

ONTARIO COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

MAIL OR DELIVER TO:

ONTARIO COUNTY DEPARTMENT OF HUMAN RESOURCES • 3019 COUNTY COMPLEX DRIVE • CANANDAIGUA • NEW YORK 14424

www.co.ontario.ny.us/humanresources

TYPE OR PRINT CLEARLY IN INK all parts of this application.

1. JOB/EXAM TITLE

2. NAME AND ADDRESS: IMMEDIATE notice should be given for any change in item #2.

LAST FIRST MIDDLE SOCIAL SECURITY #

Indicate any other surname (last name) by which you are or have been known

LEGAL MAILING ADDRESS LEGAL RESIDENCE

CITY STATE ZIP CODE

HOME PHONE NO. () CELL PHONE NO. () BUSINESS PHONE NO. ()

SCHOOL DISTRICT YEAR/MONTHS

TOWN, VILLAGE OR CITY YEAR/MONTHS

COUNTY YEAR/MONTHS

3. VETERANS' CREDIT (IF APPLICABLE, CHECK ONE) VETERAN [] DISABLED VETERAN [] CURRENTLY ACTIVE []

Currently active military personnel may apply for conditional credit pending honorable discharge. Disabled and non-disabled veterans who establish eligibility for additional credits and are successful in the examination are entitled to have 10 and 5 points respectively (5 and 2.5 points of credits for PROMOTIONAL Examination), added to their earned scores provided that they have not used credits to obtain permanent appointment or promotion subsequent to January 1, 1951. You will be allowed the option of waiving these credits after the completion of the examination.

Check appropriate box to right of each question:

A. Did you serve in the Armed Forces of the United States during any of the following periods? YES NO *Credit for Lebanon, Grenada, and Panama will be limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal. The DD214 form which has always been required to verify military service should also contain verification of possession of Expeditionary Medals for Lebanon, Grenada, or Panama.

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 conditions? YES NO

4. INDICATE ANSWER BY PLACING AN "X" IN THE APPROPRIATE SPACE.

A. Were you ever dismissed from any employment except for lack of work or funds, disability or medical condition? YES [] NO []

B. Did you ever resign from any employment rather than face discharge? YES [] NO []

C. Are you now under charges for any crime? YES [] NO []

D. CONVICTION Have you ever been convicted of any crime (felony or misdemeanor)? YES [] NO []

You may omit: 1. Parking violations. 2. Any offense which was adjudicated in a juvenile court or under a youthful offender law.

Convictions will not necessarily disqualify you. What you were convicted of and how long ago is important. Each case is evaluated in relation to the duties and responsibilities of the position for which you have applied.

5. USE THIS SPACE FOR ANY EXPLANATIONS. (Attach additional sheets if more space is needed)

6. A. Do you have a legal right to reside and accept employment in the United States? YES [] NO []

B. CITIZENSHIP: Are you a citizen of the United States? YES [] NO []

C. If minimum and/or maximum age limits are established for the position applied for, enter your date of birth here

D. Sibling of Fire Fighter or Police Officer lost in 9/11/01? YES [] NO []

E. Child of Fire Fighter or Police Officer lost in line of duty? YES [] NO []

7. EMPLOYMENT PREFERENCES: (applies to all exams/jobs) In addition to full time, I will accept part-time [] I will accept temporary []

I will accept work at the following agencies: COUNTY [] CITIES [] VILLAGES [] TOWNS [] SCHOOL DISTRICTS [] FLCC []

Shift Work: I will work evenings and/or nights. YES [] NO []

8. Do you need special arrangements for this exam (Religious Accommodation or disabled)? If yes, explain in #5 YES [] NO []

DECLARATION (This affirmation must be signed and dated.)

I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

SIGNATURE DATE

HUMAN RESOURCES USE ONLY

APPROVED [] PENDING [] CONDITIONAL [] DISAPPROVED []

COMMENTS CHECK # DATE WVD

Guaranteed Education Loan Questionnaire

Section 50-b of the New York State Civil Service Law REQUIRES that all applicants for examination be asked the following questions:

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? YES [] NO []

2. If so, are you presently in default on any such loan? YES [] NO []

Name

Address

City, State, Zip

Exam # and Title

THIS AFFIRMATION MUST BE COMPLETED. I affirm, under penalty of perjury, that all statements made above are true

Signature Date

Methods Research Questionnaire (Optional)

The CONFIDENTIAL and VOLUNTARY reply will be used to evaluate recruitment, examination and testing methods. This reply will in no way affect your participation in this or future Civil Service examinations. This information is for research purposes only.

1. Birth date *

2. Disabled?* YES [] NO []

3. Check only one box which identifies your group.*

[] MALE [] FEMALE

[] White [] Black [] Hispanic [] Asian American [] American Indian

4. How did you learn about this job?

[] Ontario County Personnel [] Internet [] NYS Employment Office

[] Private Employment Office [] Community Organization

[] Newspaper [] Relative/Friend

[] Government Employee [] Radio and/or Television

*New York State Law prohibits discrimination because of age, race, color, creed, sex, national origin, sexual orientation, military status, predisposing genetic characteristics, marital status, domestic violence victim status or disabilities and, in certain circumstances, conviction record.

9A. EDUCATION If more space is needed, attach additional sheets.

Type of School	Name of School and Location	Years Completed	Graduated?	Major Course of Studies	College Credits Received	Type of Degree Received
High School or Equivalency Diploma Number			<input type="checkbox"/> YES <input type="checkbox"/> NO			
College, University, Professional or Technical School			<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other Schools or Special Courses			<input type="checkbox"/> YES <input type="checkbox"/> NO			

9B. EDUCATION: Degree received? _____ YES _____ NO If YES, was degree received within last 5 years? _____ YES _____ NO If NO, when do you expect receipt of degree? _____

10. LICENSE Do you possess a license to practice a trade or profession? YES NO (Complete only if the position for which you are applying requires one.)

Name of trade or profession _____ License/Certificate Number _____
 Licensing Agency _____ City/State _____
 Original date of issue _____ Date of expiration _____

11. DRIVER'S LICENSE (Complete only if the position for which you are applying requires one.) State of licensure _____ Endorsements _____

Number _____ Class of license _____ Date of expiration _____ Restrictions _____

12. EXPERIENCE: YOU MUST COMPLETE THIS SECTION WHETHER YOU SUBMIT A RESUME' OR NOT. Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of workforce, if any, supervised by you and the extent of such supervision. DESCRIBE IN DETAIL, beginning with your most recent employment and working backwards to your first, any employment you have ever had, which includes experience that tends to qualify you for the position sought, and as far as possible every other employment, including military service. Applicants may be required to furnish proof of all experience claimed. COMPLETE ALL SECTIONS. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS AT TOP OF PAGE.

Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Your Supervisor
Yrs. Mos.			
Salary:	Duties:		
Hours per week:			
Reason for leaving:			
Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Your Supervisor
Yrs. Mos.			
Salary:	Duties:		
Hours per week:			
Reason for leaving:			
Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Your Supervisor
Yrs. Mos.			
Salary:	Duties:		
Hours per week:			
Reason for leaving:			
Length of Employment From: Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name and Title of Your Supervisor
Yrs. Mos.			
Salary:	Duties:		
Hours per week:			
Reason for leaving:			