-disabled war veteran.

Yes, as a disabled war veteran.

No.

If claiming additional veterans' credits, you must submit a copy of your separation papers (DD214) within two months of the last filing date for the examination.

Are you the child of a City of Albany Firefighter or Police Officer killed in the line of duty? Yes  No

10. Have you ever been dismissed from employment for disciplinary reasons? Yes  No

If "Yes", explain on an additional sheet.

A "Yes" answer to the above does not represent an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position.

11. Driver's License: (If a motor vehicle license is required for the position for which you are applying, please provide the following.)

License:    Chauffer                       Operator                       Commercial

Class: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_ Number: \_\_\_\_\_

License:    Chauffer                       Operator                       Commercial

Class: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_ Number: \_\_\_\_\_

8. **Police Officer & Firefighter Applicants Only**

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you a U.S. Citizen? Yes  No

12. License and Certification: (If you have a license, certificate or other authorization to practice a trade or profession, include that information below.)

Name of Trade/Profession: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_

Licensed From \_\_\_\_\_ To \_\_\_\_\_

13.

High School: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

GED Issuing Government Authority: \_\_\_\_\_ Number: \_\_\_\_\_ Year Issued: \_\_\_\_\_

College, Professional or Technical Schools: Name & Location	Attendance Dates (mm/yy)		Total # of Credits	Did You Graduate?	Degree Type & Subject	Degree Date
	From	To				
	—	—				
	—	—				
	—	—				

14. Experience: Describe any employment or occupation you have had which includes experience that tends to qualify you for the position sought. Begin with your most recent employment and work backward consecutively to your first. You may be required to furnish satisfactory proof of experience claimed. Use additional sheets if necessary.

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name & Title: \_\_\_\_\_  
(mm/yy) (mm/yy)

Duties of Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name & Title: \_\_\_\_\_  
(mm/yy) (mm/yy)

Duties of Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name & Title: \_\_\_\_\_  
(mm/yy) (mm/yy)

Duties of Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor Name & Title: \_\_\_\_\_  
(mm/yy) (mm/yy)

Duties of Position: \_\_\_\_\_

Have you any objection to this department making inquiry regarding your character and qualifications from:

your present employer?

Yes

No

your former employer?

Yes

No

If you answered "Yes" to either of these questions, explain on an additional sheet.

15. THIS DECLARATION MUST BE COMPLETED

I declare, subject to the penalties of perjury, that the statements made in this application (including statements in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I understand that all statements made by me in connection with this application are subject to verification. Omissions or vagueness will not be interpreted in your favor.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The New York State Human Rights Law, City of Albany law and the policies of the City of Albany prohibit discrimination in employment on the basis of race, creed, color, religion, national origin, sex, disability, genetic predisposition, familial status, military status, sexual orientation or arrest record. Further, it is the policy of the City of Albany to provide Equal Employment Opportunity to all persons, and to carry out Affirmative Action responsibilities.