

Date _____

\$50.00 APPLICATION FEE MUST BE PAID BEFORE APPLICATION CAN BE PROCESSED

Board of Electrical Examiners
County of Greene
PO Box 55
Catskill, NY 12414

License No. Issued _____ Class _____
*****Above for Board use ONLY*****

APPLICATION FOR A MASTER ELECTRICIAN'S LICENSE -- "CLASS A" PAGE 1 OF 3
(TO BE FILLED OUT BY APPLICANT)

NAME _____

NUMBER AND STREET _____

TOWN/STATE _____ ZIP _____ COUNTY _____

TELEPHONE NUMBER _____ License Applied For _____ Class "A"

1. ARE YOU A CITIZEN OF THE UNITED STATES? _____

2. DATE AND PLACE OF BIRTH _____

3. COPY OF LICENSES OR CERTIFICATES PERTAINING TO APPLICATION.

4. PHOTO IDENTIFICATION

| 5. DAY SCHOOLS ATTENDED (GRAMMAR/HIGH SCHOOL/COLLEGE) | LENGTH OF ATTENDANCE | | WERE YOU GRADUATED? |
|--|----------------------|-------|---------------------|
| | NAME & LOCATION | FROM | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| 6. EVENING SCHOOLS ATTENDED | LENGTH OF ATTENDANCE | |
|-----------------------------|----------------------|---------|
| | NAME AND LOCATION | FROM TO |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| 7. CORRESPONDENCE COURSES | COURSE | LESSONS COMPLETED |
|---------------------------|--------|-------------------|
| | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

8. WHAT DIPLOMAS OR EVIDENCE OF GRADUATION FROM SCHOOLS DO YOU HOLD?

A) _____

B) _____

C) _____

9. PRESENT EMPLOYER _____ PHONE _____

ADDRESS _____

10. EXACTLY WHAT WORK DO YOU DO IN YOUR PRESENT SITUATION? _____

11. HOW LONG HAVE YOU WORKED FOR YOUR PRESENT EMPLOYER? _____

12. IF YOUR PRESENT EMPLOYER IS A FIRM OR CORPORATION, GIVE THE NAME AND POSITION OF THE PERSON CONNECTED WITH THE FIRM OR CORPORATION WHO IS YOUR IMMEDIATE SUPERIOR AND TO WHOM THE BOARD MAY REFER FOR

INFORMATION CONCERNING YOU. _____

_____ PHONE _____

13. GIVE THE NAME AND ADDRESS OF EVERY PERSON, FIRM OR CORPORATION BY WHOM YOU HAVE BEEN EMPLOYED FOR THE PAST FIFTEEN YEARS AND STATE JUST WHAT THE NATURE OF YOUR EMPLOYMENT WAS IN EACH CASE.

1 A) NAME OF EMPLOYER _____ PHONE _____

B) ADDRESS OF EMPLOYER _____

C) NATURE OF EMPLOYMENT _____

D) LENGTH OF TIME EMPLOYED FROM _____ TO _____ YEARS _____

E) AVERAGE MONTHLY EARNINGS _____

2 A) NAME OF EMPLOYER _____ PHONE _____

B) ADDRESS OF EMPLOYER _____

C) NATURE OF EMPLOYMENT _____

D) LENGTH OF TIME EMPLOYED FROM _____ TO _____ YEARS _____

E) AVERAGE MONTHLY EARNINGS _____

3 A) NAME OF EMPLOYER _____ PHONE _____

B) ADDRESS OF EMPLOYER _____

C) NATURE OF EMPLOYMENT _____

D) LENGTH OF TIME EMPLOYED FROM _____ TO _____ YEARS _____

E) AVERAGE MONTHLY EARNINGS _____

(USE ADDITIONAL SHEETS IF NECESSARY AND FASTEN TO THIS SHEET FIRMLY)

14. GIVE THE NAME, ADDRESS AND OCCUPATION OF TWO PERSONS TO WHOM THIS BOARD MAY APPLY FOR INFORMATION CONCERNING YOU AND YOUR TRADE EXPERIENCE.

A) NAME _____ PHONE _____

B) ADDRESS _____

C) OCCUPATION _____

A) NAME _____ PHONE _____

B) ADDRESS _____

C) OCCUPATION _____

WHICH OF THE ABOVE NAMED PERSONS ARE RELATED TO YOU BY BLOOD OR MARRIAGE?

15. HOW MANY YEARS OF APPRENTICESHIP DID YOU SERVE AT THE TRADE FOR WHICH YOU DESIRE AN ELECTRICAL LICENSE? _____

WHERE? _____

16. HOW MANY YEARS DID YOU SERVE AS A JOURNEYMAN AT THE TRADE FOR WHICH YOU DESIRE AN ELECTRICAL LICENSE? _____

17. HAVE YOU HAD PRACTICAL EXPERIENCE IN THE ELECTRICAL FIELD AS A SUPERVISOR, FOREMAN OR SUPERINTENDENT? IF SO EXPLAIN (WHERE)

HOW MANY MEN DID YOU HAVE UNDER YOUR SUPERVISION? _____

HOW MANY APPRENTICES? _____ DID YOU HAVE TO TRAIN APPRENTICES? _____

18. HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION? _____
IF SO, GIVE THE NAME AND ADDRESS OF THE EMPLOYER AND A STATEMENT OF THE REASON FOR DISCHARGE IN EACH CASE. _____

19. ARE YOU A MEMBER OF ANY TRADE ORGANIZATION OR ASSOCIATION? _____

IF SO GIVE THE NAME _____

20. HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR)? Y or N

IF YES, PLEASE EXPLAIN: _____

THE ABOVE HAS BEEN FILLED OUT IN MY OWN HANDWRITING AND I CERTIFY THAT THE INFORMATION THEREIN GIVEN IS TRUE.

SIGNATURE OF APPLICANT _____ DATE _____

FIRM NAME _____

POSITION IN FIRM _____

APPLICANT CONSENT FORM FOR PRE-EXAMINATION INVESTIGATION & RELEASE

I CERTIFY AND DECLARE UNDER PENALTY OF PERJURY UNDER RELEVANT STATE AND FEDERAL LAW THAT THE INFORMATION CONTAINED IN MY APPLICATION IS COMPLETE, TRUE AND ACCURATE. I ACKNOWLEDGE THAT FALSIFICATION OR OMISSION OF INFORMATION MAY RESULT IN IMMEDIATE RETRACTION OF ELIGIBILITY TO TAKE THE EXAMINATION FOR MASTER CLASS "A" ELECTRICIAN.

IN CONSIDERATION OF THE GREENE COUNTY BOARD OF ELECTRICAL EXAMINER'S REVIEW OF MY APPLICATION TO DETERMINE MY ELIGIBILITY TO TAKE THE EXAMINATION FOR MASTER CLASS "A" ELECTRICIAN, (HEREIN REFERRED TO AS THE BOARD) I HEREBY VOLUNTARILY CONSENT TO AND AUTHORIZE THE BOARD, OR ITS AUTHORIZED AGENTS BEARING THIS RELEASE OR COPY THEREOF, TO OBTAIN A CONSUMER REPORT FOR EXAMINATION PURPOSES. I AGREE THAT THIS CONSUMER REPORT MAY INCLUDE THE FOLLOWING:

- *EMPLOYMENT VERIFICATION, EDUCATION VERIFICATION, CREDENTIALS VERIFICATION
- *PERSONAL IDENTITY VERIFICATION, PAST EMPLOYMENT VERIFICATION, REFERENCE CHECKS
- *CRIMINAL RECORDS, CIVIL CASES, MOTOR VEHICLE RECORDS, CREDIT REPORT

I AUTHORIZE ALL PERSONS AND ORGANIZATIONS THAT MAY HAVE INFORMATION RELEVANT TO THIS RESEARCH TO DISCLOSE SUCH INFORMATION TO THE BOARD OR ITS AUTHORIZED AGENTS. I HEREBY RELEASE THE BOARD, ITS AUTHORIZED AGENTS, AND ALL PERSONS AND ORIGINATIONS PROVIDING INFORMATION FROM ALL CLAIMS AND LIABILITIES OF ANY NATURE IN CONNECTION WITH THIS RESEARCH. I HEREBY FURTHER AUTHORIZE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE CONSIDERED AS VALID AS THE ORIGINAL.

I UNDERSTAND THAT I HAVE SPECIFIC PRESCRIBED RIGHTS AS A CONSUMER UNDER THE FEDERAL FAIR CREDIT REPORTING ACT ('FCRA'), AND MAY HAVE ADDITIONAL RIGHTS UNDER RELEVANT STATE LAW. I HEREBY CERTIFY THAT I HAVE BEEN PRESENTED WITH A SUMMARY OF MY RIGHTS AS A CONSUMER UNDER THE FAIR CREDIT REPORTING ACT.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME

SOCIAL SECURITY NUMBER

SUMMARY OF YOUR RIGHT UNDER THE FAIR CREDIT REPORTING ACT (FCRA)

THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) IS DESIGNED TO PROMOTE ACCURACY, FAIRNESS AND PRIVACY OF INFORMATION IN THE FILES OF EVERY "CONSUMER-REPORTING AGENCY" (CRA). MOST CRA'S ARE CREDIT BUREAUS THAT GATHER AND SELL INFORMATION ABOUT YOU SUCH AS IF YOU PAY YOUR BILLS ON TIME OR HAVE FILED BANKRUPTCY TO CREDITORS, EMPLOYERS, LANDLORDS AND OTHER BUSINESSES. YOU CAN FIND THE COMPLETE TEXT OF THE FCRA, 15 U.S.C. 1681-1681U. AT THE FEDERAL TRADE COMMISSION'S WEB SITE (<http://www.ftc.gov>). THE FCRA GIVES YOU SPECIFIC RIGHTS AS OUTLINED BELOW. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE LAW. YOU MAY CONTACT A STATE OR LOCAL CONSUMER PROTECTION AGENCY OR A STATE ATTORNEY GENERAL TO LEARN THOSE RIGHTS.

YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU. ANYONE WHO USES INFORMATION FROM A CRA TO TAKE ACTION AGAINST YOU SUCH AS DENYING AN APPLICATION FOR CREDIT, INSURANCE OR EMPLOYMENT MUST TELL YOU AND GIVE YOU THE NAME, ADDRESS AND PHONE NUMBER OF THE CRA THAT PROVIDED THE CONSUMER REPORT.

YOU CAN FIND OUT WHAT IS IN YOUR FILE. AT YOUR REQUEST, A CRA MUST GIVE YOU THE INFORMATION IN YOUR FILE AND A LIST OF EVERYONE WHO HAS REQUESTED IT RECENTLY. THERE IS NO CHARGE FOR THE REPORT IF A PERSON HAS TAKEN ACTION AGAINST YOU BECAUSE OF INFORMATION SUPPLIED BY THE CRA, IF YOU REQUEST THE REPORT WITHIN 60 DAYS OF RECEIVING NOTICE OF THE ACTION. YOU ALSO ARE ENTITLED TO ONE FREE REPORT EVERY TWELVE MONTHS UPON REQUEST IF YOU CERTIFY THAT (1) YOU ARE UNEMPLOYED AND PLAN TO SEEK EMPLOYMENT WITHIN 60 DAYS, (2) YOU ARE ON WELFARE, OR (3) YOUR REPORT IS INACCURATE DUE TO FRAUD. OTHERWISE A CRA MAY CHARGE YOU UP TO EIGHT DOLLARS.

YOU CAN DISPUTE INACCURATE INFORMATION WITH THE CRA. IF YOU TELL A CRA THAT YOUR FILE CONTAINS INACCURATE INFORMATION, THE CRA MUST INVESTIGATE THE ITEMS (USUALLY WITHIN 30 DAYS) BY PRESENTING TO ITS INFORMATION SOURCE ALL RELEVANT EVIDENCE YOU SUBMIT UNLESS YOUR DISPUTE IS FRIVOLOUS. THE SOURCE MUST REVIEW YOUR EVIDENCE AND REPORT ITS FINDINGS TO THE CRA. (THE SOURCE ALSO MUST ADVISE NATIONAL CRA'S TO WHICH IT HAS PROVIDED THE DATA OF ANY ERROR.) THE CRA MUST GIVE YOU A WRITTEN REPORT OF THE INVESTIGATION AND A COPY OF YOUR REPORT IF THE INVESTIGATION RESULTS IN ANY CHANGE. IF THE CRA'S INVESTIGATION DOES NOT RESOLVE THE DISPUTE, YOU MAY ADD A BRIEF STATEMENT TO YOUR FILE. THE CRA MUST NORMALLY INCLUDE A SUMMARY OF YOUR STATEMENT IN FUTURE REPORTS. IF AN ITEM IS DELETED OR A DISPUTE STATEMENT IS FILED, YOU MAY ASK THAT ANYONE WHO HAS RECENTLY RECEIVED YOUR REPORT BE NOTIFIED OF THE CHANGE.

