

**STEBEN COUNTY DEPARTMENT OF  
PERSONNEL AND CIVIL SERVICE  
3 EAST PULTENEY SQUARE  
BATH, NEW YORK 14810-1510  
TELEPHONE – (607) 776-9631, Ext. 2345**

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Position Title \_\_\_\_\_ Examination Number \_\_\_\_\_

This application is part of your examination. Answer all questions fully and carefully. Print in ink or type. Attach additional sheets if necessary in order to give complete and detailed information.

**1. NAME, MAILING ADDRESS AND PHONE (please print)**

\_\_\_\_\_  
Last First M.I.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City or Post Office State Zip Code

\_\_\_\_\_  
Home Phone (Include Area Code) Business Phone

**2. SOCIAL SECURITY NUMBER**

\_\_\_\_\_

**3. Are you under 18 years of age?**  YES  NO

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

Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**4. VETERAN'S CREDITS (See Instruction E)**

If, for this examination, you wish to claim additional credits as an honorably discharged veteran, check the appropriate box below and answer questions 9 A-F.

- DISABLED WAR VETERAN  
 NON-DISABLED 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 I-151 or I-551 Alien Registration Cards at time of appointment.)

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

NAME	YEARS	MONTHS
School District		
City or Village Of		
Town Of		
County Of		
State Of		

**NOTE:** 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**

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- PD  W  FD  G  NFR

Date Received \_\_\_\_\_ By \_\_\_\_\_

- Approved  Conditioned  Disapproved

**8. Check appropriate box to the right of each question:**

- 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 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 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 charges?  YES  NO
- F. Are you now under charges for any crime?  YES  NO
- G. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?  YES  NO  
If so, are you presently in default on any such loan?  YES  NO

If you answer "YES" to any of the questions 8A-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 represent an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

**9. Answer questions 9A-F only if you are claiming additional credits as a disabled or non-disabled veteran for the examination indicated on this application. 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 United States pursuant to c all 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?  YES  NO  
- Dec. 7, 1941 to Dec 31, 1946; Jun. 27, 1950 to Jan. 31, 1955; Dec. 22, 1961 to May 7, 1975;  
Lebanon (Jun. 1, 1983 to Dec. 1, 1987);  
Grenada (Oct. 23, 1983 to Nov. 21, 1983);  
Panama (Dec. 20, 1989 to Jan. 31, 1990); Aug. 2, 1990 to end of Persian Gulf hostilities;  
- U.S. Public Health Service: Jul. 29, 1945 to Sep. 2, 1945 or Jun. 26, 1950 to Jul. 3, 1952; OR  
- A member of the National Guard activated during the U.S. Postal strike March 23, 1970 to March 30, 1970.
- D. Are you currently a resident of New York State?  YES  NO
- E. Are you currently serving on active duty?  YES  NO
- F. 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)

Rated By:  
Checked By:

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10. EDUCATION: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester 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 <input type="checkbox"/> NO <input type="checkbox"/> If Yes, 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 and City in which located	Dates of Attendance (Month and Year)		Day or Night	Full or Part Time	No. of Years Credited	Were you Graduated?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Rec'd or Expected
		From	To								
<b>College, University, Professional or Technical School</b>	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
<b>Other Schools or Special Courses</b>	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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(s) 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

**13. DESCRIPTION OF EXPERIENCE**  
Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. 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. 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 military service which includes experience pertinent to the position(s), describe such experience as a separate employment. **If your title or duties change materially 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" x 11" sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you, **with estimated percentage of time spent on each type of work.** State size and kind of working force, if any, supervised by you and extent of such supervision.

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Check One) \$ / <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Check One) \$ / <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
No. of hours worked per week (exclusive of overtime)			

DO NOT  
WRITE IN  
THIS  
COLUMN

LENGTH OF EMPLOYMENT MO YR    MO YR FROM /    TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Check One) \$ / <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO YR    MO YR FROM /    TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Check One) \$ / <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO YR    MO YR FROM /    TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Check One) \$ / <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	DESCRIBE DUTIES BELOW:		
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No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO YR    MO YR FROM /    TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Check One) \$ / <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
No. of hours worked per week (exclusive of overtime)			

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

# 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 will NOT be notified of their score.

Call or wire this agency immediately if you do not receive a notice within three days of the date of examination informing you of 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 examination. Failure to do so may result in our inability to notify you regarding the examination time and place and/or future employment opportunities.

## D. SPECIAL ARRANGEMENTS

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

1. Check the appropriate box in 5 and indicate the special arrangements you require in the REMARKS section below;  
**OR**
2. Write to the agency no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required.

## E. VETERANS CREDITS

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

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

If you are claiming credits 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 9F, be certified by the Veteran's Administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a "Time of War" as indicated in question 9C.

Credit for Lebanon, Grenada and Panama will be limited to those receiving expeditionary medals. Discharge documents must note receipt of same.

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 on which you have been granted additional credits as a result of such material misstatement or fraud.

If you are currently serving in the military and have not yet been discharged, your additional credit can be granted on a CONDITIONAL basis upon your presentation of a military ID card, military orders, or other official military document that substantiates active military service at the time of the examination. If successful on the examination, you will be placed on the resulting eligible list but will only be considered for certification WITHOUT benefit of additional credits being added to your score until you present appropriate documentary proof which indicates that your service was in time of war and that you received an honorable discharge or were released under honorable circumstances

**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 8 1/2" x 11" sheet(s).)