DELAWARE COUNTY PERSONNEL OFFICE 1 Courthouse Square, Suite #2, Delhi, NY 13753 607-832-5678

	330- APPLICATION FOR EXAMINATION / EMPLOYMENT	5.			box to the right of each que dismissed or discharged fr her than lack of work or fun				
	POSITION TITLE Examination Number					uar			
	This application is part of your examination. #1 – 6 must be answered fully and carefully. Print in Ink, use a typewriter or complete the application online. Attach additional sheets if necessary in order to give complete and detailed information. An Incomplete application		В,						
	may result in its disapproval.		C.	Have yo <mark>u e</mark> ver	had a driver's license susp	ended or revoked?			
	SOCIAL SECURITY NUMBER:			Have you eve revoked?	er had a professional lice	anse suspended or			
2.	NAME (Last, First, MI): Please Print	ľ.							
	L: F: MI: Malling Address		E.	Did you ever re United States v issued under o	ceive a discharge from the which was other than "Hond other than honorable circum	Armed Forces of the prable" or which was stances?			
	City or Post Office State Zip Code Zip Plus		F.	Have you eve misdemeanor)'	er been convicted of an ?	y crime (felony or			
	Phone (w/Area Code, Home/Alternate)		G.	Have you ever appearance in	forfeited bail bond posted t court to answer to any crin	o guarantee your ninai charge?			
	H: Ait::		H.	Are you now ur	nder charges for any crime?	2			
	Email:			•	• •				
	CHANGE OF ADDRESS: Notify this agency immediately of any change of Address. When writing give the number and title of examination, or title of position applying for.		unde	er "Remarks" or ever, or if such mation.	ES" to any of the Questions n page 4 of this application. explanation is insufficient, ye	on above, you may If you elect not to pro ou may be required to	vide specifics, submit further		
3.	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		Eacl	h case is cons	circumstances represents idered and evaluated on i sibilities of the position(s	ndividual merits in r	elation to the		
	School District	6	Dav			nyanalaatia z 0			
	City or Village Of	0.			AL ARRANGEMENTS for				
			reaso	ons cannot be	rrangements because you a tested on date of exam),	or a handicapped pe	arson (require		
	Town Of County Of		Spec	ial arrandemer	its in order to participate in later than the last filing da	the exam) you mus	st write to the		
4.	OTHER PERSONAL INFORMATION:		inclu	de exam numb	er, title and type of special	arrangements require	id.		
	A. Are you 18 years of age or older?								
	If No, you must supply a work permit.		ALL STATEMENTS ARE SUBJECT TO VERIFICATION						
	B. Are you legally eligible to work in the United States? Yes No Proof of employment eligibility will be required upon employment.			7. 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.					
	C. If you are applying for the position of Police Officer or Deputy Sheriff, please provide your Date of Birth: Are you a citizen of the United States? Yes No		μαρυ	10/010 000 011	dor the penalities of perjury	•			
			Signature of Applicant Dal			9			
			Indi kno		surname (last name) by w	hich you are or have t	Jeen		
	THE NEW YORK STATE HUMAN RIGHTS LAW AND OTHER APPLICABLE LAWS PROHIBIT DISCRIMINATION IN	F	For Pe	rsonnel Office	e Use ONLY:				
	EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS,			Date ReceivedReviewed By					
	DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD.								
	ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR		-	pproved	Conditional	Disapproved			
	INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR,	P	PROM	DATE:		Reasons for DISAPP	Roval		
	NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS,				Required Transcripts Resume Only,	D No Fee			
	DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.				Submit Application	Education Education Residency			
			FEE F		Clarify Residency	🗖 Age			
	DELAWARE COUNTY IS AN EQUAL EMPLOYMENT				□ Age □ Citizenship	Citizenship			
	OPPORTUNITY EMPLOYER		Date		Chizenship Experience Other	C Cther			

8. VETERANS CREDITS:

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

Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veteran's credits, you must check (\checkmark) the appropriate category and answer all questions A-D. Failure to do so accurately and completely may result in 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 A-D and a "NO" answer to question 9B, be certified by the Veterans Administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a "Time of War" as indicated in question 8C.

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

All claims and grants of veteran's 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 what documents must be produced 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 misstatement or fraud.

