

**ORLEANS COUNTY PERSONNEL OFFICE**

Orleans County Administration Building
14016 Route 31 West
Albion, NY 14411
www.orleansny.com
(585) 589-3184

Application

Date Received: _____

Fee Received: _____

\$ _____

By: _____

**APPLICATION FOR
EXAMINATION OR EMPLOYMENT**

Approved _____
Disapproved _____ *
Conditional _____ *
* Reason(s) _____

Title of Position _____

This Application is valid only when returned to the Orleans County Personnel Office.

INSTRUCTIONS: Answer all questions fully. All qualifying information must be placed on this application. **Resumes may not be used as a substitute for fully completing this application.** You should review the minimum qualifications for the position before completing this application. You must provide information showing that you have the necessary training and experience or your application will not be approved. If additional space is needed, please attach additional sheets.

1. NAME, MAILING ADDRESS & PHONE (please print)

Last Name _____ First Name _____ M.I. _____

Street or Post Office Box Address _____

Legal Address (Must be a Street Address) _____

City / Town _____ State _____ Zip Code _____

☐ Home Phone ☐ Business Phone

Cell Phone: _____

Email address: _____

2. SOCIAL SECURITY NUMBER: ____/____/____**required** for competitive and promotional civil service examinations**3. Are you *under* 18 years of age?** ☐ Yes ☐ NoIf YES, or applying for **Police Officer or Deputy Sheriff**, please indicate date of birth:

Month _____ Day _____ Year _____

4. VETERAN'S CREDITS (Exam applicants only)

Do you draw additional credits on this exam as an honorably discharged veteran or conditional credit pending discharge?

☐ Yes, continue to answer additional questions on page 4☐ No**5. SPECIAL ARRANGEMENTS (Exam applicants only)**

- ☐ Religious Accommodations
☐ Disability Accommodations

Indicate needs on a separate sheet of paper

6. Do you have the legal right to accept employment in the United States? ☐ Yes ☐ No**7a. Have you resided at your current address for at least one (1) month?** ☐ Yes ☐ No**7b. State your actual permanent legal residence and length of residency:** _____ years / _____ months

School District: _____

City / Village: _____ Town: _____

County: _____ State: _____

7c. Have you taken this exam within the last six (6) months? ☐ Yes ☐ No**8a. Were you ever discharged from employment for reasons other than lack of work, lack of funds, disability, or medical condition?** ☐ Yes ☐ No**8b. Did you ever resign from employment rather than face dismissal?** ☐ Yes ☐ No**8c. If you have service in the U.S. Armed Forces, did you receive a *dishonorable* discharge?** ☐ Yes ☐ No**8d. If you answered YES to any question (8a – 8c), provide a complete explanation of the circumstances on a separate sheet of paper including: the date, the parties involved, the facts, and the outcome.**

NOTE: A YES answer is not an automatic bar to employment unless otherwise required by law. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position.

SIGNATURE ON LAST PAGE ALSO REQUIRED

6/3/2020

EDUCATION9a. Have you graduated from High School? ☐ Yes ☐ No

If YES, give the name and location of the high school: _____

If NO, do you have a high school equivalency diploma? ☐ Yes ☐ No

If YES, submit a copy and provide Number: _____

If NO, were you home schooled? ☐ Yes ☐ No**UNDERGRADUATE / GRADUATE EDUCATION**

9b.	Name and location of school	Number of years credited	Were you graduated?	Type of course or major	Number of college credits received	Type of degree received	If not graduated, date degree expected
College, University or Technical School							

Other Schools of Special Courses: _____

Please forward an **official College transcript** to this office if required for the Minimum Qualifications.10. **PROFESSIONAL LICENSES:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement, fill in the following blanks:If not currently licensed, check this box ☐ as I am not currently licensed.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State issued
Specialty	Date License first issued	Registered From: (Month/Year)	Registered To: (Month/Year)

11. **DRIVER'S LICENSES:** If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? ☐ Yes ☐ No

If YES, Class: _____ License #: _____ expiration date: _____

If you have a commercial motor vehicle driver's license, check the endorsements which you have:

