

**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.steubencony.org



\_\_\_\_\_ Date Received

Civil Service Office Use	
Fee: W CK/MO _____	
Checked by: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Conditioned
Vet: App ___ DD214 ___ Dis. Auth. ___	
Crossfile: _____	
Alternate Test Date: _____	

**Note:** Submit an original application (not faxed or photocopied) for each title along with non-refundable examination fee (if applicable), (check or money order payable to Steuben County Treasurer). 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: _____
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**2. NAME AND LEGAL RESIDENCE:** (Please notify this office immediately of any information changes.)

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET	CITY	STATE ZIP
<b>MAILING ADDRESS:</b> _____		
(if different from above) STREET	CITY	STATE ZIP
PHONE NUMBER: (____) _____	(____) _____	(____) _____
Home	Business	Cell
<b>EMAIL ADDRESS:</b> _____		

Indicate any other names by which you have been known: \_\_\_\_\_

**3. SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE**

State your permanent legal residence.

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 \_\_\_\_\_.

Have you lived in your current residence for at least 4 months?  YES  NO

**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**

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

If you answered **(YES)** to any of these questions, provide details on a separate 8 ½ x 11 sheet of paper attached to this application. 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.

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 here: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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, a **High School Equivalency Diploma (GED)**?  YES  NO  
 If YES, **GOVERNMENT AUTHORITY (GED) NUMBER**: \_\_\_\_\_

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				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR /
Address (City, State)					
NAME OF SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> 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 \_\_\_\_\_  
 If the position for which you are applying requires a CDL, please provide a photocopy of the license.

LAST

FIRST

MIDDLE

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.)

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year / to /	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
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<b>HOURS WORKED PER WEEK</b>	<b>EARNINGS PER HOUR</b> \$	<b>DUTIES:</b>
YOUR TITLE		
TYPE OF BUSINESS		
NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING		

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year / to /	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
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<b>HOURS WORKED PER WEEK</b>	<b>EARNINGS PER HOUR</b> \$	<b>DUTIES:</b>
YOUR TITLE		
TYPE OF BUSINESS		
NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING		

**11. 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).

**12. TESTING ACCOMMODATIONS**

We provide reasonable accommodations in testing for persons with disabilities. If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

Yes, I need testing accommodations. (Attach a description of the accommodation request.)

**ALTERNATE TEST DATE:** If you cannot take the test on the announced test date because of any of the following reasons, arrangements may be made for you to take the test on an alternate test date. If applicable, **check** the appropriate 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.

- 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

**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 Investment Act (WIA)

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.

**STEBEN 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.