



APPLICATION FOR EXAMINATION OR EMPLOYMENT

Oswego County Human Resources Department

46 East Bridge Street, Oswego, NY 13126

Phone: (315) 349-8209 Fax: (315) 349-8254

Email: humanresources@oswegocounty.com Web: www.oswegocounty.com/humanresources

This application is part of your examination. Please answer all questions completely and accurately. Print in black ink or type application. Attach additional 8 1/2 x 11 sheets if necessary to provide required information.

SOCIAL SECURITY NUMBER: _____

NAME AND LEGAL RESIDENCE: (Please notify Oswego County Human Resources Department immediately of any 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: _____

		OFFICE USE ONLY:		
EXAM/JOB TITLE(S)	EXAM NUMBER(S)	FEE PAID	STATUS	CHECKED BY:
			A D C	
			A D C	
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			A D C	
			A D C	

PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:

State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **(IMPORTANT)** This section will determine what resident list (if any) your name will be certified to.

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 _____. I have lived in Oswego County for (indicate) number of years _____ and months _____.

Are you 18 years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, you must supply a work permit.
Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> 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 ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, NAME AND LOCATION OF HIGH SCHOOL: _____		

Or, a High School Equivalency Diploma (GED) ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, GOVERNMENT AUTHORITY (GED) NUMBER: _____		
Please check college degree program(s) completed: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate		

NAME: _____
LAST
FIRST
MIDDLE

EXPERIENCE: Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. 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 **do not substitute a resume**. 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 	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 	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 	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 	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			

COMPLETE ALL QUESTIONS:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	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	Did you ever resign from any employment rather than face discharge?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	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	Have you ever been convicted of any crime (felony or misdemeanor)? For crimes other than traffic tickets you must provide a Certificate of Conviction from the court as soon as possible.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you now under charges for any crime?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you 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 ½ x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.		

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. Please check box that applies to you:
<input type="checkbox"/> Unemployed and primarily responsible for support of a household <input type="checkbox"/> Eligible to receive Medicaid <input type="checkbox"/> Receiving Supplemental Security Income (SSI) <input type="checkbox"/> Receiving Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> 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 _____

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.
<input type="checkbox"/> Yes, I need testing accommodations. (Attach description describing 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 the Human Resources Department on the next business day following the exam date. You will be required to submit documentation of your emergency.
<input type="checkbox"/> A death in the immediate family or household within the week preceding the examination. <input type="checkbox"/> A medical emergency involving you or a member of the immediate family. <input type="checkbox"/> Military Orders. <input type="checkbox"/> Religious Observance. <input type="checkbox"/> Participant or immediate family member of a participant in a religious or civil ceremony (wedding, graduation, baptism, bar mitzvah). <input type="checkbox"/> Vacation plans for which a non-refundable down payment was made before the exam announcement was issued. <input type="checkbox"/> A required court appearance. <input type="checkbox"/> A conflicting professional or educational examination.

STATEMENT:
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 Oswego 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 Oswego County does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.
Signature _____ Date _____

OSWEGO COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the Oswego County Human Resources Department to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, color, religion, national origin, sex, disability, military status, sexual orientation, marital status, or criminal record.