☐ Hazardous Material ☐ Tank ☐ P (Passenger) ☐ S (School Bus)☐ Other, please describe: _____**Upon appointment, a copy of the driver's license is required with the MSD-426**12. **DESCRIPTION OF EXPERIENCE:** Beginning with the most recent, describe below all employment which is relevant to the Minimum Qualifications of the position for which you are applying. **All blanks must be completed fully.** Omissions will **not** be interpreted in your favor. Information must be on the application. **Do not use a resume as a substitute for completing form.**

LENGTH OF EMPLOYMENT From: To:	FIRM NAME	ADDRESS	CITY and STATE
Experience Paid: <input type="checkbox"/> full time <input type="checkbox"/> part time volunteer <input type="checkbox"/>	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
REASON FOR LEAVING			
Number of hours worked per week (exclusive of overtime)			

A RESUME MAY NOT BE USED AS A SUBSTITUTE FOR FULLY COMPLETING THIS FORM

NAME: _____ Title of position: _____

ADDITIONAL DESCRIPTION OF EXPERIENCE

LENGTH OF EMPLOYMENT From: To:	FIRM NAME	ADDRESS	CITY and STATE
Experience Paid: <input type="checkbox"/> full time <input type="checkbox"/> part time volunteer <input type="checkbox"/>	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
REASON FOR LEAVING			
Number of hours worked per week (exclusive of overtime)			

LENGTH OF EMPLOYMENT From: To:	FIRM NAME	ADDRESS	CITY and STATE
Experience Paid: <input type="checkbox"/> full time <input type="checkbox"/> part time volunteer <input type="checkbox"/>	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
REASON FOR LEAVING			
Number of hours worked per week (exclusive of overtime)			

LENGTH OF EMPLOYMENT From: To:	FIRM NAME	ADDRESS	CITY and STATE
Experience Paid: <input type="checkbox"/> full time <input type="checkbox"/> part time volunteer <input type="checkbox"/>	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
REASON FOR LEAVING			
Number of hours worked per week (exclusive of overtime)			

DUPLICATE THIS PAGE IF ADDITIONAL DESCRIPTION OF EXPERIENCE IS NEEDED

NAME: _____ Title of position: _____

ADDITIONAL DESCRIPTION OF EXPERIENCE

LENGTH OF EMPLOYMENT From: _____ To: _____	FIRM NAME	ADDRESS	CITY and STATE
Experience Paid: <input type="checkbox"/> full time <input type="checkbox"/> part time volunteer <input type="checkbox"/>	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
REASON FOR LEAVING			
Number of hours worked per week (exclusive of overtime)			

13. **VETERAN'S CREDITS** If number 4 was a Yes, answer these questions:

Do you draw additional credits on this exam as an honorably discharged veteran or conditional credit pending discharge?

- ☐ Yes, as a disabled veteran
☐ Yes, as a non-disabled veteran
☐ Yes, active duty
☐ No

If YES, request and complete a veteran's credit form with DD-214.

Personal Privacy Protection Law Notification

The information which you are providing on this application is being requested pursuant to §50.3 of NYS Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with §96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide this information may result in disapproval of the application.

THIS AFFIRMATION MUST BE COMPLETED.

I affirm that the statements made on this application (including any attached papers) are true under penalties of perjury. I understand that all statements made by me in connection with the application are subject of investigation and verification and that a material misstatement or fraud may disqualify me from appointment and /or lead to revocation of my appointment.

Signature of Applicant

Date

Print any other last names by which you are or have ever been known.

After a conditional offer of employment has been made, you may be required to submit to a medical examination and you will complete a self-evaluation health form, prior to reporting to work.

New York State Human Rights Law and Federal Equal Employment Opportunity Law prohibit discrimination. Orleans County is an equal opportunity employer and does not discriminate on the basis of race, creed, color, national origin, sex, marital status, age, disability, veteran's status, arrest record, or any other status protected by law.

Applicant's Name: _____

REFERENCES

Complete the following information concerning persons who may attest to your character, integrity and fitness for the position for which you are applying. List four (4) personal and three (3) employment references (employers, supervisors or co-workers). **Do Not** include relatives as personal references.

Personal:

A. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

B. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

C. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

D. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

Applicant's Name: _____

Employment:

E. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

Business _____ Phone # _____

Address _____
Street City State Zip Code

F. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

Business _____ Phone # _____

Address _____
Street City State Zip Code

G. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

Business _____ Phone # _____

Address _____
Street City State Zip Code