COUNTY OF JEFFERSON
DEPARTMENT OF HUMAN RESOURCES
COUNTY OFFICE BUILDING - 175 ARSENAL STREET
WATERTOWN, NEW YORK 13601

1. APPLICATION FOR EXAMINATION OR EMPLOYMENT

_____ Position Title _____ Examination Number

This application is part of your examination. Answer all questions fully and carefully. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information.

2. **NAME, MAILING ADDRESS, AND PHONE** (Please Print)
Last First M.I.

_____
Street Address

_____
City or Post Office State Zip Code

_____
Phone (Include Area Code)

Home Business

3. **SOCIAL SECURITY NUMBER** -- --

4. Are you under 18 or over 70 years of age? YES [ ] NO [ ]
If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

Month _____ Day _____ Year _____

5a. Have you ever served in the Armed Forces of the United States?
YES [ ] NO [ ]

b. **VETERANS CREDITS** (See Instruction E)
If, for this examination, you wish to claim additional credits as an honorably discharged veteran, check the appropriate box below and answer question 10.
[ ] DISABLED VETERAN
[ ] NON-DISABLED WAR VETERAN

6. **SPECIAL ACCOMMODATIONS IN TESTING**
[ ] I require special accommodations to take this test. (See Instruction D)

7. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?
YES [ ] NO [ ]
(Non-citizens may be required to produce I-151 or I-551 Alien Registration Card at time of appointment.)

8. 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			
State of			

FOR CIVIL SERVICE USE ONLY
[ ] PD [ ] W [ ] NFR [ ] NDV [ ] DV

Date Received _____ By _____

[ ] Approved [ ] Conditioned [ ] Disapproved

9. Check the 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 a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? [ ] 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

If you answered "YES" to any of the Questions 9 A-F 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.

10. **DO NOT COMPLETE THIS SECTION UNLESS YOU:**
1. Wish to claim War Time Veterans Credits, AND
2. Have NOT used veterans credits for appointment to a position in New York State or Local Government employment since January 1, 1951.

EXTRA CREDIT FOR WAR TIME VETERANS

YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS.

I received, or expect to receive, a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. [ ] YES [ ] NO

(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**.)

I served, or am serving, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods: [ ] YES [ ] NO

[ ] **In the Armed Forces**: Aug. 2, 1990 to the date when the **Persian Gulf hostilities** ends: Dec. 22, 1961 to May 7, 1975; June 27, 1950 to Jan. 31, 1955; Dec. 7, 1941 to Dec. 31, 1946;
[ ] ***or* earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in: *(Panama)** Dec. 20, 1989 to Jan. 31, 1990; ***(Lebanon)** June 1, 1983 to Dec. 1, 1987; ***(Grenada)** Oct. 23, 1983 to Nov. 21, 1983;
[ ] ***or* in the U.S. Public Health Service:**
June 26, 1950 to July 3, 1952; July 29, 1945 to Sept. 2, 1945

I am a United States citizen or an alien lawfully admitted for permanent residence. [ ] YES [ ] NO

I am a New York State resident. [ ] YES [ ] NO

To claim additional credits as a Disabled Veteran, you must also answer YES to this question:

I am receiving payments from the U.S. Department of Veterans Affairs for a service-connected disability rated at 10% or more incurred during a "Time of War" period listed above. [ ] YES [ ] NO

To claim conditional credits, please check:
I am currently on active duty in the Armed Forces and wish to apply for veterans credits (see Instruction E). [ ] YES [ ] NO

NOTE: 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

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.

(Please Print)

DO NOT WRITE IN THIS COLUMN

DO NOT WRITE IN THIS SPACE
Training and Experience

Rated By: Checked By:

11. **EDUCATION** If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet.

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 issuing governmental authority	Number	Date of Issue

	Name of School and City in which located	Dates of Attendance (Month and 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 Rec'd	Date Degree Received or Expected
College, University, Professional, or Technical School											
Other Schools or Special Courses											

12. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? **(See Question 13)** YES [ ] NO [ ]

13. **LICENSES** If a license, certificate, or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, 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)

14. **DESCRIPTION OF EXPERIENCE** Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. 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 "Earnings" box. 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 space is needed, attach 8 ½" x 11" 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.

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)			

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)			

DO NOT WRITE IN THIS COLUMN

LENGTH OF EMPLOYMENT From MO / YR To MO / YR	FIRM NAME	ADDRESS	CITY AND STATE
$ EARNINGS (Circle One) WK / MO / YR	DESCRIBE DUTIES BELOW:		
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No. of hours worked per week (exclusive of overtime)			

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YOUR EXACT TITLE			
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No. of hours worked per week (exclusive of overtime)			

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)			

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application, be sure to enter, at the top of Page 1, the examination title and number which identifies the examination for which you are filing.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time, those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score.

Telephone this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. CHANGE OF ADDRESS

Notify this agency immediately of any change of address. When writing, give the number and title of examination.

D. SPECIAL ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination(s)), or a disabled person (require special arrangements in order to participate in the examination(s)), you must EITHER:

1. Check the box in Question 6 and indicate the special arrangements you require in the REMARKS section below;

OR

2. Write to the agency no later than the last date of filing of this examination. Your request must include examination number and title and the type of special arrangements required.

E. EXTRA CREDIT FOR WAR TIME VETERANS

If you are currently in the Armed Forces on full-time active duty (other than for training) of if you are a War Time Veteran or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have the extra credits added to your exam score, you must answer the questions now. You can waive the extra credits later if you wish. At the time of interview and appointment, you will be required to produce the documentation, such as discharge papers, to prove that you are eligible for the extra credits.

Answering these questions means that you are requesting the extra credits. Do not answer the questions if you are not a War Time Veteran or if you do not want to request the extra credits.

Effective January 1, 1998, the State Constitution was amended to permit a candidate currently in the Armed Forces to apply for and be conditionally granted veterans' credit in examinations. Any candidate who applies for such credit must provide proof of military status to receive the conditional credit.

No credit may be granted after the establishment of the list.

It is the responsibility of the candidate to provide appropriate documentary proof indicating that the service was in time of war, as defined in Section 85 of the Civil Service Law, and that the candidate received an honorable discharge or was released under honorable conditions in order to be certified at a score including the veterans' credit.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

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 any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? [ ] YES [ ] NO
2. If so, are you presently in default on any such loan? [ ] YES [ ] NO

NAME _____ SIGNATURE _____

ADDRESS _____

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 ½" x 11" sheets.)

ALL STATEMENTS ARE SUBJECT TO VERIFICATION