CAYUGA COUNTY CIVIL SERVICE APPLICATION

Department of Human Resources and Civil Service Commission

County Office Building, 2nd Floor, 160 Genesee Street, Auburn, NY 13021

Website: www.cayugacounty.us/civilservice Telephone: (315) 253-1284

Updated 8-1-11

POSITION or EXAM TITLE: _____ **EXAM NUMBER:** _____ (if applicable)

IMPORTANT INSTRUCTIONS: You must complete this entire application, even if you include a resume. If signing up for a civil service exam, you must read the exam announcement for additional instructions. Answer all questions thoroughly. All statements are subject to verification. Incomplete applications may be disapproved.

SECTION 1:

APPLICANT NAME: _____ (Last Name) _____ (First Name) _____ (M.I.) **SOC. SEC. NO.:** __ __ __ - __ __ - __ __ __ __

MAILING ADDRESS: _____ (Can be P.O. Box or Street Address) _____ (City) _____ (State) _____ (Zip Code)

LEGAL RESIDENCE: _____ (Must be a Street Address) _____ (City) _____ (State) _____ (Zip Code)

Please indicate the number of years and/or months you have resided at your current **LEGAL RESIDENCE** listed above. _____ (Years) / _____ (Months)

Your current **LEGAL RESIDENCE** is located in the **County of** _____ and the **School District of** _____

PHONE NUMBERS: **HOME: (** ____ **) -** _____ **-** _____ **WORK: (** ____ **) -** _____ **-** _____ **CELL: (** ____ **) -** _____ **-** _____

SECTION 2:

☐YES ☐NO **1. ARE YOU A WAR-TIME VETERAN or on active duty in the U.S. Armed Forces?** If yes, check one: ❒Disabled ❒Non-Disabled You must submit the required Veteran's Credit forms by the date of the exam. Request these forms by calling (315) 253-1284 or download at: www.cayugacounty.us/civilservice/ccapp. Include a copy of your DD-214. Completed forms will then be reviewed by our office to determine if you are eligible to have extra credits added to your passing score.

☐YES ☐NO **2. ARE YOU UNDER THE AGE OF 18?** If yes, enter date of birth **(only if you are UNDER 18):** __ __ / __ __ / __ __ __ __

☐YES ☐NO **3. ARE YOU CROSS-FILING?** If you are applying for additional civil service exams *(other than Cayuga County exams)* scheduled on the same date, you must include a CROSS-FILING FORM with your application. Request this form by calling (315) 253-1284 or download at: www.cayugacounty.us/civilservice/forms/cross-filing-form.pdf.

☐YES ☐NO **4. ARE YOU AN EXEMPT VOLUNTEER FIREFIGHTER?** (Proof will be required at time of hire.)

☐YES ☐NO **5. STUDENT LOAN STATUS:** Are you currently **in default** (continually overdue on your payments) on any outstanding student loans made or guaranteed by the New York State Higher Education Services Corporation?

☐YES ☐NO **6. RELIGIOUS ACCOMMODATIONS:** Do you require an alternate test date due to religious reasons? Most written tests are held on Saturdays. If you cannot take the test on the scheduled test date due to a conflict with a religious observance or practice, arrangements may be made for you to take the test on a different date (usually the following Monday).

☐YES ☐NO **7. TESTING ACCOMMODATIONS:** Do you require reasonable testing accommodations due to a disability? If so, you must directly contact our office IMMEDIATELY to describe the accommodations you need. This is YOUR responsibility.

Use this space, if needed, to provide additional information regarding Questions 1 – 7: _____

SECTION 3:

AFFIRMATION: By signing this application, I affirm under penalties of perjury that all statements made on this application (including any attachments) are true. I understand that all statements made by me in connection with the application are subject to investigation and verification, including that I may be subject to pre-employment drug testing and/or background investigation, and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X _____ (Signature of Applicant) _____ (Date Signed) _____ (Print all other names by which you are or have been known.)

(CIVIL SERVICE USE ONLY)

$____FEE RECEIVED: ___/___/___ ❒In Person ❒By Mail ❒C ❒MO ❒V ❒CK#_____ RECEIPT#_____

REVIEWED: ___ / ___ / ___ BY: _____
❒APPR ❒DISAPPR ❒COND
REASON: _____

REVIEWED: ___ / ___ / ___ BY: _____
❒APPR ❒DISAPPR ❒COND
REASON: _____

CAYUGA COUNTY CIVIL SERVICE APPLICATION

POSITION or EXAM TITLE: _____ **EXAM NUMBER:** _____
(if applicable)

APPLICANT'S NAME: _____
Last Name First Name M.I.

SECTION 4:
High School Education

Do you have a High School Diploma? ☐YES ☐NO _____ _____ _____
HIGH SCHOOL NAME CITY STATE

If not, do you have a GED? ☐YES ☐NO _____ _____
GED # NAME OF ISSUING GOVERNMENTAL AUTHORITY

SECTION 5:
Additional Education

College, University, Professional or Technical School *(Print name and address of school)*	Semester Credits Received	Type of Degree Received	Major Subject or Type of Course	Did you graduate?	If no degree yet, when do you expect to receive it?
				☐YES ☐NO	____ / ____ MO. YR.
				☐YES ☐NO	____ / ____ MO. YR.

