

CHENANGO COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

_____ Position Title Examination Number _____

NOTE: A separate application must be completed for each separately numbered examination you wish to take, and for each separately titled position you apply for. When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

1. NAME AND LEGAL RESIDENCE (Please Print)

_____ Last First M.I. _____

_____ Street Address or Post Office Box _____

_____ City State Zip Code _____

Phone # (include Area Code) _____

Home/Cell: _____ Business: _____

Email Address: _____

2. Social Security Number: _____

3. Are you under 18 years of age? YES NO

If YES, OR if minimum and/or maximum age limits are established for the position applied for, such as **POLICE OFFICER, DEPUTY SHERIFF AND CORRECTION OFFICER**, enter your **date of birth** here:

MONTH _____ DAY _____ YEAR _____

4. VETERANS' CREDITS (See Instruction E)

If you wish to claim additional credit as an honorably discharged war time veteran, check the appropriate box below and answer questions 9A through E.

- Disabled War Veteran
- Nondisabled War Veteran

5. SPECIAL TESTING ARRANGEMENTS (Optional – See Instruction D)

- I am a Saturday religious observer and cannot be tested on the scheduled test date.
- I require reasonable accommodations to take this test.

6. Are you authorized to work in the United States? YES NO

At time of appointment, you will be required to produce documents which establish your identity and your eligibility to be employed in the United States.

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

	Name	Years	Months
School District:			
Village of:			
Town of:			
County of:			
State of:			

DO NOT WRITE IN THIS SPACE

Approved: _____ Disapproved: _____ Conditional: _____

Exam Fee:

Collected: _____ Not Submitted: _____ Waived: _____

8. Check appropriate box:

- A.** Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
- B.** Did you ever resign from any employment rather than face dismissal? YES NO
- C.** Did you ever receive discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions? YES NO
- D.** Have you ever been convicted of any crime (felony or misdemeanor)? YES NO

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO

F. Are you now under charges for any crime? YES NO

G. Are you an exempt volunteer firefighter? YES NO

If you answered "YES" to any of the questions 8 A-G 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 for which you are applying.

9. Please answer the following questions for Veterans' Credits. Be sure that you read instruction E relating to Veterans' Credits and have claimed these credits in question 4.

A. Have you received or do you expect to receive a discharge which was honorable or release under honorable circumstances from 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). YES NO

B. Have you served, or are you now serving, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods?

- December 7, 1941 to December 31, 1946, June 27, 1950 to January 31, 1955, February 28, 1961 to May 7, 1975, August 2, 1990 to the date when the Persian Gulf hostilities end.

- Commissioned Corps of the U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950, to July 3, 1952.

- A recipient of the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal during the following "time of war or hostilities":

Lebanon - June 1, 1983 - December 1, 1987

Grenada - October 23, 1983 - November 21, 1983

Panama - December 20, 1989- January 31, 1990

YES NO

C. Are you a United States Citizen or an alien lawfully admitted for permanent residence? YES NO

D. Are you currently a resident of New York State? YES NO

E. Have you ever 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? YES NO

THIS AFFIRMATION MUST BE COMPLETED

By checking this box, I affirm, subject to the penalties of perjury, that the statements made in this application and any supplemental papers are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment or examination and/or lead to revocation of my appointment, and I hereby authorize investigation of all matters contained in this application. I further agree that this is equivalent to my original signature and that I may be required to sign this application form at a future date.

Date: _____

Please print below any other last name by which you are or have been known:

10. EDUCATION

If college coursework or a college degree is required for appointment or examination a candidate must submit proof of education. Normally a college transcript will satisfy this requirement. Filing of applications should not be delayed while obtaining transcripts. Applicants need only attach a note to their application indicating that transcripts have been requested and will be submitted upon receipt.

Have you graduated from high school? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, indicate name and location of high school:
--	--

If you have a high school equivalency diploma, indicate issuing governmental authority:	Number:
---	---------

	Name of School & City in which located	Dates of Attendance (Month & Year) From To	Day or Night	Full or Part-Time	No. of Years Credited	Were you graduated?	Type of Course or Major Subject	No. of college credits received	Type of Degree	Date degree received or expected
College University Professional or Technical School										
Special Courses										

11. PROFESSIONAL LICENSE OR CERTIFICATION - Complete the following if a license, certificate, or other authorization to practice a trade or profession is required for examination or appointment to the position sought. 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.)	

12. DRIVERS LICENSE - Certain positions require possession of a valid New York State Drivers License at time of appointment. If required for the position you are applying for, do you have a valid New York State Driver's License? YES NO CLASS: _____

13. DESCRIPTION OF EXPERIENCE: Starting with your most recent job first, describe in detail ALL your work experience below. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work showing its volunteer nature in the "Experience Type" box. Qualifying volunteer or unpaid experience will be considered if verifiable and fully documented. 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 you have had military service which includes experience pertinent to the position, describe such experience as a separate employment. If your title changed in the course of your service in any one organization, indicate such change clearly and as a separate employment (if more space is needed, attach 8 1/2"x11" sheets of paper). **Under "Describe Duties" for each employment, describe in detail the nature of work personally performed by you and indicate the estimated percentage of time spent on each type of work.** State size and kind of work force, if any, supervised by you and the extent of such supervision. The employment section of this application must be completed in detail. A resume may not serve as a substitute, but may be included with the application.

Firm Name:	Address:	City & State:	Phone Number:
------------	----------	---------------	---------------

Length of Employment (Mo/Year) From: To: / /	Describe Duties:
Experience Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Your exact title:	
Name of Supervisor:	
Supervisor's Title:	

No. hours worked per week (Exclusive of overtime):	Reason for Leaving:
---	---------------------

Firm Name:	Address:	City & State:	Phone Number:
------------	----------	---------------	---------------

Length of Employment (Mo/Year) From: To: / /	Describe Duties:
Experience Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Your exact title:	
Name of Supervisor:	
Supervisor's Title:	

No. hours worked per week (Exclusive of overtime):	Reason for Leaving:
---	---------------------

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (Mo/Year) From: ____ / ____ To: ____ / ____	Describe Duties:		
Experience Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer			
Your exact title:			
Name of Supervisor:			
Supervisor's Title:			
No. hours worked per week (Exclusive of overtime):	Reason for Leaving:		

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (Mo/Year) From: ____ / ____ To: ____ / ____	Describe Duties:		
Experience Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer			
Your exact title:			
Name of Supervisor:			
Supervisor's Title:			
No. hours worked per week (Exclusive of overtime):	Reason for Leaving:		

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (Mo/Year) From: ____ / ____ To: ____ / ____	Describe Duties:		
Experience Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer			
Your exact title:			
Name of Supervisor:			
Supervisor's Title:			
No. hours worked per week (Exclusive of overtime):	Reason for Leaving:		

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (Mo/Year) From: ____ / ____ To: ____ / ____	Describe Duties:		
Experience Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer			
Your exact title:			
Name of Supervisor:			
Supervisor's Title:			
No. hours worked per week (Exclusive of overtime):	Reason for Leaving:		

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

