Tioga County Civil Service
Supplemental Application For School Districts
(for non-competitive positions)

_____
Name of Applicant

_____
Social Security #

_____
Position Applying For

1. Have you ever served in the armed forces of the United States? ____ YES ____ NO
   If NO, skip to question 2 below.

If YES, what branch? _____

Dates of service: From_____ To_____

Are you: A disabled war veteran? _____ YES _____ NO
A non-disabled war veteran? _____ YES _____ NO

2. Are you an exempt volunteer firefighter? _____ YES _____ NO

3. If you are applying for a Bus Driver position, do you have a valid commercial drivers license (class B, with passenger allowance) to operate a bus? _____ YES _____ NO
   If YES, what is your ID#? _____

   If NO, do you have the appropriate CDL permit to allow you to operate a bus under supervision of a licensed bus driver? _____ YES _____ NO
   If YES, what is your ID#? _____

4. If you are applying for a Registered Nurse position, do you have a valid New York State license to practice as a nurse? _____ YES _____ NO
   If YES, what is your license #? _____
   Date license first issued: _____
   Registered (mo./ yr.) From:_____ To: _____

I affirm that the statements made on this application including any attached papers are true under the penalties of perjury. False statements made herein are punishable as a class A misdemeanor under section 210.4s of the Penal Law.

_____ _____
Signature of Applicant Date

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, handicap or marital status. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitations, specification, discrimination as to age, race, creed, color, national origin, sex, disability, handicap or marital status in connection with employment in the municipal service of the County of Tioga and its political subdivisions.