

<b>13. EDUCATION.</b> If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. <b>DO NOT</b> send transcripts unless required by announcement.											
Have you graduated from high school?      Yes      No [ ]      [ ]					If yes, give name and location of high school						
If no, give highest grade completed _____											
If you have a high school equivalency diploma indicate issuing Government Authority:								Number and/or Date of Issue			
	Name of school and City in which located	Date of attendance (Month and Year)		Day or Night	Full or Part Time	No. of Years Credited	Were You Graduated?	Type of Course or Major Subject	No of College Credits	Degree Received	Date of Degree
		From	To								
College, University											
Professional or Technical School											
Other Schools or Special Courses											
<b>14. Do you have a valid license to operate a motor vehicle in New York State? Yes [ ] No [ ]</b>											
<b>A. IF YES, GIVE THE FOLLOWING:</b> Class: _____ Number: _____ Date of expiration: _____											
<b>B. LICENSES</b> If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following. (If not currently licensed, check this box [ ])											
Name of Trade or Profession		License Number			Granted by (Licensing Agency)			City or State of			
Specialty		Date License First Issued			Registered From			To			
<b>EXPERIENCE:</b> Describe under the heading given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including war service. <u>Begin with your most recent employment and work back consecutively to your first one.</u> Applicants may be required to furnish satisfactory proof of experience claimed.											
Length of Employment		Firm Name			Address			City and State			
To: Mo. Yr.		Type of Business			Your Title			Name and Title of Immediate Supervisor			
Length of Employment		<b>DUTIES:</b> Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.									
From: Mo. Yr.											
Totals: Years Mos.											
Monthly Salary Min.											
Max. Last											
Total Hrs.											
Per Week Hrs.											
Reason for Leaving											
Length of Employment		Firm Name			Address			City and State			
To: Mo. Yr.		Type of Business			Your Title			Name and Title of Immediate Supervisor			
Length of Employment		<b>DUTIES:</b> Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.									
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