# CHENANGO COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

P	osition Title		Examination I	Number
numbered examina you apply for. Whe all appropriate que result in its disappr	te application mus ation you wish to tak n filling out your ap stions have been ar oval. ATEMENTS ARE S	e, and for each plication form, iswered. An in	n separately tit check to ma complete app	ed position ke sure that ication may
	GAL RESIDENCE			
Last		Fi	rst	M.I.
	Street Address of	or Post Office I	Зох	
City		State	Zip	Code
Phone # (include A	rea Code)			
Home/Cell:		Business:		
Email Address:				
2. Social Security N	Number:			
position applied	8 years of age? inimum and/or max for, such as <b>POLIC</b> <b>DFFICER</b> , enter you	CE OFFICER,	ts are establis	
MONTH	DA	Y	YEAR	
If you wish to cla		as an honora		
☐ I am a Sature scheduled test d	NG ARRANGEME! day religious observ ate. sonable accommod	ver and canno	t be tested on	
At time of appoin	ed to work in the Ur htment, you will be n entity and your eligil	equired to pro	duce documer	
	l permanent legal re re continually, up to	and including	the date of th	e .
School District:	Name	9	Years	Months
Village of:				
Town of:				<u> </u>
County of:				
State of:				
	<u> </u>			<u> </u>
	DO NOT WRITE	IN THIS SPA	CE	
Approved:	Disappro	oved:		nal:
Exam Fee:				
Collected:	Not Sub	omitted:	_ 🗌 Waive	ed:

<ol> <li>Check appropriate box:</li> <li>A. Were you ever dismissed or discharged from an</li> </ol>	y employment for
reasons other than lack of work or funds? <b>B.</b> Did you ever resign from any employment rathe	YES NO
<b>D</b> . Did you even resign nom any employment ratile	
C. Did you ever receive discharge from the Armed	
States which was other than "Honorable" or which	was issued under
other than honorable conditions?	🗆 YES 🛛 NO
<b>D.</b> Have you ever been convicted of any crime (feld	ony or misdemeanor)?
	🗆 YES 🛛 NO
E. Have you ever forfeited bail bond posted to guaran	ntee your
appearance in court to answer to any criminal char	ge? 🗌 YES 🛛 NO
F. Are you now under charges for any crime?	🗆 YES 🛛 NO
G. Are you an exempt volunteer firefighter?	🗆 YES 🛛 NO
If you answered "YES" to any of the questions 8	A-G above, you may
give specifics under "Remarks" on page 4 of this appl	
not to provide specifics, however, or if such explanati	on is insufficient you
may be required to submit further information. None of the above circumstances represents an au	itomatia har ta
employment. Each case is considered and evaluated	
relation to the duties and responsibilities of the position	
applying.	,
9. Please answer the following questions for Veteral	ns' Credits. Be sure
that you read instruction E relating to Veterans' C	
claimed these credits in question 4.	
A. Have you received or do you expect to receive a or honorable or release under honorable circumstan	
Forces of the United States? (The Armed Forces	
means the Army, Navy, Marine Corps, Air Force a	
including all components thereof, and the Nationa	
service of the United States pursuant to call as pr full- time active-duty basis other than active duty t	ovided by Law on a
ruii- time active-duty basis other than active duty i	
<b>D</b> 11	
<b>B.</b> Have you served, or are you now serving, on an a than active duty for training purposes during one of	ictive duty basis other
Time of War periods?	
- December 7,1941 to December 31,1946, June 2 31, 1955, February 28, 1961 to May 7, 1975, Aug	
when the Persian Gulf hostilities end.	
- Commissioned Corps of the U.S. Public Health S	Service: July 29, 1945
to December 31, 1946, or June 27, 1950, to July	
- A recipient of the Armed Forces Expeditionary M	edal, the Navy
Expeditionary Medal, or the Marine Corps Expedi the following "time of war or hostilities":	tionary Medal during
Lebanon - June 1, 1983 - December 1, 1987	
Grenada - October 23, 1983 - November 21, 198	
Panama - December 20, 1989- January 31, 199	
<b>C.</b> Are you a United States Citizen or an alien lawfull	
permanent residence?	🗆 YES 🗌 NO
<b>D.</b> Are you currently a resident of New York State?	🗆 YES 🗌 NO

Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of □ YES □ NO

### New York State or any of its civil divisions?

### THIS AFFIRMATION MUST BE COMPLETED

By checking this box, I affirm, subject to the penalties of perjury, that the statements made in this application and any supplemental papers are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disgualify me from appointment or examination and/or lead to revocation of my appointment, and I hereby authorize investigation of all matters contained in this application. I further agree that this is equivalent to my original signature and that I may be required to sign this application form at a future date.

