

Rcvd. _____
 By _____
 Exam Fee/Date _____
 Exam Date _____
 Appointed _____

YATES COUNTY PERSONNEL DEPARTMENT

417 Liberty Street, Suite 1007
 Penn Yan, NY 14527
 315-536-5112

**APPLICATION FOR
 EXAMINATION OR EMPLOYMENT**

OFFICE USE ONLY

Approved _____
 Conditional _____
 Waiting for _____
 Received _____
 Disapproved _____

This application is part of your examination. Answer all questions fully and carefully in ink or by typewriter. 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. Yates County is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, creed, sex, age, national origin, marital status, criminal record, disability, veteran status, or sexual orientation.

PLEASE PRINT OR TYPE LEGIBLY.

1. Title of position applying for _____
 (Use separate applications for each title)

2. NAME/MAILING ADDRESS/PHONE

_____ Last First MI

_____ Physical Address

_____ Mailing Address State Zip

_____ Home Phone Business Phone

_____ Cell Phone Email

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN MAILING ADDRESS BEFORE OR AFTER EXAMINATION.

3. Are you 18 years of age or older? ____ Yes ____ No
 If not, state your age: _____

4. Applicants for Police Officer or Deputy Sheriff:
 State age: _____ Date of Birth: Mo. ____ Day ____ Yr. _____

5. SOCIAL SECURITY NUMBER: _____

6. Are you a citizen of the United States?
 Yes No

If no, do you have the legal right to reside and accept employment in the United States?

Yes No

7. LEGAL RESIDENCE: State your actual permanent legal residence and indicate for how long you have resided in the county. **THIS MUST BE COMPLETED IN FULL.**

I am **PRESENTLY** a legal resident of:

	Name	Yrs.	Mos.
County of			
School District			
City/Village of			
Town of			
State of			

8. Have you ever filed any other application for employment with Yates County?

If "Yes", give titles and dates. ____ Yes ____ No

_____ Titles Dates

_____ Titles Dates

9. Have you any objections to this department making inquiry regarding your character and qualification from

(a) Your former employers? Yes No

(b) Your present employer? Yes No

If answer is "Yes" to either (a) or (b), explaining in No. 19.

10. CHECK APPROPRIATE ANSWER FOR EACH QUESTION:

	YES	NO
A. Were you ever dismissed or discharged from any employment for reasons than lack of work or funds?	_____	_____
B. 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?	_____	_____
C. Have you ever been convicted of any crime?	_____	_____
D. Did you ever resign from any employment rather than face dismissal?	_____	_____

If you answered "YES" to any of the questions above, give specifics in remarks (No. 19) or on an additional sheet. None of the above circumstances represents an automatic bar to employment. Each case is considered an evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

ANSWER QUESTIONS 11 a-e ONLY IF YOU ARE CLAIMING ADDITIONAL CREDITS AS A DISABLED OR NON-DISABLED VETERAN ON THIS EXAM.

- 11 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).
 Yes _____ No _____
- b. If "Yes", did you receive an honorable discharge?
 Yes _____ No _____
- c. Did you serve in the Armed Forces of the United States during any of the following periods?
 Yes _____ No _____
- Dec. 7, 1941 - Dec. 31, 1946
 - June 27, 1950 - Jan. 31, 1955
 - Feb. 28, 1961 - May 7, 1975
 - U.S. Public Health Service: July 29, 1945 - Sept. 3, 1945 or June 25, 1952 - July 4, 1952
 - A member of the National Guard activated during the U.S. Postal Strike March 23, 1970 - March 30, 1970
 - June 1, 1983 - Dec. 1, 1987
 - Oct. 23, 1989 - Jan. 31, 1990
 - Aug. 2, 1990 to the end of such hostilities (not yet determined)
- Credit for Lebanon, Grenada, and Panama will be limited to those who received the armed forces expeditionary medal, the navy expeditionary medal, or the marine corps expeditionary medal.

- d. Are you currently a resident of New York State?
 Yes _____ No _____
- e. Since January 1, 1951, 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 service?
 Yes _____ No _____
12. Have you a license, certificate, or other authorization to practice a trade or profession?
 Name of trade or profession: _____
 Granted by (Licensing Agency): _____
 City or State of: _____
 Licensed from: _____ to _____
 License Number: _____
13. If you require special accommodations for scheduling of the test or at the test site, indicate below and explain in #19 - remarks section.
 _____ yes

14. EDUCATION: (If more space is required for full explanation, attach additional sheets above this line.)

Have you graduated from high school? Yes No Name of School _____
 City and State _____

If you did not graduate, circle highest grade completed: 6 7 8 9 10 11 12

Type of course or major subject: _____

If you have a high school equivalency diploma, indicate:
 Issuing Governmental Authority _____

Provide Number or Attach Copy

	Name of School Street Address City, State, Zip	Date of Attendance Month & Year		No. of Years Completed	Were You Graduated?	Day or Night	Full or Part Time	Type of Course or Major Subject	Number of College Credits Rec'd	Type of Degree Rec'd
		From	To							
College, University, Professional or Technical School										
Other Schools or Special Courses										

Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

1. Have you loans made or guaranteed by the NYS Higher Education Services which are currently outstanding: _____ Yes _____ No
2. If so, are you presently in default on any such loan: _____ Yes _____ No

15. Have you enclosed a transcript herewith? If not, please note that one may be requested at a later date.
 _____ Yes _____ No

16. Do you have a valid NYS motor vehicle operator's license?
 _____ Yes _____ No

If yes, class _____ number _____

Date of expiration _____

NOTICE: See General Instructions #11

17. DESCRIPTION OF EXPERIENCE - Beginning with the most recent, describe below in detail ALL employment. 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(s), describe such experience as a separate employment. IF YOUR TITLE OR DUTIES CHANGED MATERIALLY IN THE COURSE OF YOUR SERVICE IN ANY ONE ORGANIZATION, INDICATE SUCH CHANGE CLEARLY AND AS A SEPARATE EMPLOYMENT. (If more paper is needed, attach 8½x11 sheets of paper.) 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 the extent of such supervision.

DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. PLEASE PRINT OR TYPE.

LENGTH OF EMPLOYMENT FROM Mon Yr TO Mon Yr	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ Wk Mon Yr	DUTIES:		OFFICE USE
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 Mon Yr TO Mon Yr	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ Wk Mon Yr	DUTIES:		OFFICE USE
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 Mon Yr TO Mon Yr	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ Wk Mon Yr	DUTIES:		OFFICE USE
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 Mon Yr TO Mon Yr	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ Wk Mon Yr	DUTIES:		OFFICE USE
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:		

18. NOTE: When filling out your application form, check to make sure that all questions have been answered. **An incomplete application may result in its disapproval.**

19. Remarks: (Use this space to provide any additional information, as necessary, with respect to questions 9, 10 & 13.)

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

Date

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

GENERAL INSTRUCTIONS TO CANDIDATES

1. CITIZENSHIP:

Citizenship is not required except for positions as Public Officials.

2. AGE LIMITS:

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.

3. RESIDENCE:

Unless otherwise specified in the examination announcement, candidates in all open-competitive examinations must at the time of the examination have been legal residents of Yates County or one of the four contiguous counties for at least one month.

4. APPLICATION FORMS:

A regular application must be filed for each examination or position. The applicant should make sure that every question is answered and that the application is complete in all respects, including title of examination or position.

5. TRANSCRIPTS:

Whenever college transcripts are requested, they should be submitted with the application for the examination, or as soon thereafter as possible before the examination.

6. INVESTIGATION OF CANDIDATES:

Inquiries may be made as to character and ability of candidates and all statements made by candidates in their applications are subject to verification.

7. VETERAN'S CREDITS:

Disabled and non-disabled veterans who establish eligibility for additional credits and are successful in the examination are entitled to have 10 and 5 points, respectively (5 and 2 1/2 points of credits in the case of PROMOTIONAL Examination), added to their earned scores provided that they have not used such credits to obtain permanent appointment or promotion subsequent to Jan. 1, 1951. You will be allowed the option of waiving these credits after the completion of the examination.

8. EXAMINATION NOTICES:

The Personnel Officer does not acknowledge receipt of applications, but all applicants will be notified of the disposition of the applications. Approved candidates will be notified at least four days in advance of the place, date, and hour of the examination.

9. SENIORITY ON PROMOTION EXAMS:

Rating of seniority is based on the length of continuous permanent competitive service in the jurisdiction indicated.

10. VERIFICATION OF QUALIFICATIONS:

Before the eligible list is established or at any time during the life of the eligible list, candidates may be investigated or called for an interview to determine whether or not they are fully qualified for appointment. In addition to meeting specific requirements, candidates must be of good moral character and habits.

11. In accordance with the Omnibus Transportation Employee Testing Act of 1991, all final applicants for positions requiring a CDL must undergo and pass a pre-employment drug test.