

Cattaraugus County Civil Service
303 Court Street
Little Valley, New York 14755

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 use typewriter. 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 State Zip Code

Phone: Home () Business ()

2. Social Security Number

_____ / _____ / _____

3. Are you under 18? 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. 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-citizen may be required to produce 1-151 or 1-551 Alien Registration Cards at time of appointment.)

5. 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	_____	_____	_____

FOR CIVIL SERVICE USE ONLY

Approved By: _____ Exam Date: _____

Disapproved By: _____ Notice: _____

Pending: _____

Reason: _____

6. Check appropriate box to the right of each question:

	YES	NO
A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been requested to resign from a position?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been convicted of any crime (felony or misdemeanor)?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charges?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you now under charges for any crime?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to any of the Questions 6 A-E 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 for the position(s) for which you are applying.

7. Service in the Armed Forces

	YES	NO
A. Have you ever served in the Armed Forces of the United States:	<input type="checkbox"/>	<input type="checkbox"/>
B. If "YES", have you ever received a discharge from such forces which was other than honorable?*	<input type="checkbox"/>	<input type="checkbox"/>

* If answer to "B" is "YES", describe on additional sheet of paper and attach.

	Month	Day	Year
Date of entry into active service	_____	_____	_____
Date released from active service	_____	_____	_____
Service Serial Number	_____	_____	_____

C. Veterans' Credits: To claim veterans' credits in accordance with NYS Law, you must:

- a. Be a citizen of the United States or an alien lawfully admitted for permanent residence in the United States at the time of application for appointment or promotion;
- b. Not have used veterans' credits for any appointment to a New York State or a local government job since January 1, 1951, unless you have established a war time disability since use of credits;
- c.
 1. Have served in the United States Armed Forces during one of the following periods and received a discharge under honorable conditions:

World War II -	12/07/41 to 12/31/46
Korean Conflict -	06/27/50 to 01/31/55
Southeast Asia Hostilities -	2/28/61 to 05/07/75
Persian Gulf War -	08/02/90 to end OR;
 2. Have been awarded in Expeditionary Medal for service in at least one of the following:

Lebanon -	06/01/83 to 12/01/87
Granada -	10/23/83 to 11/21/83
Panama -	12/20/89 to 01/31/90
- d. Do you claim additional credits on this examination as a veteran? Yes No
 If "YES", please request and fill out separate form for disabled or non-disabled veterans' credits. (See instructions on page 4)

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

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 _____

8. Have you ever taken any other examination given by this department? If "YES" give titles and dates.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Titles of Examinations	Dates		

DO NOT WRITE IN THIS SPACE

Training & Experience

Rated By: _____

Checked By: _____

9. 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** **NO**

If "YES", Name and Location of High School _____

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	Did you Graduate?	Type of Course or Major Subject	College Credits Received	Type of Degree	Date Degree Rec'd or Expected
		From	To								
College University, Professional or Technical School											

10. Licenses If a license, certificate of 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 question. 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.)	

11. Drivers License If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? **YES** **NO**
 Class: _____ Identification Number _____ Expiration Date: _____

12. Description of Experience (Answer this question if the announcement specifies minimum experience requirements.) Beginning with the most recent, describe 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 had military service, which includes experience pertinent to the position(s), describe such experience as a separate employment. If your title or duties changed 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 the extent of such supervision.

DO NOT WRITE IN THIS COLUMN	Length of Employment		Firm Name	Address	City and State
	Mo/Yr	Mo/Yr			
	(Check ONE Box)		Describe Duties:		
	Paid Experience <input type="checkbox"/>	Not Paid Intern/Volunteer <input type="checkbox"/>			
	Type of Business				
	Your Exact Title				
	Name of Supervisor				
	Supervisor's Title				
	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
(Check ONE Box)		Describe Duties:		
Paid Experience <input type="checkbox"/>	Not Paid Intern/Volunteer <input type="checkbox"/>			
Type of Business				
Your Exact Title				
Name of Supervisor				
Supervisor's Title				
No. of hours worked per week (Exclusive of overtime)				
Length of Employment Mo/Yr Mo/Yr From / To /		Firm Name	Address	City and State
(Check ONE Box)		Describe Duties:		
Paid Experience <input type="checkbox"/>	Not Paid Intern/Volunteer <input type="checkbox"/>			
Type of Business				
Your Exact Title				
Name of Supervisor				
Supervisor's Title				
No. of hours worked per week (Exclusive of overtime)				
Length of Employment Mo/Yr Mo/Yr From / To /		Firm Name	Address	City and State
(Check ONE Box)		Describe Duties:		
Paid Experience <input type="checkbox"/>	Not Paid Intern/Volunteer <input type="checkbox"/>			
Type of Business				
Your Exact Title				
Name of Supervisor				
Supervisor's Title				
No. of hours worked per week (Exclusive of overtime)				
Length of Employment Mo/Yr Mo/Yr From / To /		Firm Name	Address	City and State
(Check ONE Box)		Describe Duties:		
Paid Experience <input type="checkbox"/>	Not Paid Intern/Volunteer <input type="checkbox"/>			
Type of Business				
Your Exact Title				
Name of Supervisor				
Supervisor's Title				
No. of hours worked per week (Exclusive of overtime)				

Instructions and Information

A. Announcement of Examination

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

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, applications 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 write the agency immediately if you do not receive a notice within three days of the date 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 the examination.

D. Special Arrangements

If you need special arrangements because you are a Religious Observer (for religious reason, 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 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.

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

E. Veterans' Credits

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

Any claim for additional credits as a disabled or non-disabled was veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check (4) the appropriate category in questions 7 and answer all questions A-C. Failure to do so, accurately and completely may result in a denial of your claim.

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 of 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.

War-time Veterans who previously used non-disabled veterans credits for appointment or promotion and are subsequently certified by the Veteran's Administration as disabled veterans may be again be eligible for additional exam credits. If this may apply to you, please contact us, or request review in the remarks section below.

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 THE 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" sheets.

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