

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 $\frac{1}{2}$ x 11 sheets if necessary to provide required information.

SOCIAL SECURITY NUMBER:						
NAME AND LEGAL RESIDENCE: (Pleas	se notify Osweg	go County	Human Resources Depart	tment immedia	tely of any cha	anges)
LAST NAME FIRS	ST NAME			MIDDLE	INITIAL	
STREET		CITY		STATE	ZII)
MAILING ADDRESS:		CITY		STATE	ZII	<u> </u>
PHONE NUMBER: ()	()	Business)	C	ell
EMAIL ADDRESS:						
				(OFFICE USE (ONLY:
EXAM/JOB TITLE(S)			EXAM NUMBER(S)	FEE PAID	STATUS	CHECKED BY:
					A D C	
					A D C	
					A D C	
					A D C	
					A D C	
PLEASE SPECIFY THE FOLLOWING PER						
State your permanent legal residence and in date of this application. (IMPORTANT) This se	ection will de	etermine	what resident list (if a	any) your na	ame will be	certified to.
I currently reside (indicate one of the three) in the						
OR (2) Town of						
in the School District of						
State of I have lived	d in Oswego C	County for	(indicate) number of ye	ears	_ and month	าร
Are you 18 years of age or older?	□YES	□NO	If no, you mu	st supply a w	ork permit.	
Are you a citizen of the United States?	□YES	□NO		nentary proof	f of citizenshi	required to p or status as a e United States.
Do you have a High School diploma?	□YES	□NO	Ŭ			
If YES, NAME AND LOCATION OF HIG	SH SCHOOL:					
Or, a High School Equivalency Diploma (GED) If YES, GOVERNMENT AUTHORITY (G		□NO R:				
Please check college degree program(s) complet	ed: 🗌 Asso	ociate [BachelorMaster	r □Doctor	ate	

	LAST		FIRST			MIDDLE			
EDUCATION:									
Read the exam announ								ach a copy	
of your transcript or a lis									
INDICATE COLLEGE, UNIV TECHNICAL SCHOOL(S) IN			TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR S COURSE	UBJECT OR	DID YOU GRADUATE	DEGREE EXPECTED	
NAME OF SCHOOL:							□YES □NO	MO YR	
Address (City, State):			I		I				
NAME OF SCHOOL:							□YES □NO	MO YR	
Address (City, State):					_ I				
NAME OF SCHOOL:							□YES □NO	MO YR	
Address (City, State):			I	_1	1		<u> </u>		
PLEASE LIST MOST R	DELEVANT CO	NIDSE WOD	K IE DEOIII	DED EOD	DOSITION				
PLEASE LIST WIOST N	CELEVAINT CC	ORSE WOR	K IF KEQU	KED FOR	POSITION	•			
NAME OF COURSE	DIVISION	CREDIT H	RS.	NAME OF CO	URSE	DIVISION	I CF	REDIT HRS.	
Race & Ethnicity (Example)	Sociology (Example)	3 (Example)							
LICENSES/CERTIFICA	ATES OR OTH	ER AUTHOR	RIZATIONS	TO PRACT	ICE A SKI	LL, TRADE,	OR PROFE	SSION:	
Skill, Trade or Profession	License or Certificate Number		(Name of	Issued by: (Name of City, State, or Agency) Fro		License Dates (Mo/Day/Yr) From To		Permanent From To	
	Nullib	OI .	Jiaie, UI A	geney/	1 10111	10	1 10111	10	
Driver's License (Comp	• •	•		•	_		Sta		

VETERANS CREDITS:

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). You may call the Human Resources Department at (315) 349-8209 to request a form be mailed to you or you may download the form at http://www.oswegocounty.com/humanresources/forms.html.

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.

NAME:

	LAST	FIRST		MIDDLE
minimum qualifications responsible for an accuresume. Under "DUT percentage of time spesupervision. Part-time documented volunteer more space is needed (E.g. number of hours	s for the examination. On urate and clear description [IES" describe the nature ent on each type of activity experience will be propertience will only be caperience.	nissions or van n of your expe of work which y. If you supe rated unless redited when of paper. She	gueness will not be interpre erience. You may include a n you personally performed ervised, state how many peo otherwise stated on the a specifically stated on the ex ets must contain all informa	resume but do not substitute a including the estimated
Month/Year to Month/Year 				
HOURS WORKED PER WEEK	PLEASE CHECK WORK TYPE:	DUTIES:		
YOUR TITLE				
TYPE OF BUSINESS	_			4
NAME AND TITLE OF SUPERV	ISOR			
REASON FOR LEAVING				
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	PLEASE CHECK WORK TYPE: ☐ PAID ☐ VOLUNTEER	DUTIES:		
YOUR TITLE				
TYPE OF BUSINESS				
NAME AND TITLE OF SUPERV	ISOR			
REASON FOR LEAVING				
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	PLEASE CHECK WORK TYPE: ☐ PAID ☐ VOLUNTEER	DUTIES:		
YOUR TITLE	│			
TYPE OF BUSINESS				
NAME AND TITLE OF SUPERV	TISOR			
REASON FOR LEAVING				
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	PLEASE CHECK WORK TYPE: ☐ PAID ☐ VOLUNTEER	DUTIES:		•
YOUR TITLE				
TYPE OF BUSINESS				
NAME AND TITLE OF SUPERV	ISOR			
REASON FOR LEAVING				

NAME:_____

NAME:_		LAST FIRST MIDDLE			
COMPLE	TE ALL	QUESTIONS:			
☐YES	□NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?			
□YES	□NO	Did you ever resign from any employment rather than face discharge?			
□YES	□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?			
□YES	□NO	Have you ever been convicted of any crime (felony or misdemeanor)? For crimes other than traffic violations, you must provide a Certificate of Conviction from the sentencing court, in or out of state, for each and every conviction. You must also provide any applicable Certificate of Relief from Disability or Certificate of Good Conduct from the Department of Corrections & Community Supervision, if you qualify for, and wish to have the same considered.			
□YES	□NO	Are you currently charged with any crimes?			
□YES	□NO	Are you an Exempt Volunteer Firefighter? If yes, indicate years of service:			
answer any	of these	to any of these questions, provide details on a separate 8 ½ x 11 sheet of paper attached to this application. Your failure to questions or to provide details will significantly delay a determination concerning your qualifications and may deprive you of opportunities.			
COMPLE	TE THIS	SECTION ONLY IF YOU QUALIFY TO HAVE THE EXAM FEE WAIVED:			
		NYS Civil Service Law allows exam fees to be waived for candidates who certify that they are currently in one of the following neck box that applies to you:			
☐ Eligible☐ Receiv☐ Receiv	to receive ing Suppleing Temper	I primarily responsible for support of a household e Medicaid emental Security Income (SSI) orary Assistance for Needy Families (TANF) e under the Workforce Investment Act (WIA)			
		ified to receive an exam fee waiver because of my current status indicated above. I understand that my waiver claim may be 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	ACCON	MODATIONS:			
We provide	reasonab	le accommodations in testing for persons with disabilities. If you require special arrangements, a written request should be eation describing the type of special arrangements required.			
☐ Yes, I	need test	ing accommodations. (Attach description describing accommodation request).			
ALTERNA	ATE TES	ST DATE:			
If you cannot on an altern of an emerg	ot take the ate test d jency, ple	test on the announced test date because of any of the following reasons, arrangements may be made for you to take the test ate. If applicable, check the appropriate box below and attach supporting documentation with this application. In the case as enotify the Human Resources Department on the next business day following the exam date. You will be required to submit r emergency.			
 ☐ A death in the immediate family or household within the week preceding the examination. ☐ A medical emergency involving you or a member of the immediate family. ☐ Military Orders. ☐ Religious Observance. ☐ Participant or immediate family member of a participant in a religious or civil ceremony (wedding, graduation, baptism, bar mitzvah). ☐ Vacation plans for which a non-refundable down payment was made before the exam announcement was issued. ☐ A required court appearance. ☐ A conflicting professional or educational examination. 					
☐ A conflic	cting profe				
	cting profe				
STATEME I affirm under of my knowl that a mater to contact so credentials. willingness	ENT: er penaltieledge. I urial missta chools/col I undersit to offer en				
STATEME I affirm under of my knowl that a mater to contact so credentials. willingness	ENT: er penaltie edge. I u rial missta chools/col I underst to offer en uired docu	es of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best inderstand that all statements made by me in conjunction with this application are subject to investigation and verification and tement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize Oswego County leges and former employers cited in this application or attachments in order to verify work record and/or educational and that acceptance of this application for employment by Oswego County does not constitute or imply a commitment or imployment to me in this or any other position and that my application is not complete for purposes of filing and consideration,			

Rev. 05/18