FRANKLIN COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

FRANKLIN COUNTY PERSONNEL/CIVIL SERVICE DEPARTMENT, 355 W. MAIN STREET, SUITE 311, MALONE, NY 12953 PHONE: (518) 481-1677 / 1665 FAX: (518) 483-2340 WEBSITE: http://franklincony.org

This application is part of your examination. Type or print answers in ink completely. Keep a copy for your records.

A separate application is required for each examination or position for which you are applying.

SITION OR EXAMINATION TITLE_			EXAN	/I # (if applicable)	····	
	~ SECTI	ON 1 ~				
Last Name	First Name	· · · · · · · · · · · · · · · · · · ·	M.I.	Social Security I	 Number	_
Legal Address		Mailing Addres	s (if different fr	rom Legal Addres	s)	
City, State Zip		City, State Zip		· · · · · · · · · · · · · · · · · · ·		
Phone Number (w/area code)	Alternate Phone Numbe	er E	mail Address		-	
	~ SECTI	ON 2 ~				
1. WAR-TIME VETERAN or on ACTIVE You must submit the required Veter military ID card, military orders or or	ran Credit forms and a copy of yo			. Active duty person		ply a
2. LAW ENFORCEMENT APPLICANTS (or APPLICANTS UNDER THE AGE C	F 18 must enter d	ate of birth:		_//_	
3. Are you currently a U.S. CITIZEN?	YES NO If NO, do you	have legal right to	accept employm	ent in the U.S.?	YES	N
4. Are you an EXEMPT VOLUNTEER FI				at time of hire.)?	lyes	N
5. *Do you require SPECIAL ARRANGE	MENTS FOR EXAMINATION, i.e. r	eligious observant	e or disability?		YES	N
5. *Do you now, or have you ever, W	ORKED FOR A FRANKLIN COUNTY	AGENCY?			lyes	N
7. *Were you ever DISMISSED OR DIS	CHARGED from any employment	for reasons other	than lack of wor	k or funds?	YES	N
3. *Did you ever RESIGN FROM ANY E	MPLOYMENT rather than face di	smissal?			lyes	N
9. *Did you ever receive a DISHONOR	ABLE DISCHARGE from the Arme	d Forces of the U.S	?		YES	N
0. *Have you ever been CONVICTED O	F A FELONY OR MISDEMEANOR?	If applying for law	v enforcement p	ositions	lyes	lN
or exams, list sealed and youthful provided. You may omit traffic vio	offender records. If yes, court do ations.	cumentation and/	or written explai	nation must be		
I.1. *Are you NOW UNDER CHARGES Fo	OR ANY CRIME?				YES	N
L2. *Have you ever FORFEITED A BAIL	BOND POSTED to guarantee your	appearance in cou	irt?		YES	Ń
*If you answered YES to 5 – 12 ab		PROVIDE ADDIT	IONAL INFORM	IATION for Section	n 2 as	***************************************
necessary or attach an 8 1/2" by 1	ı sneet.					
FEE: Date Reco	FOR PERSONNEL / CIV					
FEE: Date Reco	eivea:	APPROVED BY:		aw Score:		
PAID		DISAPPROVED BY		r. Credits: et. Credits:		
Check/MO#:			"			
WAIVED				Final Score	e:	
	Gave Form	NOTES:				
Review of Forms: Approved For: VC	visapproved DVC					

