

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Position Title _____

Examination Number _____

This application is part of your examination. Answer all questions fully and carefully. Print in ink or use computer. Attach additional sheets if necessary in order to give complete and detailed information.

1. Name, Mailing Address and Phone (Please Print)

Last _____ First _____ M.I. _____

Street Address _____

City _____ State _____ Zip Code _____

Phone: Home () _____ Cell () _____

2. E-mail Address:

3. Social Security Number

4. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States: Yes No

(Non-citizen may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)

5. Have you any objections to this department making inquiry regarding your character and qualification from:

- | | | |
|---------------------------|--------------------------|--------------------------|
| | YES | NO |
| A. Your former employers? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Your present employer? | <input type="checkbox"/> | <input type="checkbox"/> |

If answer is "YES" to either (A) or (B) please explain. _____

6. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

| | Name | Years | Months |
|--------------------|-------|-------|--------|
| School District | _____ | _____ | _____ |
| City or Village of | _____ | _____ | _____ |
| Town of | _____ | _____ | _____ |
| County of | _____ | _____ | _____ |
| State of | _____ | _____ | _____ |

FOR CIVIL SERVICE USE ONLY

- Approved By: _____ Exam Date: _____
- Disapproved By: _____ Notice: _____
- Conditional: _____
- Reason: _____

7. Check appropriate box to the right of each question:

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| A. Have you ever been dismissed or discharged from any employment for reasons other than lack of work or funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever resigned from any employment rather than face dismissal? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you ever been convicted of any crime (felony or misdemeanor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are you under charges for any crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to any of the Questions 7A-E above, you may give specifics under "Remarks" on page 4 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 for the position(s) for which you are applying.

8. Service in the Armed Forces

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| A. Have you ever served in the Armed Forces of United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "YES", have you ever received a discharge from such forces which was other than honorable? (If answer to "B" is "YES", describe under "Remarks" on page 4.) | <input type="checkbox"/> | <input type="checkbox"/> |

Date of Entry into Active Service _____
Date Released from Active Service _____
Service Serial Number _____

| Month | Day | Year |
|-------|-----|------|
| | | |
| | | |

8a. Do you wish to claim additional veteran credits on this exam?

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| A. If "YES", please request and fill out the separate form for disabled or non-disabled veterans' credits. (See instructions on page 4) | <input type="checkbox"/> | <input type="checkbox"/> |

9. Previous Employment

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| A. Have you previously been employed by Allegany County? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If yes, please complete the following: | | |
| a. Dates: _____ | | |
| b. Title: _____ | | |
| c. Department: _____ | | |

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.

Signature of Applicant _____

Date _____

Indicate any other last name by which you are or have been known. (Please print)

Police Officer Applicants Only Date of Birth ____/____/____

You are urged to compare your qualifications carefully with the specified minimum qualifications as listed on the examination announcement or opening advertisement and file the application only if you are clearly qualified.

Be sure to document how you meet the minimum qualifications/requirements related to the exam or position. When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval. **ALL STATEMENTS ARE SUBJECT TO VERIFICATION!**

8. Education: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? Yes No

If "YES", Name and Location of High School: _____

If you have a high school equivalency diploma, indicate issuing Governmental Authority: _____

Number: _____ Date of Issue: _____

| | Name of school and city in which located | Dates of attendance (Month and Year) | | Full or Part Time | No. of Years Credited | Did you Graduate? | Type of Course or Major Subject | College Credits Received | Type of Degree | Date Degree Rec'd or Expected |
|---|--|--------------------------------------|----|-------------------|-----------------------|-------------------|---------------------------------|--------------------------|----------------|-------------------------------|
| | | From | To | | | | | | | |
| College, University, Professional or Technical School | | | | | | | | | | |
| Other Schools or Special Courses | | | | | | | | | | |

9. Drivers License: If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes No

Class: _____ Identification Number: _____ Expiration Date: _____

10. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following information. If not currently licensed, check this box

| | | | |
|-----------------------------|---------------------------|-------------------------------|---------------|
| Name of Trade or Profession | License Number | Granted by (Licensing Agency) | City or State |
| Specialty | Date License First Issued | Registered From: (Mo/Yr) | To: (Mo/Yr) |

11. Description of Experience: Answer this question if the announcement specifies minimum experience requirements. Beginning with the most recent, describe in detail **ALL** employment that is pertinent to the position applied for. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing it is voluntary in nature. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service, which includes experience pertinent to the position(s), describe such experience as a separate employment. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment (if more space is needed, attach 8 1/2" x 11" sheets of paper). Under "Duties" for each employment describe the nature of the work personally performed by you, with **estimated percentage of time spent on each type of work**. State size and kind of working force, if any, supervised by you and the extent of such supervision.

| Length of Employment | | Employer Name | Address | City and State |
|--|---------|---|---------|----------------|
| Mo/Yr | Mo/Yr | | | |
| From: / / | To: / / | Describe Duties Below (include percentage of time spent on each type of work) | | |
| Paid Work Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Type of Business: | | | | |
| Your Exact Title: | | | | |
| Name of Supervisor: | | | | |
| Supervisor's Title: | | | | |
| No. of Hours Worked Per Week (Exclusive of Overtime) | | | | |

| Length of Employment | | Employer Name | Address | City and State |
|--|-------|---|---------|----------------|
| Mo/Yr | Mo/Yr | | | |
| From: / | To: / | | | |
| Paid Work Yes <input type="checkbox"/> No <input type="checkbox"/> | | Describe Duties Below (include percentage of time spent on each type of work) | | |
| Type of Business: | | | | |
| Your Exact Title: | | | | |
| Name of Supervisor: | | | | |
| Supervisor's Title: | | | | |
| No. of Hours Worked Per Week (Exclusive of Overtime) | | | | |

| Length of Employment | | Employer Name | Address | City and State |
|--|-------|---|---------|----------------|
| Mo/Yr | Mo/Yr | | | |
| From: / | To: / | | | |
| Paid Work Yes <input type="checkbox"/> No <input type="checkbox"/> | | Describe Duties Below (include percentage of time spent on each type of work) | | |
| Type of Business: | | | | |
| Your Exact Title: | | | | |
| Name of Supervisor: | | | | |
| Supervisor's Title: | | | | |
| No. of Hours Worked Per Week (Exclusive of Overtime) | | | | |

| Length of Employment | | Employer Name | Address | City and State |
|--|-------|---|---------|----------------|
| Mo/Yr | Mo/Yr | | | |
| From: / | To: / | | | |
| Paid Work Yes <input type="checkbox"/> No <input type="checkbox"/> | | Describe Duties Below (include percentage of time spent on each type of work) | | |
| Type of Business: | | | | |
| Your Exact Title: | | | | |
| Name of Supervisor: | | | | |
| Supervisor's Title: | | | | |
| No. of Hours Worked Per Week (Exclusive of Overtime) | | | | |

| Length of Employment | | Employer Name | Address | City and State |
|--|-------|---|---------|----------------|
| Mo/Yr | Mo/Yr | | | |
| From: / | To: / | | | |
| Paid Work Yes <input type="checkbox"/> No <input type="checkbox"/> | | Describe Duties Below (include percentage of time spent on each type of work) | | |
| Type of Business: | | | | |
| Your Exact Title: | | | | |
| Name of Supervisor: | | | | |
| Supervisor's Title: | | | | |
| No. of Hours Worked Per Week (Exclusive of Overtime) | | | | |

INSTRUCTIONS AND INFORMATION

A. Announcement of Examination

Before filing out your application, read carefully the announcement for this examination.

When completing your application, be sure to enter, at the top of page 1, the examination number which identified the examination for which you are filing.

B. Admission to Examination

Call the agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. Change of Address

Notify this agency immediately of any change of address. When writing give the number and title of the examination.

D. Special Arrangements

If you need special arrangements because you are a Religious Observer (for religious reason, cannot be tested on date of examination(s), or a Handicapped Person (require special arrangements in order to participate in the examination(s), you must write to the agency no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required

E. Misrepresentation/Falsification

All statements are subject to verification. Any determination of misrepresentation or falsification of facts or qualifications on this application can lead to disqualification of the candidate and up to termination of employment.

F. Veterans' Credits

If you are making a claim for veterans' credits with the application, be sure you read the following information very carefully.

Any claim for additional credits as a disabled or non-disabled veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check the appropriate category in question 7. Failure to do so accurately and completely may result in a denial of your claim.

All claims and grants of veterans' credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. Please attach the Veteran's Credit form that can be found on our website along with the DD214 to be eligible for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

War-time Veterans who previously used non-disabled veterans credits for appointment or promotion and are subsequently certified by the Veteran's Administration as disabled veterans may be again be eligible for additional exam credits. If this may apply to you, please contact us, or request review in the remarks section below.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THE APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

Remarks: Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 ½" x 11" sheets.