INACCURATE INFORMATION MUST BE CORRECTED OR DELETED. A CRA MUST REMOVE OR CORRECT INACCURATE OR UNVERIFIED INFORMATION FROM ITS FILES, USUALLY WITHIN 30 DAYS AFTER YOU DISPUTE IT. HOWEVER, THE CRA IS NOT REQUIRED TO REMOVE ACCURATE DATA FROM YOUR FILE UNLESS IT IS OUTDATED (AS DESCRIBED BELOW) OR CANNOT BE VERIFIED. IF YOUR DISPUTE RESULTS IN ANY CHANGE TO YOUR REPORT, THE CRA CANNOT REINSERT INTO YOUR FILE A DISPUTED ITEM UNLESS THE INFORMATION SOURCE VERIFIES ITS ACCURACY AND COMPLETENESS. IN ADDITION, THE CRA MUST GIVE YOU A WRITTEN NOTICE TELLING YOU IT HAS REINSERTED THE ITEM. THE NOTICE MUST INCLUDE THE NAME, ADDRESS AND PHONE NUMBER OF THE INFORMATION SOURCE.

YOU CAN DISPUTE INACCURATE ITEMS WITH THE SOURCE OF THE INFORMATION. IF YOU TELL ANYONE SUCH AS A CREDITOR WHO REPORTS TO A CRA THAT YOU DISPUTE AN ITEM, THEY MAY NOT THEN REPORT THE INFORMATION TO A CRA WITHOUT INCLUDING A NOTICE OF YOUR DISPUTE. IN ADDITION, ONCE YOU'VE NOTIFIED THE SOURCE OF THE ERROR IN WRITING, IT MAY NOT CONTINUE TO REPORT INFORMATION IF IT IS, IN FACT AN ERROR.

OUTDATED INFORMATION MAY NOT BE REPORTED. IN MOST CASES, A CRA MAY NOT REPORT NEGATIVE INFORMATION THAT IS MORE THAN SEVEN YEARS OLD, TEN YEARS FOR BANKRUPTCIES.

ACCESS TO YOUR FILE IS LIMITED. THE CRA MAY PROVIDE INFORMATION ABOUT YOU ONLY TO PEOPLE WITH A NEED RECOGNIZED BY THE FCRA USUALLY TO CONSIDER AN APPLICATION WITH A CREDITOR, INSURER, EMPLOYER, LANDLORD OR OTHER BUSINESS.

YOUR CONSENT IS REQUIRED FOR REPORTS THAT ARE PROVIDED TO EMPLOYERS, OR REPORTS THAT CONTAIN MEDICAL INFORMATION. A CRA MAY NOT GIVE OUT INFORMATION ABOUT YOU TO YOUR EMPLOYER, OR PROSPECTIVE EMPLOYER WITHOUT YOUR WRITTEN CONSENT. A CRA MAY NOT REPORT MEDICAL INFORMATION ABOUT YOU TO CREDITORS, INSURERS OR EMPLOYERS WITHOUT YOUR PERMISSION.

YOU MAY CHOOSE TO EXCLUDE YOUR NAME FROM CRA LISTS FOR UNSOLICITED CREDIT AND INSURANCE OFFERS. CREDITORS AND INSURERS MAY USE FILE INFORMATION AS THE BASIS FOR SENDING YOU UNSOLICITED OFFERS OF CREDIT OR INSURANCE. SUCH OFFERS MUST INCLUDE A TOLL-FREE NUMBER FOR YOU TO CALL IF YOU WANT YOUR NAME AND ADDRESS REMOVED FROM FUTURE LISTS. IF YOU CALL, YOU MUST BE KEPT OFF THE LIST FOR TWO YEARS. IF YOU REQUEST, COMPLETE AND RETURN THE CRA FORM PROVIDED FOR THIS PURPOSE, YOU MUST BE TAKEN OFF THE LISTS INDEFINITELY.

YOU MAY SEEK DAMAGES FROM VIOLATORS. IF A CRA, A USER OR (IN SOME CASES) A PROVIDER OF CRA DATA, VIOLATES THE FCRA, YOU MAY SUE THEM IN STATE OR FEDERAL COURT. THE FCRA GIVES SEVERAL DIFFERENT FEDERAL AGENCIES AUTHORITY TO ENFORCE THE FCRA.