

CHENANGO COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

.....
 Position Title Examination Number

NOTE: A separate application must be completed for each separately numbered examination you wish to take.

When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

This application is part of your examination. Answer all questions fully and carefully. Print in ink or use a typewriter.

1. NAME, MAILING ADDRESS AND PHONE (Please Print)

.....
 Last First M. I.

 Street Address

 City or Post Office State Zip Code

 Phone # (Include Area Code)
 Home: Business:

2. Social Security Number:

3. Are you under 18 or over 70 years of age? YES NO
 If YES, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:
 MONTH _____ DAY _____ YEAR _____

4. VETERAN'S CREDITS (See Instruction E)

If, for this examination, you wish to claim additional credit as an honorably discharged veteran, check the appropriate box below and answer questions 9 A through E.
 DISABLED VETERAN
 NONDISABLED WAR VETERAN

5. SPECIAL ARRANGEMENTS (Optional - See Instruction D)

RELIGIOUS OBSERVER
 HANDICAPPED PERSON

6. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? YES NO
 (Non-citizens may be required to produce 1-151 or 1-551 Alien Registration Cards at time of appointment.)

7. State your actual permanent legal residence and indicate how long you have resided there continually, up to and including the date of the application.

Name	Years	Months
School District		
Village of		
Town of		
County of		
State of		

DO NOT WRITE IN THIS SPACE

Approved _____ Disapproved _____ Conditional _____

EXAM FEE:

Collected _____ Not Submitted _____ Not Applicable _____

D20 16

NOTE: Be clear, accurate and detailed because vagueness and omission will not be resolved in your favor.

8. Check appropriate box:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO

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

C. Did you ever receive 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 any crime (felony or misdemeanor)? YES NO

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO

F. Are you now under charges for any crime? YES NO

If you answered "YES" to any of the questions 8 A-F above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

9. Please answer the following questions for Veterans' Credits. Be sure that you read instruction E relating to "Veterans' Credits" and have claimed these credits in question 4.

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 U. S. pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes) YES NO

B. If "YES", did you receive a discharge which was honorable or were you released under honorable circumstances? YES NO

C. Did you serve in the Armed Forces of the United States during any of the following periods:

- December 7, 1941 to December 31, 1946, June 27, 1950 to January 31, 1955, January 1, 1963 to May 7, 1975, August 2, 1990 to the date upon which hostilities end in the Persian Gulf Conflict.

- Commissioned Corps of the U. S. Public Health Service: July 29, 1945 to September 2, 1945 or June 26, 1950 to July 3, 1952.

- A recipient of the armed forces expeditionary medal, the navy expeditionary medal, or the marine corps expeditionary medal during the following "time of war or hostilities":

Lebanon - June 1, 1983 - December 1, 1987

Grenada - October 23, 1983 - November 21, 1983

Panama - December 20, 1989 - January 31, 1990

YES NO

D. Are you currently a resident of New York State? YES NO

E. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? YES NO

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.

Signature of Applicant _____

Date _____

Indicate any other surname (Last Name) by which you are or have been known. (Please Print)

PLEASE SIGN ALL ATTACHED SHEETS

DO NOT WRITE IN THIS SPACE

Rated by: _____ Training and Experience

Checked by: _____

10. EDUCATION - If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school: YES NO If YES, indicate name and location of high school. Year Graduated

If you have a high school equivalency diploma, indicate issuing governmental authority Number Date of Issue

	Name of School City in which located	Dates of Attendance (Month & Year)		Day or Night	Full or Part Time	No. of Years Credited	Were You Grad- uated?	Type of Course or Major Subject	No. of College Credits Received	Type of Degree	Date Degree Received or Expected
		From	To								
College University Professional or Technical School											
Other Schools or Special Courses											

11. LICENSES - If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination for which you are applying, complete the following questions. If not currently licensed, check this box

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From: (Mo./Yr.)	To: (Mo./Yr.)

12. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES NO Class: _____

13. DESCRIPTION OF EXPERIENCE: Starting with your most recent job first, describe in detail ALL your work experience below. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work showing its volunteer nature in the "Earnings" box. Relevant volunteer (unpaid) experience will be considered if verified and fully documented. 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 you have had military service which includes experience pertinent to the position, describe such experience as a separate employment. If your title changed in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8 1/2"x11" sheets of paper). Under "Duties" for each employment, describe in detail the nature of work personally performed by you and indicate estimated percentage of time spent on each type of work. State size and kind of work force, if any, supervised by you and the extent of such supervision. The employment section of this application must be completed in detail. A resume may not serve as a substitute, but may be included with the application.

FIRM NAME	ADDRESS	CITY AND STATE	PHONE NUMBER
LENGTH OF EMPLOYMENT From: Mo / Yr To: Mo / Yr	DESCRIBE DUTIES:		
EARNINGS (Circle One) \$ Wk/Mo/Yr			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (Exclusive of overtime)	REASON FOR LEAVING:		

FIRM NAME	ADDRESS	CITY AND STATE	PHONE NUMBER
LENGTH OF EMPLOYMENT From: Mo / Yr To: Mo / Yr	DESCRIBE DUTIES:		
EARNINGS (Circle One) \$ Wk/Mo/Yr			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (Exclusive of overtime)	REASON FOR LEAVING:		

FIRM NAME	ADDRESS	CITY AND STATE	PHONE NUMBER
LENGTH OF EMPLOYMENT From: Mo / Yr To: Mo / Yr		DESCRIBE DUTIES:	
EARNINGS (Circle One) Wk/Mo/Yr			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (Exclusive of overtime)		REASON FOR LEAVING:	
FIRM NAME	ADDRESS	CITY AND STATE	PHONE NUMBER
LENGTH OF EMPLOYMENT From: Mo / Yr To: Mo / Yr		DESCRIBE DUTIES:	
EARNINGS (Circle One) Wk/Mo/Yr			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (Exclusive of overtime)		REASON FOR LEAVING:	
FIRM NAME	ADDRESS	CITY AND STATE	PHONE NUMBER
LENGTH OF EMPLOYMENT From: Mo / Yr To: Mo / Yr		DESCRIBE DUTIES:	
EARNINGS (Circle One) Wk/Mo/Yr			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (Exclusive of overtime)		REASON FOR LEAVING:	
FIRM NAME	ADDRESS	CITY AND STATE	PHONE NUMBER
LENGTH OF EMPLOYMENT From: Mo / Yr To: Mo / Yr		DESCRIBE DUTIES:	
EARNINGS (Circle One) Wk/Mo/Yr			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
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NO. OF HOURS WORKED PER WEEK (Exclusive of overtime)		REASON FOR LEAVING:	
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LENGTH OF EMPLOYMENT From: Mo / Yr To: Mo / Yr		DESCRIBE DUTIES:	
EARNINGS (Circle One) Wk/Mo/Yr			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (Exclusive of overtime)		REASON FOR LEAVING:	

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MAIL OR DELIVER TO: Town of Oxford, PO Box 271, 13830 or use the drop box on the Village side of the entrance or bring it to the Town Office at 20 Lafayette Park

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF 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

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

D. SPECIAL ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination), or a Handicapped Person (require special arrangements 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:
2. 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 CREDIT

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

Any claim for additional credit as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans credit, you must check the appropriate category in question 4 and answer all questions 9 A-E. Failure to do so accurately and completely, may result in a denial of your claim.

If you are claiming credit as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions 9 A-D and a "NO" answer to question 9 E, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at 10 (10%) percent or more incurred during a "Time of War or Hostilities" as indicated in question 9 C.

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

All claims and grants of veterans credit 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 of 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.

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, disability, marital status, or criminal record in connection with employment.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8½" x 11" sheets).