Name of Applicant:						Page	
	THE FOLLOWI	NG SECTIONS	MUST BE THOROU	JGHLY COMPL	ETED.		
	A RESUM	E IS NOT A SU	BSTITUTE BUT MA	Y BE INCLUDE	D.		
race, color, sex, sexual or record, or predisposing ge	entation, national origenetic characteristics. A	in, marital status, accordingly, nothir outlined in the N	riminate against an emplo disability, military status, ng in this application form YS Human Rights Law, or SECTION 3 ~	domestic violence should be viewed	victim status, c as expressing c	riminal or arrest	
EDUCATION: //f			-				
EDUCATION: (If more spont of the spont of th	_		in the same format.) Name and Location of Hig	h School:			
Or a high school equivale	ncy (GED) diploma?]yes □no	GED #:	(Numbe	r required or p	rovide a copy)	
Higher Education*	Name and Addres		Type of Course or Major Subject	Total College Credits	Type of Degree	Date of Degree/Certificate	
Accredited College or University		- 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	major subject	Credits	Degree	Degree/Certificate	
Professional/ Technical School							
Other School or Special Coursework							
	cript copy will be requi	red if vacancy or e	exam requires a college de	gree or specific nu	mber of credit l	nours.	
.ICENSES: List below an	/ licenses, certifications	or authorizations	s to practice a trade or pro	ofession.*			
Name of Trade or Profe		License Number:		Granted by:			
Specialty:	Specialty:		Date License First Issued:		Current Registration Date: Expiration Date:		
*A cop	y of the license and/or	certification will b	e required as noted on en			ncement.	
SADI OVAAFAIT EVDEDI	NCC This section		SECTION 4 ~				
in accurate, adequate,	clear description of	<i>i<u>os i</u> be compie</i> : /our experience	<i>ted fully even if a resur</i> . Omissions or vaguene	ne is attached. Ye ess will not be inte	ou are respor Proreted in vo	nsible for submittin our favor olf more	
pace is needed, attach	8 1/2" x 11" sheets	of paper using tl	he same format.				
Order: List <i>most recent</i> en		to the position or	examination for which yo				
Professional Experience:	Indicate whether or no	t professional exp	erience occurred after yo	u are applying. ur professional deg	ree or coursev	vork.	
olunteer/Unpaid Work:	List volunteer or unpai	d experience only	if noted as qualifying exp	erience on the exa	mination anno	uncement. Describe	
olunteer/unpaid work th Military Experience: If you	e same way as paid wo I have had military sen	rk and check "Vol	unteer". College credit in experience pertinent to t	ternships cannot ap	ply. t synariansa		
Changes in Status: If your	title or duties changed	significantly during	ng your service in any one	organization, list s	uch changed st	atus separately.	
Duties: In the "Duties" sec	ction, <u>describe</u> nature o	of work personally	performed by you, listing pe of workforce supervise	most primary duti	es first.		
Dates of Employment	Firm Name:	, ,	Address:		City/State/		
Month/Day/Year			7 (44) (55)		City/State/	Lip.	
FROM:	Job Title:		Supervisor's Nam	e & Title:	1	rs Worked per	
то:					week (exclu	usive of overtime):	
□ Paid Position		Volunteer	Reason for Leavin	g:	.1	***	

Job Duties:

	•				
Dates of Employment	Firm Name:	Address:	City/State/Zip:		
Month/Day/Year					
ROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime		
· O:					
□ Paid Position	□ Volunteer	Reason for Leaving:			
Job Duties:					
Dates of Employment	I Firm Name		City/Canas /Zim		
Dates of Employment	Firm Name:	Address:	City/State/Zip:		
Month/Day/Year FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per		
TO:		Supervisor's Name & Title.	week (exclusive of overtime		
·····					
	□ Volunteer	Reason for Leaving:			
Job Duties: Dates of Employment	□ Volunteer	Reason for Leaving: Address:	City/State/Zip:		
Dates of Employment Month/Day/Year			No. of Hours Worked per		
Dates of Employment Month/Day/Year FROM:	Firm Name:	Address:			
Job Duties: Dates of Employment	Firm Name:	Address:	No. of Hours Worked per		
ob Duties: Dates of Employment Month/Day/Year ROM: TO: Paid Position	Firm Name: Job Title:	Address: Supervisor's Name & Title:	No. of Hours Worked per		
ob Duties: Dates of Employment Month/Day/Year ROM: Dates Paid Position Ob Duties:	Firm Name: Job Title:	Address: Supervisor's Name & Title:	No. of Hours Worked per		
ob Duties: Dates of Employment Month/Day/Year ROM: Dates Paid Position Ob Duties:	Firm Name: Job Title: □ Volunteer	Address: Supervisor's Name & Title: Reason for Leaving:	No. of Hours Worked per week (exclusive of overtime		
ob Duties: Dates of Employment Month/Day/Year ROM: Description Dob Duties: Dates of Employment Month/Day/Year	Firm Name: Job Title: □ Volunteer	Address: Supervisor's Name & Title: Reason for Leaving:	No. of Hours Worked per week (exclusive of overtime City/State/Zip: No. of Hours Worked per		
ob Duties: Dates of Employment Month/Day/Year ROM: Description Dob Duties: Dates of Employment Month/Day/Year ROM:	Firm Name:	Address: Supervisor's Name & Title: Reason for Leaving: Address:	No. of Hours Worked per week (exclusive of overtime		
Dates of Employment Month/Day/Year FROM: TO: Paid Position Job Duties:	Firm Name:	Address: Supervisor's Name & Title: Reason for Leaving: Address:	No. of Hours Worked per week (exclusive of overtime City/State/Zip: No. of Hours Worked per		

