

APPLICATION FOR CIVIL SERVICE EXAMINATION OR EMPLOYMENT

Application also available on line at www.ocgov.net
 Department of Personnel, 800 Park Avenue Utica, NY 13501
 Paulette Z. Nickerson, LMSW – Commissioner of Personnel
 Phone: (315) 798-5726 Fax: (315) 798-6490 Web site: www.ocgov.net

POSITION TITLE	EXAM NUMBER	<i>You will be Disqualified if your Social Security Number is left blank</i>
		SOCIAL SECURITY #: _____

Print Last Name	First	MI	(Area Code) Home Phone	(Area Code) Business Phone
_____			(____) _____	(____) _____
Permanent Legal Address				
_____			(Mailing Address if different)	
Street Apt			Street Apt	
_____			_____	
City / Town	State	Zip Code	City / Town	State
_____	_____	_____	_____	_____

Referring to your PERMANENT LEGAL ADDRESS , complete all items which apply to where you live.			If age is required on announcement for appointment or to take the examination, complete Date Of Birth: DOB: ____/____/____	
	<u>NAME</u>	<u>Years</u>		<u>Months</u>
What School District do you live in and for how long?	_____	_____		_____
What City do you live in and for how long?	_____	_____		_____
What Village do you live in and for how long?	_____	_____		_____
What Town do you live in and for how long?	_____	_____	_____	
What County do you live in and for how long?	_____	_____	_____	

A. Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, see Instruction H on page 4)	SPECIAL ARRANGEMENTS (Optional–See Instruction E, on page 4)
B. Are you or were you an exempt volunteer firefighter? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Religious Accommodation <input type="checkbox"/> Military <input type="checkbox"/> Disability

Check appropriate box to the right of each question:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work, funds, disability or medical condition? 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. Are you now under charges for any crime? YES NO

E. Have you ever been convicted of any crime (felony or misdemeanor)? If Yes, attach completed form, Request For Criminal Offense YES NO

If you answered "YES" to any of the Questions A-D above, you may give specifics under "Remarks" on page 3 of this application. If you elect not to provide specifics, 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.

F. Are you currently or have you ever served in the Armed Forces of the United States? If yes, complete questions for Veterans' Credits. YES NO

VETERANS' CREDITS (See Instruction F, on page 4) If you wish to claim additional credits complete questions 1-4

Disabled War Veteran (10 Points) Non-disabled War Veteran (5 Points)

1. Did you receive a discharge which was honorable or were you released under honorable circumstances? YES NO

2. Did you serve in the Armed Forces of the United States during any of the following periods? YES NO
 (12/7/41 – 12/31/46) (6/27/50 – 1/31/55) (12/22/61 – 5/7/75) (Persian Gulf: 8/2/90--present)
 (Lebanon: 6/1/83 – 12/1/87) (Grenada: 10/23/83 – 11/21/83) (Panama: 12/20/89 – 1/31/90)

NOTE: Credits for Lebanon, Grenada, and Panama will be limited to those who received the following Expeditionary Medals:
 Armed Forces, Navy, or Marine Corps (U.S. Public Health Service: (7/29/45 – 12/31/46) OR (6/27/50 – 7/3/52)

3. Since January 1, 1951, have you received a permanent appointment in New York State using your veterans credits? YES NO

4. At the time of this application are you currently a New York State Resident? YES NO

(DATE STAMP BELOW)

Approved

Conditioned

Disapproved

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. (SEE page 4)

 (Signature in blue ink) Date

 Indicate any other surname (last name) by which you are or have been known

BE SURE TO ANSWER THIS SECTION. Section 50-b of the NYS Civil Law requires that all applicants for examination answer 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 yes, are you presently in default on any such loan? YES NO

EDUCATION: Read examination announcement for educational requirements. If specialized coursework is required, attach transcripts showing the required courses and credit hours you completed.

Have you graduated from high school? YES NO IF YES, NAME AND LOCATION OF HIGH SCHOOL YEAR GRADUATED

Do you have a high school equivalency diploma? YES NO IF YES, ISSUING GOVERNMENTAL AUTHORITY: NUMBER DATE OF ISSUE

	Name of School OR College and Address	Dates of Attendance (Month and Year)		Type of Course or Major Subject	Number of College Credits Rec'd	Type of Degree Rec'd	Date Degree Rec'd
		From	To				
College University, Professional Or Technical School							
Other Schools Or Special Courses							

LICENSES: If a license, or other authorization to practice trade or profession is listed as a requirement on the examination announcement for which you are applying, complete the following and **submit a copy of license with this application: If not currently licensed check this box.**

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date of License First Issued	Registered From: (Mo./Yr.) To: (Mo./Yr.)	

If required on the announcement: Do you have a valid license to operate a motor vehicle in New York State? YES NO

DESCRIPTION OF EXPERIENCE: Beginning with your most recent employer, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. **(Do not send your resume.) Describe the work which you personally performed. If you supervised, state how many people and the nature of such supervision.**

Dates Employed MO YR MO YR / to /	Employer	Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title
			Type of Business

Describe specific work performed and job responsibilities:

Dates Employed MO YR MO YR / to /	Employer	Address	City and State
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Describe specific work performed and job responsibilities:

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets)

INSTRUCTIONS AND INFORMATION

For more information and help completing the application, call (315) 798-5726

A. EXAM APPLICATION: Before filling out your application, read the examination announcement and/or job description carefully. (available at www.ocgov.net) **This application is part of your examination.** Answer all questions fully and carefully and make sure all boxes are filled in or checked. Resumes will **NOT** be accepted in lieu of application. Print in ink or use typewriter. Attach additional sheets, if necessary, to give complete and detailed information.

- **Applicants must answer every question on the application and make sure it is complete in all respects.**
- **Incomplete applications will be disapproved. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.**
- **Any subsequent findings of false, misleading or unverified information may result in exam disqualification.**
- **DO NOT fax application. Faxed applications are not accepted.**

B. NON-REFUNDABLE EXAM FILING FEE: Refer to the front of the examination announcement for the required filing fee. Enclose a **MONEY ORDER ONLY** for the total amount, made payable to **ONEIDA COUNTY**. Do NOT send cash or check. IF YOUR APPLICATION IS DISAPPROVED, THE FEE WILL **NOT** BE REFUNDED.

C. ADMISSION TO EXAM: Applications are reviewed for qualifying status. If your application is disapproved, you will be notified of the reason. All amendments to applications are due no later than three days before the scheduled examination. IF YOU DO NOT RECEIVE AN ADMISSION LETTER THREE (3) DAYS BEFORE THE EXAM DATE, **CALL: (315) 798-5726**. Collect calls will not be accepted.

D. CHANGE OF ADDRESS: Notify the Oneida County Civil Service Department immediately of any change of address. Upon receiving your notification, the Civil Service Department will send you a change of address form. It is your responsibility to complete and return this form to the Civil Service Department. Oneida County Civil Service is not responsible for undeliverable mail.

E. SPECIAL ARRANGEMENTS: If you need special arrangements because you are a person with a disability, are requesting a military make-up exam, or need a religious accommodation you must, EITHER: (1) Check the appropriate box on the first page of the application and indicate the special arrangements you require in the "REMARKS" section on Page 3; OR (2) Write to our office no later than the last filing date for this exam. Your request must include the exam number and title, and type of special arrangements required.

Military Services Members: If you apply for an examination during the filing period but are on active duty on the date the examination is scheduled, you may request a military make-up examination. Contact Oneida County Civil Service at (315) 798-5726 for more information. If you are on active duty or discharged after the filing period has begun, you may apply for the examination up to ten (10) business days before the test date.

It is the policy of the New York State Department of Civil Service and Oneida County Civil Service to provide qualified persons with disabilities, an equal opportunity to participate in and receive the benefits, services, programs and activities of the Department, and to provide such persons reasonable accommodations and reasonable modifications as are necessary, to enjoy such equal opportunity, including accommodations in the examination process. Further, it is the policy of the Department to provide reasonable accommodation for religious observers.

F. VETERANS CREDITS: Disabled or non-disabled veterans who have served on active duty during the creditable periods of war, who have been honorably discharged/released, and who are New York State residents at the time of application for examination, will be eligible for veterans' credits. **Eligible veterans must submit, with their application, a copy of the Honorable Discharge Form (DD-214).** The copy of your DD-214 must be submitted prior to the establishment of the eligible list. An option of waiving this credit will be allowed after completion of the examination. An applicant who claims additional credit as a disabled veteran will be sent the necessary forms. If you do not receive these forms by an exam date, you should request them from the Oneida County Civil Service Department.

Candidates currently serving in the Armed Forces of the United States may apply for veterans' credit provided the criteria for a veteran is met and proof of service was in time of war and the discharge or release was under honorable circumstances. Candidates currently serving in the Armed Forces will receive conditional veterans' credit until a copy of the Honorable Discharge Form (DD-214) is submitted to the Oneida County Civil Service Department.

(The "Armed Forces of the United States" includes all components of the **Army, Navy, Marine Corps, Air Force and Coast Guard, 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.)

G. PERSONAL PRIVACY PROTECTION LAW NOTIFICATION: The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. For further information, relating *only* to the Personal Privacy Protection Law, call (518) 457-9375.

H. NON-CITIZEN: If you are **not** a citizen of the United States but have the legal right to work, **you must submit with your application a copy of the document(s)** allowing you to work in the United States.

I. 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.

Oneida County is an Equal Opportunity/Affirmative Action Employer

It is the policy of the New York State Department of Civil Service and Oneida County to provide for and promote equal employment opportunity in employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, military status, genetic predisposition, carrier status, political affiliation or belief.