

**APPLICATION FOR EMPLOYMENT
AND/OR EXAMINATION**

Schuyler County Civil Service

105 Ninth St., Unit 21, Watkins Glen, NY 14891
(607) 535-8190 website www.schuylercounty.us



Civil Service Office Use	
Fee	C MO CK W Date _____
Approved	_____
Transcript/Degree	_____
Disapproved	Exp Edu Fee Inc # _____

Vet App Sent	_____ DD214 _____
Approved	V _____ DV _____ Disapproved _____
_____	Crossfile Site _____

Note: Submit an application by mail, email, fax or use the drop box outside of the County building or the Civil Service Office. An application is required for each title along with non-refundable examination fee (if applicable), (cash, money order, or check payable to Schuyler County Treasurer). Print clearly and answer all questions completely. Carefully read the announcement for this position to review the minimum qualifications.

1. Position or Examination Title:	
Exam Number (if applicable):	Last 4 of Social Security Number: XXX-XX-

2. Name and Legal Address: (You must notify this office of any changes in your name or address)

Last _____ First _____ MI _____

Street Address _____

Post Office Box (Mailing Address) _____

City _____ State _____ Zip Code _____

Phone: () _____ Cell Phone: () _____

Email : _____

Indicate any other names by which you have been known _____

3. Residence: Fill in the names of the city or village, town, county, and school district of which you are currently a legal resident . Show how long you have continuously lived in each immediately preceding the date of this application.		Name	Years	Months
	City or Village			
	Town			
	County			
	School District			

4. Veteran Status (check one): None Veteran War-time Vet Disabled Vet Current Member of Armed Forces

If you are claiming veteran's credits for this examination, submit a DD214 and Veteran's Credit Application. If you are currently in the armed forces and cannot take the exam on the scheduled date, contact the Civil Service office at 607-535-8190.

5. _____ Check here and submit a **crossfiling** form if you are taking an examination with another jurisdiction on the same day. For more information, see Crossfiling section in General Instructions for Examinations on examination announcement.

6. Indicate your answer by placing an "X" in the appropriate space:	Yes	No	* If you answer "Yes" to C, D, E, F, or G.: <i>Please give a full explanation on the back of this page including date and outcome.</i> A "yes" answer to a question will not necessarily disqualify you. Each case is evaluated on an individual basis in relation to the position for which you have applied.
A. Are you legally able to accept employment in the US?	A. _____	_____	
B. Are you an exempt volunteer firefighter?	B. _____	_____	
C. Do you require testing accommodations (Saturday religious observer or disability)?*	C. _____	_____	
D. Were you ever dismissed from any employment for reasons other than lack of work?*	D. _____	_____	
E. Have you ever resigned from employment rather than face discharge?*	E. _____	_____	
F. Have you ever been convicted of any crime (felony or misdemeanor)? You may omit traffic and parking violations.*	F. _____	_____	
G. Are you now under charges for any crime?*	G. _____	_____	

7. 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: _____/_____/_____

Schuyler County does not discriminate in employment on the basis of race, creed, color, religion, gender, sexual orientation, gender identity and or expression thereof, national origin, citizenship status, age, disability, marital status, or military status.

8. Please complete this section. Interviewers will only see pages 2 and 3 of your application.

Position/Examination Title:		
Applicant's Name:		
Address:	Home Phone: ()	
City/State/Zip:	Work Phone: ()	
Drivers License Number:	State:	Class:

9. Education: *If position requires specialized coursework or degree, attach a copy of transcript or degree.***

Type of School	Name & Address of School*	Did You Graduate?	No. of Credits Received	Major Subject or Type of Course	Type of Degree Received**
High School or GED			-----		
Accredited College*					
Accredited College*					
Graduate*/ Coursework					

*College or university must be regionally accredited or accredited by NYS Board of Regents. Contact our office if you have any questions.

10. License or Certification to Practice a Trade or Profession (if applicable)

Name of Trade or Profession	Granted by (licensing agency)	City or State
License Number	Current Registration: From: (Mo./Yr.)	To: (Mo./Yr.)

11. EXPERIENCE: You must thoroughly complete all sections of the application whether you submit a résumé or not. Beginning with the most recent and working your way back, list all paid employment and military service that is relevant to the position for which you have applied. If your title or duties changed materially in the course of your service in any one organization, indicate the change as a separate employment. If necessary, attach additional sheets using the same format as below.

Under "Duties" describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State the size and kind of work force, if any, supervised by you and the extent of such supervision.

Do you have any objections to our contacting your current or former employers? ___ No ___ Yes If yes, please explain.

Length of Employment	Firm Name	Address		
From: Mo. Yr.		Type of Business	Phone Number	Name of Your Supervisor
To: Mo. Yr.				
Total: Yrs. Mo.				
Your Title	Duties			
Number Hours Worked Per Week:				
Considered FT/PT/ or On-Call / Substitute:				

Length of Employment	Firm Name	Address	
From: Mo. Yr.			
To: Mo. Yr.	Type of Business	Phone Number	Name of Your Supervisor
Total: Yrs. Mo.			
Your Title	Duties		
Number of Hours Worked Per Week:			
Considered FT/PT/ or On-Call / Substitute:			

Length of Employment	Firm Name	Address	
From: Mo. Yr.			
To: Mo. Yr.	Type of Business	Phone Number	Name of Your Supervisor
Total: Yrs. Mo.			
Your Title	Duties		
Number of Hours Worked Per Week:			
Considered FT/PT/ or On-Call / Substitute:			

Length of Employment	Firm Name	Address	
From: Mo. Yr.			
To: Mo. Yr.	Type of Business	Phone Number	Name of Your Supervisor
Total: Yrs. Mo.			
Your Title	Duties		
Number of Hours Worked Per Week:			
Considered FT/PT/ or On-Call / Substitute:			

12. AFFIRMATION AND RELEASE: I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury and that a material misstatement or fraud may disqualify me from appointment. I authorize the Personnel Officer of Schuyler County or his/her representatives to obtain from all persons, schools, companies, corporations, Department of Motor Vehicles, credit bureaus and law enforcement agencies any records, documents and other information relative to my suitability to perform the duties of the position and I further release all parties supplying said information from all liability and responsibility arising from their supplying said information. When required, I agree to take all physical examinations, drug screen testing, and finger imaging for background checks and authorize the release of these confidential examinations and test results to Schuyler County Civil Service and its representatives.

Signature _____ **Date** _____