SECTION 6:
Driver's License

Do you have a current valid New York State Driver's License? ☐YES ☐NO License #: _____ Expire Date: _____

If yes, indicate class: ☐A ☐B ☐CDL-C ☐Non-CDLC ☐D ☐DJ ☐E ☐M ☐MJ Endorsements: ☐**P** (Passenger) ☐**S** (School Bus)

SECTION 7:
Certifications or Other Licenses

(Complete this section if a license, certificate, or authorization to practice a trade or profession is required.)

_____ _____ _____
Trade or Profession License or Certificate Number Issued By: (Name of Licensing Agency, City & State)

Are you currently licensed? ☐YES ☐NO License or Registration Dates: FROM ____ / ____ TO ____ / ____
MO. YR. MO. YR.

SECTION 8:

☐YES ☐NO **A.** Were you ever dismissed from any employment for reasons **other than** lack of work, lack of funds, disability, or medical condition?

☐YES ☐NO **B.** Did you ever resign from any employment rather than face dismissal?

☐YES ☐NO **C.** Did you ever receive a discharge from the Armed Forces of the United States which was other than "honorable" or which was issued under other than honorable circumstances?

☐YES ☐NO **D.** Have you ever been convicted of a crime (felony or misdemeanor)?

☐YES ☐NO **E.** Are you now under any charges for any crime?

If you answered YES to any of Questions A-E, give specifics. Attach additional sheets if necessary. _____

_____

_____

_____

SECTION 9:

EMPLOYMENT HISTORY

You must complete this section, even if you include a resume. To receive credit for employment experience, this section MUST be completed thoroughly. Be sure to include specific dates, hours per week, and earnings. Begin with your most recent employment. Describe in detail any employment that qualifies you for the position. Under DESCRIPTION OF DUTIES, describe the nature of the work you performed, with an estimated percentage of time spent on each type of activity. If you were a supervisor, state how many people you supervised and the nature of the supervision. If volunteer or unpaid experience is allowed for the position, describe it in the same way as paid work, showing its volunteer nature under YOUR EARNINGS.

DATES OF EMPLOYMENT

From _____ / _____
MO. YR.

To _____ / _____
MO. YR.

_____
HOURS PER WEEK
(exclusive of overtime)

FIRM NAME

STREET ADDRESS

CITY STATE

TYPE OF BUSINESS

YOUR EXACT TITLE

NAME OF YOUR SUPERVISOR

TITLE OF YOUR SUPERVISOR

$_____ PER
YOUR EARNINGS (check one): ☐ WK ☐ MO ☐ YR

DESCRIPTION OF DUTIES:

DATES OF EMPLOYMENT

From _____ / _____
MO. YR.

To _____ / _____
MO. YR.

_____
HOURS PER WEEK
(exclusive of overtime)

FIRM NAME

STREET ADDRESS

CITY STATE

TYPE OF BUSINESS

YOUR EXACT TITLE

NAME OF YOUR SUPERVISOR

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$_____ PER
YOUR EARNINGS (check one): ☐ WK ☐ MO ☐ YR

DESCRIPTION OF DUTIES:

DATES OF EMPLOYMENT

From _____ / _____
MO. YR.

To _____ / _____
MO. YR.

_____
HOURS PER WEEK
(exclusive of overtime)

FIRM NAME

STREET ADDRESS

CITY STATE

TYPE OF BUSINESS

YOUR EXACT TITLE

NAME OF YOUR SUPERVISOR

TITLE OF YOUR SUPERVISOR

$_____ PER
YOUR EARNINGS (check one): ☐ WK ☐ MO ☐ YR

DESCRIPTION OF DUTIES:

Continued on next page.

EMPLOYMENT HISTORY (continued)

DATES OF EMPLOYMENT

From _____ / _____
MO. YR.

To _____ / _____
MO. YR.

_____
HOURS PER WEEK
(exclusive of overtime)

FIRM NAME

STREET ADDRESS

CITY STATE

TYPE OF BUSINESS

YOUR EXACT TITLE

NAME OF YOUR SUPERVISOR

TITLE OF YOUR SUPERVISOR

$_____ PER
YOUR EARNINGS (check one): ☐ WK ☐ MO ☐ YR

DESCRIPTION OF DUTIES:

DATES OF EMPLOYMENT

From _____ / _____
MO. YR.

To _____ / _____
MO. YR.

_____
HOURS PER WEEK
(exclusive of overtime)

FIRM NAME

STREET ADDRESS

CITY STATE

TYPE OF BUSINESS

YOUR EXACT TITLE

NAME OF YOUR SUPERVISOR

TITLE OF YOUR SUPERVISOR

$_____ PER
YOUR EARNINGS (check one): ☐ WK ☐ MO ☐ YR

DESCRIPTION OF DUTIES:

DATES OF EMPLOYMENT

From _____ / _____
MO. YR.

To _____ / _____
MO. YR.

_____
HOURS PER WEEK
(exclusive of overtime)

FIRM NAME

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YOUR EARNINGS (check one): ☐ WK ☐ MO ☐ YR

DESCRIPTION OF DUTIES: