



# 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:
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**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 <b>High School diploma</b> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, <b>NAME AND LOCATION OF HIGH SCHOOL:</b> _____		
_____		
Or, a <b>High School Equivalency Diploma (GED)</b> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, <b>GOVERNMENT AUTHORITY (GED) NUMBER:</b> _____		
Please check college degree program(s) completed: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate		





