

DELAWARE COUNTY PERSONNEL OFFICE
1 Courthouse Square, Suite #2, Delhi, NY 13753
607-832-5678

330- APPLICATION FOR EXAMINATION / EMPLOYMENT

POSITION TITLE _____

Examination Number _____

This application is part of your examination. #1 – 6 must be answered fully and carefully. Print in ink, use a typewriter or complete the application online. Attach additional sheets if necessary in order to give complete and detailed information. **An incomplete application may result in its disapproval.**

1. SOCIAL SECURITY NUMBER: _____

2. NAME (Last, First, MI): *Please Print*

L: _____ F: _____ MI: _____

Mailing Address _____

City or Post Office _____ State _____ Zip Code _____

Phone (w/Area Code, Home/Alternate) _____

H: _____ Alt: _____

Email: _____

CHANGE OF ADDRESS:

Notify this agency immediately of any change of Address. When writing give the number and title of examination, or title of position applying for.

3. **State your actual permanent legal residence** and indicate for how long you have resided there continually, up to and including the date of this application.

NAME	YEARS	MONTHS
School District _____		
City or Village Of _____		
Town Of _____		
County Of _____		

4. OTHER PERSONAL INFORMATION: _____

5. Check appropriate box to the right of each question:

YES | NO

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?
- B. Did you ever resign from any employment rather than face dismissal?
- C. Have you ever had a driver's license suspended or revoked?
- D. Have you ever had a professional license suspended or revoked?
- E. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances?
- F. Have you ever been convicted of any crime (felony or misdemeanor)?
- G. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?
- H. Are you now under charges for any crime?

If you answered "YES" to any of the Questions 5A--H above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

6. Do you need **SPECIAL ARRANGEMENTS** for examination? ____ Yes ____ No

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of exam), or a handicapped person (require special arrangements in order to participate in the exam), you must write to the Personnel Office no later than the last filing date for the exam. Your request must include exam number, title and type of special arrangements required.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

7. THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant Date

Indicate any other surname (last name) by which you are or have been known.

For Personnel Office Use ONLY:

Date Received _____ Reviewed By _____

Approved Conditional Disapproved

PROM DATE: INFO NEEDED: Reasons for DISAPPROVAL

- | | | |
|------------------------------|--|--------------------------------------|
| _____ | <input type="checkbox"/> Required Transcripts | <input type="checkbox"/> No Fee |
| | <input type="checkbox"/> Resume Only, Submit Application | <input type="checkbox"/> Education |
| FEE PAID: | <input type="checkbox"/> Clarify Residency | <input type="checkbox"/> Residency |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Age | <input type="checkbox"/> Age |
| <input type="checkbox"/> No | <input type="checkbox"/> Citizenship | <input type="checkbox"/> Citizenship |
| Date _____ | <input type="checkbox"/> Experience | <input type="checkbox"/> Experience |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

8. VETERANS CREDITS:

If you are making a claim for veteran's credits with this application, be sure you read the following information carefully.

Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veteran's credits, you must check (✓) the appropriate category and answer all questions A-D. Failure to do so accurately and completely may result in denial of your claim.

If you are claiming credits as a **disabled war veteran**, you must, **in addition** to meeting the requirements as indicated by a "YES" answer to questions A-D and a "NO" answer to question 9B, be certified by the Veterans Administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a "Time of War" as indicated in question 8C.

Persons claiming credits as disabled war veterans may be contacted by this agency for additional information as necessary.

All claims and grants of veteran's credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to what documents must be produced for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such misstatement or fraud.

Check appropriate box to the right of each question:

- A. Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by Law on a **full-time active duty basis other than active duty for training purposes**).
- B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances?
- C. Did you serve in the Armed Forces of the United States during any of the following periods?
 —(12/7/41 - 12/31/46) (6/27/50 - 1/31/55) (12/22/61 - 5/7/75) (6/1/83 - 12/1/87*) (10/23/83 - 11/21/83*) 12/20/89 - 1/31/90*
 (Persian Gulf: 8/2/90 ?)
 —U.S. Public Health Service: (7/29/45 - 12/31/46) or (6/27/50 - 7/3/52).
 —A member of the National Guard activated during the U.S. Postal Strike (3/23/70 - 3/30/70)
***Credit for Lebanon, Grenada and Panama will be limited to those who received the armed forces, navy or marine corps expeditionary medal.**
- D. Are you currently a resident of New York State?

YES | NO

9. VETERANS' STATUS:

- A. If, for this examination, you wish to claim additional credit as an honorably discharged veteran, check the appropriate box below and answer questions A-D above. DISABLED WAR VETERAN NONDISABLED WAR VETERAN
- B. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?

10. VOLUNTEER FIREMAN STATUS:

Are you now, or have you ever been a volunteer fireman? If yes, name and location of the company:

Dates of Service: from _____ to _____.

11. DRIVER'S LICENSE: ALL APPLICANTS MUST COMPLETE THIS SECTION.

Do you have a valid NYS driver's license? YES NO License # _____ Class _____

CDL Endorsements & Restriction Codes: _____

12. PROFESSIONAL LICENSES / CERTIFICATES:

If a license, certificate, permit or other authorization is required to practice a trade or profession you are applying for, complete the following question. 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: (Mo. / Yr.)	To: (Mo. / Yr.)

13. EDUCATION:

- A. Have you graduated from high school? YES _____ NO _____ If YES, Name and Location of High School _____

If you have a high school equivalency diploma, indicate: Number _____ Date of Issue _____

- B. If **typing is required** for the position / exam you are applying for, please describe any **formal training** you have had in **typing**, i.e. high school course, BOCES, college, etc. _____

C. APPLICANTS CLAIMING COLLEGE CREDITS MUST SUBMIT A COPY OF THEIR OFFICIAL COLLEGE TRANSCRIPTS.

- Transcripts Enclosed Transcripts requested from college(s)

Name of School and Address	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Rec'd. or Expected
College, University, Professional or Technical School				
Other Schools or Special Courses				

14. **EMPLOYMENT REFERENCES:** (give name, full address and phone number)

1. _____
2. _____
3. _____

15. Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. **PLEASE NOTE: ALL PERTINENT EMPLOYMENT INFORMATION MUST APPEAR ON THIS APPLICATION. DO NOT REFERENCE A RESUME. DATES OF EMPLOYMENT, HOURS WORKED, YOUR TITLE AND A DESCRIPTION OF DUTIES PERFORMED MUST BE SHOWN ON THIS APPLICATION.** Describe volunteer or unpaid experience in the same way as paid work, showing its volunteer nature in the earnings box. Volunteer work may or may not be accepted as qualifying experience (see exam announcement). You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will **NOT** be interpreted in your favor. **If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly as a separate employment.** (If more space is needed, you may attach additional pages.) Under "duties" for each employment describe the nature of the work personally performed by you, **with estimated percentage of time spent on each type of work.** State size and kind of working force, if any, supervised by you and extent of such supervision.

LENGTH OF EMPLOYMENT FROM MO / YR TO MO / YR	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK / MO / YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving		
LENGTH OF EMPLOYMENT FROM MO / YR TO MO / YR	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK / MO / YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving		
LENGTH OF EMPLOYMENT FROM MO / YR TO MO / YR	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK / MO / YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving		

16. EMPLOYMENT / BACKGROUND CHECK AUTHORIZATION - IMPORTANT: This section MUST BE COMPLETED. Failure to sign this section will result in DISAPPROVAL of your application for employment or examination.

I, _____, except as herein noted, hereby authorize the release of information regarding

PRINT YOUR FULL NAME

prior employment history/records including but not limited to performance evaluations and any disciplinary actions, personal references, educational records, law enforcement records, drivers license and driving records, credit reports and all like information bearing on my qualifications and fitness (which may include Drug and Alcohol testing) for employment to the Delaware County Personnel Office and/or any County Appointing Authority in any jurisdiction in the County of Delaware to which I am applying for employment. I do not authorize the release of medical or related information that would otherwise be prohibited from release by the American Disability Act or similar legislation.

I further release all parties supplying said information from any liability and responsibility arising from their supplying said information.

It is understood that only relevant information obtained as the result of this release shall be considered for employment purposes and information obtained will be considered and evaluated on a case by case basis in relation to the duties and responsibilities of the position(s) for which I am applying.

A photocopy of this release will be as valid as an original thereof even though said photocopy does not contain an original writing of my signature.

Print below any other name(s) by which you have been known.

* Social Security Number

* This information will be used for identification purposes only.

SIGNATURE

DATE

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets).