

MSD-330
APPLICATION FOR EXAMINATION OR EMPLOYMENT
**Seneca County Department of Personnel &
Civil Service**

1 DiPronio Drive, Waterloo, NY 13165

www.co.seneca.ny.us

Phone: 315-539-1710 Fax: 315-539-1658

CIVIL SERVICE OFFICE USE

Received _____
Approved: _____
Disapproved: _____
Fee Paid: CASH/CK/MO/WAIVED _____
Vet: App ___ DD214 ___ Disabled Authorization ___
Crossfile: _____

Note: This application is part of your examination. Answer all questions completely and carefully in ink. Some questions can be answered with an "X" on the line which applies to you. Attach additional sheets if necessary in order to give complete and detailed information. Carefully read the announcement for this position to find out the minimum qualifications. An incomplete application may result in disapproval. The applicant should make sure that every question is answered and that the application is complete in all respects, including the title of the exam or position.

***** YOU MUST SIGN THE AFFIRMATION AT THE BOTTOM OF PAGE 4 *****

1. Position or Examination Title:	
Exam Number (if applicable):	Social Security Number:

2. NAME AND LEGAL RESIDENCE: (Please notify this office immediately of any information changes.)

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

MAILING ADDRESS:
(if different from above) STREET CITY STATE ZIP

PHONE NUMBER: () Home () Business () Cell

EMAIL ADDRESS: _____

Indicate any other names by which you have been known _____

3. SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE

State your permanent legal residence. All applicants, including candidates in all open-competitive examinations must at time of the examination/application have been legal residents of Seneca County or one of the 6 contiguous counties for at least one (1) month.

I currently reside (**indicate one of the three**) in the: **(1) City** of _____

OR (2) Town of _____, **OR (3) Village** of _____

in the **School District** of _____ located in the **County** of _____

in the **State** of _____.

Have you lived in your current residence for at least (1) month? YES NO

BACKGROUND INVESTIGATION: Applicants may be required to undergo a state and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification. Applicants chosen for employment will be required to fill out a Self-Evaluation Health Form and may be required to have a post-employment physical.

4. COMPLETE ALL QUESTIONS

<input type="checkbox"/> YES <input type="checkbox"/> NO	A. Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
<input type="checkbox"/> YES <input type="checkbox"/> NO	B. Did you ever resign from any employment rather than face discipline or discharge?
<input type="checkbox"/> YES <input type="checkbox"/> NO	C. 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 conditions?
<input type="checkbox"/> YES <input type="checkbox"/> NO	D. Have you ever been convicted of any crime (felony or misdemeanor)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	E. Are you now under charges for any crime?
<input type="checkbox"/> YES <input type="checkbox"/> NO	F. Are you registered with the County Clerk as an Exempt Volunteer Firefighter? If yes, indicate years of service: _____

If you answered (**YES**) to any of these questions, provide details on a separate 8 1/2 x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide details may significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities. 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.

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. 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.)

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

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** _____

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.