

**APPLICATION FOR EMPLOYMENT  
AND/OR EXAMINATION**

**Schuyler County Civil Service**

105 Ninth St., Unit 21, Watkins Glen, NY 14891  
(607) 535-8190 website www.schuylercounty.us



**Civil Service Office Use**

Fee C MO CK W Date \_\_\_\_\_

Approved \_\_\_\_\_

Transcript/Degree \_\_\_\_\_

Disapproved Exp Edu Fee Inc # \_\_\_\_\_

Vet App Sent \_\_\_\_\_ DD214 \_\_\_\_\_

Approved V \_\_\_\_\_ DV \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_ Crossfile Site \_\_\_\_\_

**Note:** Submit an original application (not faxed or photocopied) for each title along with non-refundable examination fee (if applicable), (cash, money order, or check payable to Schuyler County Treasurer). Print clearly and answer all questions completely. Carefully read the announcement for this position to find out the minimum qualifications.

**1. Position or Examination Title:**

**Exam Number (if applicable):**

**Social Security Number:**

**2. Name and Legal Address: (You must notify this office of any changes in your name or address)**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

Post Office Box (Mailing Address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email : \_\_\_\_\_

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

<p><b>3. Residence:</b> Fill in the names of the city or village, town, county, and school district of which you are <b>currently a legal resident</b>. Show how long you have continuously lived in each immediately preceding the date of this application.</p>		Name	Years	Months
	City or Village			
	Town			
	County			
	School District			

**4. Veteran Status** (check one):  None  Veteran  War-time Vet  Disabled Vet  Current Member of Armed Forces

If you are claiming veteran's credits for this examination, submit a DD214 and Veteran's Credit Application. If you are currently in the armed forces and cannot take the exam on the scheduled date, contact the Civil Service office at 607-535-8190.

**5.** \_\_\_\_\_ Check here and submit a **crossfiling** form if you are taking an examination with another jurisdiction on the same day. For more information, see Crossfiling section in General Instructions for Examinations on examination announcement.

**6.** Indicate your answer by placing an "X" in the appropriate space:

- |   |        |     |
|---|--------|-----|
|   | Yes    | No  |
| A. Are you legally able to accept employment in the US?   | A. ___ | ___ |
| B. Are you an exempt volunteer firefighter?   | B. ___ | ___ |
| C. Do you require testing accommodations (Saturday religious observer or disability)?*                              | C. ___ | ___ |
| D. Were you ever dismissed from any employment for reasons other than lack of work?*                                | D. ___ | ___ |
| E. Have you ever resigned from employment rather than face discharge?*  | E. ___ | ___ |
| F. Have you ever been convicted of any crime (felony or misdemeanor)? You may omit traffic and parking violations.* | F. ___ | ___ |
| G. Are you now under charges for any crime?*  | G. ___ | ___ |

**\* If you answer "Yes" to C, D, E, F, or G.:**

*Please give a full explanation on the back of this page including date and outcome. A "yes" answer to a question will not necessarily disqualify you. Each case is evaluated on an individual basis in relation to the position for which you have applied.*

**7. 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:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Schuyler County does not discriminate in employment on the basis of race, creed, color, religion, gender, sexual orientation, gender identity and or expression thereof, national origin, citizenship status, age, disability, marital status, or military status.

**8. Please complete this section. Interviewers will only see pages 2 and 3 of your application.**

Position/Examination Title:		
Applicant's Name:		
Address:		Home Phone: ( )
City/State/Zip:		Work Phone: ( )
Drivers License Number:	State:	Class:

**9. Education:   *\*\*If position requires specialized coursework or degree, attach a copy of transcript or degree.***

Type of School	Name & Address of School*	Did You Graduate?	No. of Credits Received	Major Subject or Type of Course	Type of Degree Received**
High School or GED			-----		
Accredited College*					
Accredited College*					
Graduate*/ Coursework					

\*College or university must be regionally accredited or accredited by NYS Board of Regents. Contact our office if you have any questions.

**10. License or Certification to Practice a Trade or Profession (if applicable)**

Name of Trade or Profession	Granted by (licensing agency)	City or State
License Number	Current Registration: From: (Mo./Yr.)                      To: (Mo./Yr.)	

**11. EXPERIENCE:** You must thoroughly complete all sections of the application whether you submit a résumé or not. Beginning with the most recent and working your way back, list all paid employment and military service that is relevant to the position for which you have applied. If your title or duties changed materially in the course of your service in any one organization, indicate the change as a separate employment. If necessary, attach additional sheets using the same format as below. **Under "Duties" describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work.** State the size and kind of work force, if any, supervised by you and the extent of such supervision.

Do you have any objections to our contacting your current or former employers?    No    Yes   If yes, please explain.

Length of Employment	Firm Name	Address	
From: Mo.   Yr.	Type of Business	Phone Number	Name of Your Supervisor
To: Mo.   Yr.			
Total: Yrs.   Mo.	Duties		
Your Title			
Gross Earnings Per: Hour/Week/Year (Circle One) \$			
Number of Hours Worked Per Week:			

Length of Employment	Firm Name	Address	
From: Mo. Yr.			
To: Mo. Yr.	Type of Business	Phone Number	Name of Your Supervisor
Total: Yrs. Mo.			
Your Title	Duties		
Gross Earnings Per: Hour/Week/Year (Circle One) \$			
Number of Hours Worked Per Week:			

Length of Employment	Firm Name	Address	
From: Mo. Yr.			
To: Mo. Yr.	Type of Business	Phone Number	Name of Your Supervisor
Total: Yrs. Mo.			
Your Title	Duties		
Gross Earnings Per: Hour/Week/Year (Circle One) \$			
Number of Hours Worked Per Week:			

Length of Employment	Firm Name	Address	
From: Mo. Yr.			
To: Mo. Yr.	Type of Business	Phone Number	Name of Your Supervisor
Total: Yrs. Mo.			
Your Title	Duties		
Gross Earnings Per: Hour/Week/Year (Circle One) \$			
Number of Hours Worked Per Week:			

**12. AFFIRMATION AND RELEASE:** I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury and that a material misstatement or fraud may disqualify me from appointment. I authorize the Personnel Officer of Schuyler County or his/her representatives to obtain from all persons, schools, companies, corporations, Department of Motor Vehicles, credit bureaus and law enforcement agencies any records, documents and other information relative to my suitability to perform the duties of the position and I further release all parties supplying said information from all liability and responsibility arising from their supplying said information. When required, I agree to take all physical examinations, drug screen testing, and finger imaging for background checks and authorize the release of these confidential examinations and test results to Schuyler County Civil Service and its representatives.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_