### Date:

ase print below any other last name by which you are or have been known:

transcript wi	oursework or a college	ent. Filing	of applications s	hould	not be de	elayed whil	e obtaining t	nust submit proof of edu ranscripts. Applicants ne			
	uated from high schoo □ YES □ NO	?	If yes, indicate r	name a	and locat	ion of high	school:				
If you have a hi	igh school equivalency	/ diploma,	indicate issuing	govern	imental a	authority:			Number:		
	Name of Schoo City in which loc		Dates of Attendance (Month & Year) From To	Day or Night	Full or Part- Time	No. of Years Credited	Were you graduated?	Type of Course or Major Subject	No. of college credits received	Type of Degree	
College University Professional or Technical											
School											
Courses	ONAL LICENSE OR (	CERTIFIC	ATION - Comple	te the	following	if a licens	e, certificate	, or other authorization to	o practice a	trade or	profession is
	amination or appointme		•		-						
	Name of Trade	or Profes	sion			License N	umber	Granted by (Licensing A		City or 9	State of
	Name of Trade		51011			LICENSEIN	umber	Granied by (Licensing P	(gency)	City of s	State of
	Specialty				nse First			Registered From: (Mo./Y	, ,	,	
	ICENSE - Certain po blying for, do you have							ense at time of appointme	ent. If requir	ed for the	e position
clearly and a <b>detail the na</b> force, if any,	as a separate employm ature of work persona	ent (if more Ily perform the extent	e space is needed <b>ned by you and i</b> of such supervisi	d, attac ndicate	h 8 1/2"x e the esti	11" sheets mated per	of paper). Ur centage of ti	of your service in any one <b>Ider "Describe Duties" f</b> <b>me spent on each type o</b> ication must be completed	or each em of work. Stat	<b>ploymen</b> te size an	t, describe in Id kind of work
Firm Name:		Address	:				City & State	:	Phor	ne Numb	er:
Length of Empl From: / Experience Typ Paid Your exact title:	□ Volunteer	Describ	e Duties:				I				
Name of Super		-									
Supervisor's Tit	tle:	_									
No. hours work (Exclusive of ov		Reason	for Leaving:								
Firm Name:		Address	31				City & State	:	Phor	ne Numb	er:
Length of Empl From:	oyment (Mo/Year) To:	Describ	e Duties:								
Experience Typ Paid Your exact title:	☐ Volunteer										
Name of Super											
Supervisor's Tit											
No. hours work (Exclusive of ov		Reason	for Leaving:								

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (Mo/Year)	Describe Duties:		
From: To:			
//			
Experience Type:			
Paid     Volunteer			
Your exact title:			
Name of Supervisor:	7		
Supervisor's Title:	7		
No. hours worked per week	Reason for Leaving:		
(Exclusive of overtime):	, , , , , , , , , , , , , , , , , , ,		
	1		
Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (Mo/Year)	Describe Duties:		
From: To:			
//			
Experience Type:			
□ Paid □ Volunteer			
Your exact title:	7		

Name of Supervisor:	
Supervisor's Title:	
No. hours worked per week (Exclusive of overtime):	Reason for Leaving:

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (Mo/Year)           From:         To:          /        /           Experience Type:	Describe Duties:		<u> </u>
□ Paid □ Volunteer			
Your exact title:			
Name of Supervisor:	-		
Supervisor's Title:			
No. hours worked per week (Exclusive of overtime):	Reason for Leaving:		

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (Mo/Year)           From:         To:          /        /	Describe Duties:		I
Experience Type:			
□ Paid □ Volunteer			
Your exact title:			
Name of Supervisor:			
Supervisor's Title:			
No. hours worked per week (Exclusive of overtime):	Reason for Leaving:		

## Chenango County Personnel / Civil Service Office Chenango County Office Building 5 Court Street, Norwich, New York 13815 www.co.chenango.ny.us/personnel

### INSTRUCTIONS AND INFORMATION

#### ANNOUNCEMENT OF EXAMINATION Α.

Before filling 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 identifies the examination for which you are filing.

### **B. ADMISSION TO EXAMINATION**

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test may NOT be notified of their score.

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

#### CHANGE OF ADDRESS or PHONE NUMBER С

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

### D. SPECIAL TESTING ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination), or if you require reasonable accommodations in order to participate in the examination, you must EITHER:

1. Check the appropriate box in question 5 and indicate the special arrangements you require in the remarks section below OR

2. Write to this agency no later than the last date of filing for this examination. Your request must include examination number and title and the special type of arrangements required.

#### E. VETERANS' CREDITS

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

Any claim for additional credit as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check the appropriate category in question 4 and answer all questions 9 A-E. Failure to do so accurately and completely may result in a denial of your claim.

If you are claiming credits as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions 9 A-D and a "NO" answer to question 9 E, be certified by the veterans' administration as being entitled to receive payments for a serviceconnected disability rated at 10 percent (10%) or more incurred during a "Time of War or Hostilities" as indicated in question 9B.

Persons claiming credit as disabled war veterans will be contacted by this agency for additional information as necessary.

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. You will be advised as to which documents must be produced by you 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 disgualified from further appointment from any eligible list on which you have been granted additional credit as a result of such misstatement or fraud.

Chenango County is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of race. creed. color, national origin, age, sex, religion, disability, sexual orientation, gender identity or expression, marital status, military status, familial status, domestic violence victim status, predisposing genetic characteristics, prior arrest or conviction record, reproductive health decision making, or any other status protected by State or Federal Law. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to race, creed, color, national origin, age, sex, religion, disability, sexual orientation, gender identity or expression, marital status, military status, familial status, domestic violence victim status, predisposing genetic characteristics, prior arrest or conviction record, reproductive health decision making, or any other status protected by State or Federal Law.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2"x11" sheets).

Signature: