CHENANGO COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

						8. CI	Check	Appropriate Box:		
	Posit	tion Title	Exam	nination	Number	Α.	. V	Vere you ever dismissed or discharged from any employment or reasons other than lack of work or funds?		
NO		e application must b								
nur	nbered examination	ation you wish to tak	ke, and for eac	h separ	ately titled	B.		id you ever resign from any employment rather than		
pos	sition you apply f	for. When filling out yo	our application for	orm, che	ck to make			ace dismissal?		
		opriate questions hav sult in its disapproval.		ea. An I	Incomplete	C.	ι	bid you ever receive discharge from the Armed Forces of the Inited States which was other than "Honorable" or which was assued under other than honorable conditions?		
	ALL STAT	TEMENTS ARE SUB.	JECT TO VERI	FICATIO	N		10			
1.	NAME and LE	EGAL RESIDENCE (F	Please Print)			D.		lave you ever been convicted of any crime (felony or		
	Last		First		 MI					
	Lasi		FIISt		IVII	E.		lave you ever forfeited bail bond posted to guarantee your ppearance in court to answer to any criminal charge?		
		Street Address or P	ost Office Box							
						F.	. A	re you now under charges for any crime? YES NO		
	Ci	ity	State	Zip	Code			re you an exempt volunteer firefighter?		
Pho		clude Area Code)		•				vered "YES" to any of the questions 8 A-G above, you may		
								cs under "Remarks" on page 4 of this application. If you elect de specifics, however, or if such explanation is insufficient,		
Ho	me/Cell:		_ Business:					e required to submit further information.		
Em	ail Address:							e above circumstances represents an automatic bar to		
								It. Each case is considered and evaluated on individual		
2.		Social Security Number: merits in relation to the duties and responsibilities of the position which you are applying.								
3.		the positions such a ND CORRECTION (9. PI	lease	e answer the following questions for Veterans' Credits. Be		
		e limits are establishe				SU	ure t	hat you read Instruction E on Page 4 relating to Veterans'		
	your date of b	pirth here:					Credit			
				_				you a Veteran? YES NO MPLETE 9.B.i-iii IF YES TO 9A		
	MONTH:	DAY:	YEA	R:		 i.		e you: A Disabled Veteran		
4.	Are you unde	r 18 years of age?		□ YE	ѕ □ №					
5.	-	STING ARRANGEME	NTS				i H	A Nondisabled Veteran		
5.		e Instruction D on pag						hich was honorable or release under honorable		
	🛛 I am a Sat	turday religious obser	ver and cannot	be teste	d	circumstances from 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				
	on the sch	eduled test date.								
	I require re	easonable accommod	lations to take t	his test.			С	omponents thereof, and the National Guard when in the		
6	Are you outbo	prized to work in the L	Inited States?					ervice of the United States pursuant to call as provided by aw on a full-time active duty basis other than active duty for		
6.	Are you autil		filled States?					aining purposes.)		
		pointment you will be				iii.	i. H	ave you ever used additional credits as a disabled or non-		
	which establis United States	sh your identity and yo	our eligibility to l	be emplo	oyed in the			isabled veteran for appointment to any position in the public		
7				:			е	mployment of New York State or any of its civil divisions?		
7.	you have resi	ctual permanent legal ded there continually,	up to and inclue	ding the	date of the	10 Ar	re vo	U a United States Citizen or an alien lawfully admitted for		
	application.			•				nent residence?		
		Name		Years	Months	11. Ar	Are yo	u currently a resident of New York State?		
S	School District:	Name		Tears	Months					
	Village of:							THIS AFFIRMATION MUST BE COMPLETED		
-	-					Вис	chec	king this box, I affirm, subject to the penalties of perjury, that		
	Town of:					the state	teme	nts made in this application and any supplemental papers are		
	County of:							stand that all statements made by me in connection with this are subject to investigation and verification and that a material		
	State of:							nt or fraud may disqualify me from appointment or		
		DO NOT WRITE IN						and/or lead to revocation of my appointment, and I hereby		
	Application:	JO NOT WRITE IN	THE STACE					vestigation of all matters contained in this application. I further his is equivalent to my original signature and that I may be		
	Approved _	Disapprove	ed □ C	ondition	al			sign this application form at a future date.		
	Exam Fee:					Please	print	Date: below any other last name by which you are or have been		
	Collected _	D Not submit	ted □ v	Vaived						
			···~			known:				

12.	If co		DN coursework or a college degree is re ascript will satisfy this requirement. F						ation. Normally a		
	Α.	Have	you graduated from High School?	🗆 yes 🗆	l no						
		-	indicated name and location of Hig								
	В.		have a high school equivalency dipl			ental authority: _					
	C.		er: ICANTS CLAIMING COLLEGE CRE			OF THEIR CO	LI EGE TRANSCRIP	TS BY			
C. APPLICANTS CLAIMING COLLEGE CREDITS MUST SUBMIT A COPY OF THEIR COLLEGE TRANSCRIPTS BY EMAIL TO: <u>csexams@co.chenango.ny.us</u>											
□ Transcripts emailed to csexams@co.chenango.ny.us □ Transcript						Transcripts requ	ts requested from college				
			Name of School & City in which		Were you graduated?	Type of Cour or Major Subj	se Number of	Type of Degree	Date degree received or expected		
	Colloc										
U	Colleg nivers ofessio	sity,									
	Techi Scho	nical									
	Scho	.01									
	Speci Cours										
13.			IONAL LICENSE OR CERTIFICAT the following if a license, certificate,	-	rization to praction	e a trade or prot	fession is required for	· examinatior	n or appointment		
	to th	he posi	tion sought. If not currently licensed	l, check this bo	ох: 🗆						
		N	lame of Trade or Profession	Lic	ense Number	Granted by (Li	censing Agency)	City or St	tate of		
			Specialty	Date Lice	nse First Issued		Registered From: (Mo.	/Yr.) To: (Mo./	Yr.)		
14.			LICENSE sitions require possession of a valid	New York Sta	te Drivers Licens	e at time of app	ointment. If required f	or the positic	on vou are		
		•	r, do you have a valid New York Sta				SS:				
15.			FION OF EXPERIENCE th your most recent job first, describ	e in detail Al I	vour work expe	rience below T	he employment sect	tion of this :	application must		
	be o	comple	ted in detail, a resume may not se	rve as a subs	titute but may b	e included with	the application. If the	ne examinatio	on announcement		
	the	"Exper	volunteer or unpaid experience is a ence Type" box. Qualifying volunteer	er or unpaid e	xperience will be	considered if ve	erifiable and fully doc	umented. Yo	u are responsible		
			ing an accurate, adequate, and clear had military service which includes								
			ed in the course of your service in ar tach 8 ½"x11" sheets of paper). Unc								
	per	formed	I by you and indicate the estimat by you and the extent of such supe	ed percentag							
Firr	n Narr		by you and the extent of outil supe	Address:		City	y & State:	Phone	Number:		
							, 				
Len	igth of	f Employ	vment (MM/YYYY)	Describe Dut	ies:						
	то):	FROM:								
Experience Type: Paid Volunteer			: 🛛 Paid 🔲 Volunteer								
Your exact title: Name of Supervisor:											
Supervisor's title:											
Number hours worked per week: (Exclusive of Overtime)				Reason for Leaving:							
1				INCOSULI UL	caving.						

D - ----

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (MM/YYYY)	Describe Duties:		I
TO: FROM:			
Experience Type: Paid Volunteer			
Your exact title:			
Name of Supervisor:			
Supervisor's title:			
Number hours worked per week: (Exclusive of Overtime)	Reason for Leaving:		
Firm Nama:		City & Chatay	Dhana Numhari
Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (MM/YYYY)	Describe Duties:		
TO: FROM:	Describe Duiles.		
Experience Type: Paid Volunteer			
Your exact title:			
Name of Supervisor:			
Supervisor's title:			
Number hours worked per week: (Exclusive of Overtime)			
	Reason for Leaving:		
Firm Name:	Address:	City & State:	Phone Number:
		City & State:	Phone Number:
Length of Employment (MM/YYYY)	Address: Describe Duties:	City & State:	Phone Number:
Length of Employment (MM/YYYY) TO: FROM:		City & State:	Phone Number:
Length of Employment (MM/YYYY)		City & State:	Phone Number:
Length of Employment (MM/YYYY) TO: FROM:		City & State:	Phone Number:
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Volunteer		City & State:	Phone Number:
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Your exact title:		City & State:	Phone Number:
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Volunteer Your exact title: Name of Supervisor: Supervisor's title: Number hours worked per week:	Describe Duties:	City & State:	Phone Number:
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Volunteer Your exact title: Name of Supervisor: Supervisor's title: Number hours worked per week: (Exclusive of Overtime)	Describe Duties:		
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Volunteer Your exact title: Name of Supervisor: Supervisor's title: Number hours worked per week:	Describe Duties:	City & State: City & State:	Phone Number: Phone Number:
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Volunteer Your exact title:	Describe Duties: Reason for Leaving: Address:		
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Volunteer Your exact title: Name of Supervisor: Supervisor's title: Number hours worked per week: (Exclusive of Overtime)	Describe Duties:		
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Volunteer Your exact title:	Describe Duties: Reason for Leaving: Address:		
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Volunteer Your exact title: Name of Supervisor: Supervisor's title: Name of Supervisor: supervisor's title: Number hours worked per week: Supervisor's title: Number hours worked per week: (Exclusive of Overtime) Supervisor's title: Supervisor's title:	Describe Duties: Reason for Leaving: Address:		
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Volunteer Your exact title:	Describe Duties: Reason for Leaving: Address:		
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Volunteer Your exact title:	Describe Duties: Reason for Leaving: Address:		
Length of Employment (MM/YYYY) TO: FROM: Experience Type: Paid Volunteer Your exact title:	Describe Duties: Reason for Leaving: Address:		

Chenango County Personnel / Civil Service Office Chenango County Office Building 5 Court Street, Norwich, NY www.co.chenango.ny.us/personnel

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENTOF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application, be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test may NOT be notified of their score.

Call this agency immediately if you do not receive a notice within three days of examination informing you whether or not you are to be admitted to the examination.

C. CHANGE OF ADDRESS or PHONE NUMBER

Notify this agency immediately of any change of address or phone number. When writing give the number and title of examinations.

D. SPECIAL TESTING ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination), or if you require reasonable accommodations in order to participate in the examination, you must EITHER:

1. Check the appropriate box in question 5 and indicate the special arrangements you require in the remarks section below

OR

Write to this agency no later than the last date of filing for this examination. Your request must include examination number and title and the special type of arrangements required.

E. VETERANS' CREDITS

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

Any claim for additional credit as a disabled or non-disabled veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check the appropriate category in question 9A and answer all questions 9.A-B.i-iii. Failure to do so accurately and completely may result in a denial of your claim.

If you are claiming credits as a disabled veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions 9.A and 9.B, and a "NO" answer to question 9.B.iii, be certified by the veterans' administration as being entitled to receive payments for a service-connected disability rated at 10 percent (10%).

Persons claiming credit as disabled veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veterans' 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 which documents must be produced by you 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 from any eligible list on which you have been granted additional credit as a result of such misstatement or fraud.

Chenango County is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of one's race, including hairstyles or traits associated with race, creed, color, national origin, age, sex, religion, disability, sexual orientation, gender identity or expression, marital status, military status, familial status, domestic violence victim status, predisposing genetic characteristics, prior arrest or conviction record, reproductive health decision making, or any other status protected by State or Federal Law. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to race, including hairstyles or traits associated with race, creed, color, national origin, age, sex, religion, disability, sexual orientation, gender identity or expression, marital status, military status, familial status, domestic violence victim status, predisposing genetic characteristics, prior arrest or conviction record, reproductive health decision making, or any other status protected by State or Federal Law.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2"x11" sheets).

Signature:

Date: