



**If you are applying for a law enforcement position, a position requiring a Commercial Driver's License, or if you are under the age of 18, enter your date of birth here:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Unless otherwise specified in the examination announcement, there are no age restrictions. However, there may be statutory restrictions on your employment if you are under 18.

**5.** Are you 18 years of age or older?  YES  NO If no, you must supply a work permit.

Are you a citizen of the United States?  YES  NO If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

Do you have a **High School diploma**?  YES  NO  
 If YES, **NAME AND LOCATION OF HIGH SCHOOL:** \_\_\_\_\_

Or, a **High School Equivalency Diploma (GED)**?  YES  NO  
 If YES, **GOVERNMENT AUTHORITY (GED) NUMBER:** \_\_\_\_\_

**6. EDUCATION**

Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.

INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU Graduate	DEGREE EARNED OR EXPECTED
NAME OF SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR /
Address (City, State)					
NAME OF SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR /
Address (City, State)					

**7. LIST MOST RELEVANT COURSE WORK IF REQUIRED FOR THE POSITION**

NAME OF COURSE	DIVISION	CREDIT HOURS	NAME OF COURSE	DIVISION	CREDIT HOURS
Accounting I (Example)	Business Mngt (Example)	3 (Example)			

**8. LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION**

Skill, Trade, or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr) From	To

**9. DRIVER'S LICENSE:** Number \_\_\_\_\_ State \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Class of License: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Restrictions \_\_\_\_\_

If the position for which you are applying requires a CDL, please provide a photocopy of the license.

10.

**EXPERIENCE:** Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. **You may include a resume, but you MUST also complete this section or your application may be disapproved.** Under “DUTIES” describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. Part-time experience will be prorated unless otherwise stated on the announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain **all** information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc.)

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year / to /	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year / to /	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year / to /	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year / to /	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

**11. VETERANS CREDITS: Please check box if you have ever served in the Armed Forces of the United States**

Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as a veteran or disabled veteran must submit an “**Application for Veterans’ Credit**” form and a copy of their discharge papers (form DD-214).

**12. TESTING ACCOMMODATIONS**

We provide reasonable accommodations in testing for persons with disabilities. If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

Yes, I need testing accommodations. (Attach a description of the accommodation request.)

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**ALTERNATE TEST DATE:** If you cannot take the test on the announced test date because of any of the following reasons, arrangements may be made for you to take the test on an alternate test date. If applicable, **check** the appropriate box below and attach supporting documentation with this application. In the case of an emergency, please notify this office on the **next** business day following the exam date. You will be required to submit **documentation** of your emergency.

A death in the immediate family or household within the week preceding the examination

A medical emergency involving you or a member of the immediate family

Military orders

Religious observance

Participant or immediate family member of a participant in a religious or civil ceremony (wedding, graduation, baptism, bar mitzvah)

Vacation plans for which a non-refundable down payment was made before the exam announcement was issued

A required court appearance

A conflicting professional or educational examination

**13. COMPLETE THIS SECTION ONLY IF YOU QUALIFY TO HAVE THE EXAM FEE WAIVED**

Section 50.5(b) of the NYS Civil Service Law allows exam fees to be waived for candidates who certify that they are currently in one of the following categories. Check box that applies to you:

Unemployed and primarily responsible for support of a household

Eligible to receive Medicaid

Receiving Supplemental Security Income (SSI)

Receiving Temporary Assistance for Needy Families (TANF)

A certified eligible under the Workforce Investment Act (WIA)

I certify that I am qualified to receive an exam fee waiver because of my current status indicated above. I understand that my waiver claim may be investigated and that I may be disqualified from the civil service exam(s) if I make a false statement regarding my eligibility for the exam fee waiver.

**Signature (if eligible)** \_\_\_\_\_ **Date** \_\_\_\_\_

**14. AFFIRMATION**

I affirm under penalties of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize Seneca County to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application for employment by Seneca County does not constitute or imply a commitment or willingness to offer employment to me in this or any other position. I also do hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York, and that I will faithfully discharge the position I am applying for according to the best of my ability.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Sign in BLUE ink.

**SENECA COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

It is the policy of the Seneca County Department of Personnel and Civil Service to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, criminal record, Veteran status, or sexual orientation.