

Ontario County Application for Examination or Employment



Mail or Hand Deliver to:
Ontario County Department of Human Resources
 3019 County Complex Drive
 Canandaigua, NY 14424
www.co.ontario.ny.us ~ (585) 396-4465

This application is part of your examination. Answer all questions completely and accurately.

POSITION OR EXAM TITLE (One title per application)	EXAM NUMBER	CIVIL SERVICE USE ONLY			
		FEE PAID	STATUS		REVIEWED BY
			A	P	C D
		Special Accommodations			Alternate Test Date

SOCIAL SECURITY NUMBER:

NAME AND LEGAL ADDRESS:

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

MAILING ADDRESS:

(if different from above) STREET CITY STATE ZIP

PHONE NUMBER(S): Home _____ Cell _____

EMAIL ADDRESS: _____

PERMANENT LEGAL RESIDENCE: Fill in all pertinent information.

State your permanent legal residence and indicate how long you have continuously resided there, 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.)**

LEGAL RESIDENCE	NAME	YEARS	MONTHS
County of:			
City, Town or Village of:			
School District of:			

CHANGE OF ADDRESS: You must notify this agency immediately of any change in address. The examination title must be included in this notification. **FAILURE TO COMPLY MAY RESULT IN YOUR NAME BEING REMOVED FROM AN ELIGIBLE LIST.**

EMPLOYMENT PREFERENCES: Check all that apply

I will accept work at:
 County City Village Town School District FLCC Wayne-Finger Lakes BOCES

ONTARIO COUNTY - AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER. The New York State Human Rights Law prohibits discrimination of employment because of age, race, color, creed, sex, national origin, sexual orientation, military status, predisposing genetic characteristics, marital status, domestic violence victim status or disabilities and, in certain circumstances pursuant to Executive Law 296, conviction record. Accordingly, nothing in this application form should be viewed as expressing directly or indirectly, any limitation, specification, or discrimination as to age, race, color, creed, sex, national origin, sexual orientation, military status, predisposing genetic characteristics, marital status, domestic violence victim status or disabilities and, in certain circumstances pursuant to Executive Law 296, conviction record in connection with employment by the County of Ontario.

NAME: _____
LAST FIRST MIDDLE

Provide your date of birth **ONLY IF** a minimum or maximum age limit is required for the position applied for: _____

Are you a citizen of the United States? YES NO

Do you have a legal right to reside and accept employment in the United States? YES NO

DRIVER'S LICENSE: Complete only if the position for which you are applying requires one.

Date of Expiration: _____ State of licensure: _____ Class of License: _____

Number: _____ Restrictions: _____ Endorsements: _____

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" and a copy of their discharge papers (form DD-214). By checking a box below Human Resources will provide you with additional information regarding Veterans Credits.

Are you? (if applicable, please check): Currently Active Veteran Disabled Veteran

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

Are you a sibling of Fire Fighter or Police Officer lost in 9/11/01? YES NO

Are you a child of Fire Fighter or Police Officer lost in line of duty? YES NO

EDUCATION: If specialized coursework or specific number of credit hours is required, attach a copy of your transcript.

Do you have a **High School diploma** or **High School Equivalency Diploma (GED)**? YES NO

If Yes, provide the name and location of the High School or Government Authority (GED) Number.

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?	If Degree Received, was it within the last 5 years?
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Address (City, State):

NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Address (City, State):

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:

Complete only if the position you are applying for requires one.

Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

NAME: _____
LAST
FIRST
MIDDLE

- EXPERIENCE:**
- Begin with your most recent employment.
 - Omissions or vagueness will not be interpreted in your favor.
 - You are responsible for an accurate and clear description of your experience.
 - Include all employment or military service that shows you meet the minimum qualifications for the position and/or examination.
 - Under **“DUTIES”** describe the nature of work performed by you and include the estimated percentage of time spent on each type of activity.
 - If you supervised others, 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 as part of the minimum qualifications.
 - If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain **all** information as requested on this form (i.e. number of hours worked per week, dates of employment, etc.) and include your name.
 - You may include a resume as additional information but **do not use the resume as a substitute for completing the application.**

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

NAME: _____
LAST FIRST MIDDLE

TESTING ACCOMMODATIONS: Attach a description of accommodation needed and supporting documentation.

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

Yes, I need testing accommodations.

ALTERNATE TEST DATE: Attach supporting documentation.

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.

- Military Orders.
- Religious Observance.
- Vacation plans for which a non-refundable down payment was made before the exam announcement was issued.
- Participant or immediate family member of a participant in a religious or civil ceremony (wedding, graduation, baptism, bar mitzvah).
- A conflicting professional or educational examination.
- A required court appearance.

In the case of an emergency on the exam day, contact the Department of Human Resources the **next** business day. You will be **required** to submit documentation of your emergency.

EXAM FEE WAIVER: Complete this section only if you qualify.

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. Please check box that applies to you:

- Unemployed **and** primarily responsible for support of a household
- Eligible to receive Medicaid
- Receiving Supplemental Security Income (SSI) payments
- Receiving Public Assistance (Temporary Assistance for Needy Families Families/Family Assistance or Safety Net Assistance.
- Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or Local social service agency.

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 if I make a false statement regarding my eligibility for the exam fee waiver.

Signature (if eligible) _____ Date _____

COMPLETE ALL QUESTIONS:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever dismissed from any employment except for lack of work or funds, disability or medical condition?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever resign from any employment rather than face discharge?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been convicted of any crime (felony or misdemeanor)?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you now under charges for any crime?

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. Include your name, dates, thorough description of the dismissal, resignation, arrest or conviction and all pertinent details. Your failure to answer any of these questions or to provide details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities. The details of the situation and how long ago it occurred are important; each case is evaluated in relation to the duties and responsibility of the position for which you are applying.

STATEMENT: This section **MUST** be completed.

Background investigations, fingerprints and fees: Fingerprinting is sometimes required as part of the appointment process. You may be required to pay the processing fee. **Background investigation:** applicants may be required to undergo a State and National Criminal history background investigation. Failure to meet the standards for the fingerprinting and/or background investigation may result in disqualification.

Affirmation and Release: I affirm, under the penalties of perjury, that the statements made on this application (including any attachments) are true and accurate. I authorize the Personnel Officer of Ontario County, or her/his representatives, to obtain from all persons, schools, companies, corporations, credit bureaus, military centers, and law enforcement agencies any records, documents and other information relative to my suitability to perform the duties of the position and further release all parties supplying said information from all liability and responsibility arising from their supplying said information.

Signature _____ Date _____

Failure to sign this section will result in disapproval of your application for employment or examination.