	 Check appropriate box to the right of each question: A. Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes). B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? C. Did you serve in the Armed Forces of the United States during any of the following periods? (12/7/41 - 12/31/46) (6/27/50 - 1/31/55) (12/22/61 - 5/7/75) (6/1/83 - 12/1/87*) (10/23/83 - 11/21/83*) 12/20/89 - 1/31/90*) (Persian Gulf: 8/2/90 ?) U.S. Public Health Service: (7/29/45 - 12/31/46) or (6/27/50 - 7/3/52). A member of the National Guard activated during the U.S. Postal Strike (3/23/70 - 3/30/70) *Credit for Lebanon, Grenada and Panama will be limited to those who received the armed forces, navy or marine corps expeditionary medal. D. Are you currently a resident of New York State? 							
	answer ques B. Since Janua public emplo	xamination, you wish to clai stions A-D above. ary 1, 1951, have you used pyment of New York State of	im additional credit as an honorably di DISABLEI additional credits as a disabled or nor or any of its civil divisions?	D WAR VETERAN	NONDISABLED	WAR VETER/	AN	
10.	VOLUNTEER FIREM		Inteer fireman? If yes, name and locat	ton of the company:	· Y	ΈS	NO	
	Ale you now, o	nave you ever been a void	•	tion of the company;				
···	Dates of Se	ervice: from	to	· · · ·				
	CDL Endorsemo PROFESSIONAL LIC If a license, certifi	ents & Restriction Co CENSES / CERTIFICATES: ficate, permit or other author d, check this box.	YES NO License odes: vization is required to practice a trade	or profession you are	in the state of the	plete the follow		
		010551011					·	
	Specialty		Date License First Issued	Registered	From: ((Mo. / Yr.)	To: /	(Mo. / Yr.)
13. 1	If you have a B. If typing is re- course, BOC C. APPLICANTS Transcrip Name	a high school equivalency d quired for the position / e SES, college, etc.	YESNOIf YES diploma, indicate: Number exam you are applying for, please desc REDITS MUST SUBMIT A COPY OF T Transcripts requested from college(cribe any formal trai	ning you have had	in typing, i.e.	of Issue b. high schoo Type of Degree Received	Date Degree Rec'd. or Expected
	College, University, Professional or							
	Technical School	7					ļ	
	Other Schools or Special Courses			******				· · · · · ·

14. EMPLOYMENT REFERENCES: (give name, full address and phone number)

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2. 3.

15. Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. PLEASE NOTE: ALL PERTINENT EMPLOYMENT INFORMATION MUST APPEAR ON THIS APPLICATION. DO NOT REFERENCE A RESUME. DATES OF EMPLOYMENT, HOURS WORKED, YOUR TITLE AND A DESCRIPTION OF DUTIES PERFORMED MUST BE SHOWN ON THIS APPLICATION. Describe volunteer or unpaid experience in the same way as paid work, showing its volunteer nature in the earnings box. Volunteer work may or may not be accepted as qualifying experience (see exam announcement). 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 your title or duties changed materially in the course of your service in any one organization, indicate such change clearly as a separate employment. (If more space is needed, you may attach additional pages.) 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 extent of such supervision. **Releasing Past Salary History is Voluntary and it is not used in determining eligibility for any position applied for.

LENGTH OF EMPLOYMENT FROM ^{MO} / ^{YR} TO ^{MO} / ^{YR}	FIRM NAME	ADDRESS	CITY AND STATE			
	DESCRIBE DUTIES BELOW:					
TYPE OF BUSINESS						
YOUR EXACT TITLE	-					
NAME OF YOUR SUPERVISOR	-					
SUPERVISOR'S TITLE	r					
No. of hours worked per week						
(exclusive of overtime)	Reason for Leaving					
LENGTH OF EMPLOYMENT FROM ^{MO} / ^{YR} TO ^{MO} / ^{YR}	FIRM NAME	ADDRESS	CITY AND STATE			
	DESCRIBE DUTIES BELOW:					
TYPE OF BUSINESS	-					
YOUR EXACT TITLE						
NAME OF YOUR SUPERVISOR						
SUPERVISOR'S TITLE						
No. of hours worked per week (exclusive of overtime)	Descen feel equine					
	Reason for Leaving FIRM NAME ADDRESS CITY AND STATE					
LENGTH OF EMPLOYMENT FROM / YR TO / YR		ADDRESS	CITY AND STATE			
EARNINGS	DESCRIBE DUTIES BELOW:					
TYPE OF BUSINESS						
YOUR EXACT TITLE						
NAME OF YOUR SUPERVISOR						
SUPERVISOR'S TITLE			1			
No. of hours worked per week (exclusive of overtime)	Decese for (a color o					
(exclusive of overtime)	Reason for Leaving					

16. EMPLOYMENT / BACKGROUND CHECK AUTHORIZATION - IMPORTANT: This section MUST BE COMPLETED. Failure to sign this section will result in DISAPPROVAL of your application for employment or examination.

, except as herein noted, hereby authorize the release of information regarding

prior employment history/records including but not limited to performance evaluations and any disciplinary actions, personal references, educational records, law enforcement records, drivers license and driving records, credit reports and all like information bearing on my qualifications and fitness (which may include Drug and Alcohol testing) for employment to the Delaware County Personnel Office and/or any County Appointing Authority in any jurisdiction in the County of Delaware to which I am applying for employment. I do not authorize the release of medical or related information that would otherwise be prohibited from release by the American Disability Act or similar legislation.

I further release all parties supplying said information from any liability and responsibility arising from their supplying said information.

It is understood that only relevant information obtained as the result of this release shall be considered for employment purposes and information obtained will be considered and evaluated on a case by case basis in relation to the duties and responsibilities of the position(s) for which I am applying.

A photocopy of this release will be as valid as an original thereof even though said photocopy does not contain an original writing of my signature.

Print below any other name(s) by which you have been known.

* This information will be used for identification purposes only.

* Social Security Number

PRINT YOUR FULL NAME

1.

SIGNATURE

DATE

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets).