APPLICATION FOR EXAMINATION OR EMPLOYMENT
Steuben County Department of Personnel and Civil Service
3 East Pulteney Square, Bath, NY 14810
Phone: (607) 664-2345 **www.steubencountyny.gov**

Civil Service Date Received

Fee: W CK MO #_____ $_____ **Crossfile:** _____ **Alternate Test Date**: _____

☐ **Approved** ☐ **Conditional** ☐ **Disapproved** **By:** _____ **Date**_____ **Vet:** ☐ Application ☐ DD-214 ☐ Disability Authorization

Reason: _____

_____

Note: Submit an original application (not faxed or photocopied) for each title along with non-refundable application fee (if applicable), (check or money order payable to Steuben County Finance). Print clearly and answer all questions completely. Carefully read the announcement for this position to find out the minimum qualifications. ***** YOU MUST SIGN THE AFFIRMATION AT THE BOTTOM OF PAGE 4 *****

1. Position or Examination Title:

Exam Number (if applicable): **Social Security Number:**

2. NAME AND LEGAL RESIDENCE: (Please notify this office immediately of any information 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: _____ Other names used (if any): _____

Some examinations allow for electronic admission letters, score letters, canvass letters, etc. If applicable do you prefer ☐Email **OR** ☐Postal?

***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:** ___/___/____

3. SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE

I currently reside within the LIMITS of (only fill in fields applicable to your permanent residence):

City: _____, **Village:** _____, **Town:** _____,

School District: _____, **County:** _____, **State:** _____.

Have you lived in your current **COUNTY** for at least 4 months? ☐YES ☐NO

If you answered **"NO"** please indicate previous county:_____

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.

4. COMPLETE ALL QUESTIONS (If you answer **"YES"** to any of these questions, provide details on a separate sheet of paper.)

☐YES ☐NO	A. Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
☐YES ☐NO	B. Did you ever resign from any employment rather than face discipline or discharge?
☐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 conditions?
☐YES ☐NO	D. Have you ever been convicted of any crime (felony or misdemeanor)?
☐YES ☐NO	E. Are you now under charges for any crime?
☐YES ☐NO	F. Are you registered with the County Clerk as an Exempt Volunteer Firefighter? If yes, provide proof of registration and indicate years of service: _____

Your failure to answer any of these questions or to provide details may significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.

5.

Are you 18 years of age or older?	☐YES	☐NO	If no, you must supply a work permit.
Are you a citizen of the United States?	☐YES	☐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?** ☐YES ☐NO

If **YES**, **NAME AND LOCATION OF HIGH SCHOOL:** _____

OR

_____

High School Equivalency Diploma (GED or TASC)? ☐YES ☐NO

If **YES**, **GOVERNMENT AUTHORITY (HSE) NUMBER:** _____

(If you are unable to provide a number, you must submit other proof of completion)

6. **EDUCATION**

Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.

INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU Graduate	DEGREE EARNED OR EXPECTED
NAME OF SCHOOL				☐YES ☐NO	MO / YR /
Address (City, State)					
NAME OF SCHOOL				☐YES ☐NO	MO / YR /
Address (City, State)					

7. **LIST MOST RELEVANT COURSE WORK IF REQUIRED FOR THE POSITION**

NAME OF COURSE	DIVISION	CREDIT HOURS	NAME OF COURSE	DIVISION	CREDIT HOURS
Race & Ethnicity (Example)	**Sociology (Example)**	**3 (Example)**			

8. **LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION**

Skill, Trade, or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr) From	To
			/ /	/ /
			/ /	/ /
			/ /	/ /

9. **DRIVER'S LICENSE:** (Complete only if the position for which you are applying requires one.) Number _____ State _____

Date of Expiration ___/___/_____ Class of License _____ Endorsements _____ Restrictions _____

10. **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 you MUST also complete this section or your application may be disapproved**. 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
START /	HOURS WORKED PER WEEK	DUTIES:	
END /			
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
START /	HOURS WORKED PER WEEK	DUTIES:	
END /			
YOUR TITLE			
TYPE OF BUSINESS			
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END /			
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

11. VETERANS CREDITS:

Honorably discharged or honorably separated Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as a Veteran or disabled Veteran must submit an **"Application for Veterans' Credit"** form and a copy of their discharge papers (form DD-214).

☐ **Not Applicable/Not a Veteran**

☐ **Non-Disabled Veteran** (Attach Copy of DD-214 – Member 4 & Application for Veterans' Credit)

☐ **Disabled Veteran** (Attach Copy of DD-214 – Member 4, Disability Authorization Form & Application for Veterans' Credit)

12. TESTING/INTERVIEWING ACCOMMODATIONS:

We provide reasonable accommodations in testing/interviewing for persons with permanent and temporary disabilities. If you require special arrangements, a request should be made describing the type of special testing arrangements required.

☐ Yes, I need testing accommodations.

☐ Yes, I need interviewing accommodations.

ALTERNATE TEST DATE:

If you cannot take the test on the announced test date, it may be possible for arrangements to be made for you to take the test on an alternate test date. If applicable, **check** the box below and attach supporting documentation with this application. In the case of an emergency, please notify this office on the **next** business day following the exam date. You will be required to submit **documentation** of your emergency.

☐ Yes, I need an alternate test date and have attached the Request for Alternate Test Date form.

13. 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. Check box that applies to you:

☐ Unemployed and primarily responsible for support of a household
☐ Eligible to receive Medicaid
☐ Receiving Supplemental Security Income (SSI)
☐ Receiving Temporary Assistance for Needy Families (TANF)
☐ A certified eligible under the Workforce Innovation and Opportunity Act(WIOA)

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** _____

14. AFFIRMATION

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 Steuben 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 Steuben County does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

Signature _____ **Date** _____

Sign in BLUE ink. ALL applications require this signature. You must submit an original application; facsimiles will not be accepted.

STEUBEN COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the Steuben County Department of Personnel and Civil Service to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record.

NOTES (OFFICE USE ONLY): _____