Name of Applicant:							Page 4	
-				_			Tuge 4	
RESIDENCY: Place in	dicate below th	o municipalitu/	SECTIC ~ district in which	- · · · -	nasidant fau s		f 20 days at time	
of submission of this	application.	ie municipanty/	district in which	you have been a legal	resident for a	mınımu	m of 30 days at time	
	Name of Dist	rict Ye	ears Months	Driver's	1 1	C	T	
School District:				License #:	Issuing State:	Class:	Endorsements:	
Village or City:								
Township:	*			If announcemen	t indicates de	iver's lice	ense is required	
County:				If announcement indicates driver's license is required, include a copy of both sides with application.				
State:			-		,,			
			~ SECTIO	ON 6 ~				
	EAHLIE	DE TO SIGN A	DDI ICATION	MILL DECLUTING	: A DDDO\/A	1		
	FAILUR	RE TO SIGN A	PPLICATION	WILL RESULT IN DIS	SAPPROVA	L		
BACKGROUND INVES	STIGATIONS, FIN	NGFRPRINTS AN	ID FFFS					
				f so, you may be require	ed to pay the	processir	ng fee. Background	
				lational Criminal history				
		nine suitability f	or appointment	. Failure to meet the st	andards for t	he backg	round investigation	
may result in disquali	fication.							
PHYSICALS:								
	ranklin Countv's	Local Law of th	e Workers' Con	npensation, Self-Insurar	nce Plan spec	ific nositi	ons shall require	
medical physicals pri							5.15 5.14.1. 1 5 q 4.1. 5	
CUANCE OF ADDRES	•							
CHANGE OF ADDRES		aklin County Do	rcannal Offica a	fany changes in your o	antant dataile		o vev receive	
updated information		•		f any changes in your co	ontact details	to ensur	e you receive	
	regulating the c	.xammacion and	, or position.					
FILING FEE FOR EXAM	MINATIONS:							
				the examination annou			be waived as	
described on the exa	mination annou	incement. The f	ee is non-refund	dable even if your appli	cation is disq	ualified.		
ACCIDE ANTON AND	SELEACE OF BER		4471011					
AFFIRMATION AND I				onnel Department, the	County of Er	anklin an	d/or its respective	
				anklin County to reques				
		•	•	ation, I give my consent				
			_	public, private or confid		-		
	_			its respective departme			•	
				d/or employees from a				
as a result of collecting	ng such informa	tion. By signing	this authorizati	on, I give my consent fo	or a photocop	y of the A	Application for	
			ease to be valid	as an original thereof,	even though	said phot	ocopy will not	
contain an original w	riting of my sigr	nature.						
I affirm that all states	ments made on	this application	(including any	attached paper) are tru	a under the r	onalties (of parium. My	
				mation and Authorizati				
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Signature of Applicar	nt:			Date:				
Drint any other last =	2ma/c\ h.,h:-1	2 VOI 272 / 27 k	ua haen lui					
Print any other last n	ame(s) by which	n you are/or ha	ve been known.					
			~ SECTION	ON 7 ~				
Optional: Please ind	icate how you l	earned about t						
				*			······································	
□ Ad in		□ Facebook	□ Website:		□ Other:			