

**BOARD OF EXAMINING PLUMBERS
CITY OF MIDDLETOWN, NEW YORK**

APPLICATION FOR CERTIFICATE OF COMPETENCY IN PLUMBING

DATE RECEIVED: _____ APPLICATION: ACCEPTED / REJECTED DATE: _____

THIS APPLICATION IS PART OF YOUR EXAMINATION. ANSWER ALL QUESTIONS FULLY AND CAREFULLY IN INK OR ON A TYPEWRITER.
YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY IN ORDER TO GIVE COMPLETE AND DETAILED INFORMATION.
SOME QUESTIONS CAN BE ANSWERED WITH AN "X" IN THE BOX TO WHICH IT APPLIES.

1 FULL NAME: _____
STREET ADDRESS: _____
STATE & ZIP CODE: _____
HOW LONG AT THIS ADDRESS: _____

2 PHONE NUMBER: _____ E-MAIL ADDRESS: _____

3 DATE OF BIRTH: _____ AGE: _____

4 HEIGHT: _____ WEIGHT: _____

5 ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA: YES: _____ NO: _____

If you are a naturalized citizen provide naturalization certificate. If your citizenship is based on naturalization of parent or husband / wife your certificate of derivation citizenship

6 HAVE YOU ANY OBJECTIONS TO THIS BOARD MAKING INQUIRY REGARDING YOUR CHARACTER AND OR QUALIFICATIONS FROM YOUR FORMER OR CURRENT EMPLOYER(S): YES: _____ NO: _____

7 HAVE YOU EVER BEEN INDICTED FOR, ARRESTED FOR, OR CONVICTED OF ANY VIOLATION OF LAW EXCEPT MINOR TRAFFIC VIOLATIONS. YES: _____ NO: _____
IF YES, GIVE PARTICULARS OF EACH CHARGE AND STATE WHAT DISPOSITION WAS MADE FOR EACH.

8 HAVE YOU EVER RECEIVED A DISCHARGE FROM THE ARMED FORCES OTHER THAN HONORABLE: YES: _____ NO: _____

DATES OF MILITARY SERVICE (ENLISTMENT / DISCHARGE): _____

9 PLEASE ATTACH A "CERTIFIED WORK HISTORY SOCIAL SECURITY STATEMENT" TO PROVIDE PROOF OF YOUR PLUMBING TRADE EXPERIENCE. THIS IS TO VERIFY THAT YOU HAVE WORKED 5 YEARS AS AN APPRENTICE AND 5 ADDITIONAL YEARS AS A JOURNEYMAN / JOURNEYWOMAN.

10 DO YOU CURRENTLY HOLD OTHER CERTIFICATES OF COMPETENCY IN OTHER NEW YORK STATE JURISDICTIONS? IF SO PLEASE PROVIDE COPIES OF ALL.

11 HAVE YOU EVER TAKEN ANY OTHER EXAMINATION FROM THE CITY OF MIDDLETOWN BOARD OF EXAMINING PLUMBERS? IF SO PLEASE PROVIDE THE DATES. DATES: _____

12 EDUCATION: PLEASE PROVIDE A LIST OF ALL HIGH SCHOOL, TRADE SCHOOLS, COLLEGE(S) THAT YOU ATTENDED AND THE DATES AND DEGREES OR COMPLETION OF COURSES.

HIGH SCHOOL. DATES (STARTING / GRADUATION) FROM: _____ TO: _____

NAME & LOCATION: _____

TRADE SCHOOL DATES (STARTING / GRADUATION) FROM: _____ TO: _____

NAME & LOCATION: _____

COLLEGE. DATES (STARTING / GRADUATION) FROM: _____ TO: _____

NAME & LOCATION: _____

13 PLEASE ATTACHE ANY ADDITIONAL DOCUMENTATION THAT WILL HELP THE BOARD DETERMINE YOUR QUALIFICATIONS.

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18 **EXPERIENCE:** In the spaces provided below (attach additional pages or sheets as needed) any employment or occupation you have ever had which includes experience that qualifies you for the Certificate of Competency you are seeking. Include every other employer, employment, including military / war experience. Begin with your most recent employment and work backward consecutively to your first job. Applicants will be required to furnish satisfactory proof of experience claimed. You may attach a "Certified Work History" and provide affidavits from your previous employers to demonstrate the required 5 years as an apprentice plumber and 5 years as a journeyman / journeywoman plumber.

18A **FIRM NAME**

FIRM ADDRESS:

TYPE OF BUSINESS:

YOUR TITLE:

NAME & TILE OF YOUR IMMEDIATE SUPERVISOR:

LENGTH OF EMPLOYMENT:

FROM:

TO:

TOTAL LENGTH OF EMPLOYMENT:

18B **FIRM NAME**

FIRM ADDRESS:

TYPE OF BUSINESS:

YOUR TITLE:

NAME & TILE OF YOUR IMMEDIATE SUPERVISOR:

LENGTH OF EMPLOYMENT:

FROM:

TO:

TOTAL LENGTH OF EMPLOYMENT:

18C **FIRM NAME**

FIRM ADDRESS:

TYPE OF BUSINESS:

YOUR TITLE:

NAME & TILE OF YOUR IMMEDIATE SUPERVISOR:

LENGTH OF EMPLOYMENT:

FROM:

TO:

TOTAL LENGTH OF EMPLOYMENT:

18D IF ADDITIONAL SPACE FOR PLACES OR EMPLOYMENT OR EMPLOYERS ARE NEEDED, PLEASE ATTACH SEPARATE SHEETS USING THE SAME FORMAT AS ABOVE.

19 _____ PRINTED NAME

DATE: _____

SIGNATURE

STATE OF NEW YORK NOTARY STATEMENT

STATE OF NEW YORK

COUNTY OF: _____

COUNTY OF: _____

_____ (APPLICANTS NAME). The applicant for this certification has appeared personally before me and has duly sworn (or affirmed) that he / she has executed this application and to the best of his / her knowledge or belief all statements contained hereon are true.

SWORN BEFORE ME THIS _____

DAY OF _____

19 _____

SIGNATURE AND TITLE OF OFFICER OR NOTARY: _____