# APPLICATION FOR EXAMINATION OR EMPLOYMENT

## Wayne County Civil Service – Personnel Office 26 Church Street, Lyons, New York 14489

(315) 946-7483



FOR OFFICE USE ONLY	Date Received
Approved	
Conditional Approva	.1
Disapproved	

	An Equal Opportunity Employer	Disapproved	
Pos	sition Title	Examination Number	
	This application is part of your examination. Answer all question instructions and Information on page 4. Attach additional sheets information.		
1.	NAME, MAILING ADDRESS AND PHONE (Please Print) Last First M.I.	A. Were you ever dismissed or discharged from any YES N employment for reasons other than lack of work or funds?  B. Did you ever resign from any employment rather YES N	σ
Stre	et	than face dismissal? σ σ ο C. Did you ever receive a discharge from the Armed YES N	σ
City Pho	State Zip Code ne (Include Area Code)	E. Have you ever forfeited bail bond posted to YES N	σ
<u>Hom</u> <b>2.</b>	ne: Business:  SOCIAL SECURITY NUMBER	any criminal charge?  If you answered "YES" to any of the Questions 7 A-E above, you may give	σ
3.	Are you under 18 or over 70 years of age?  If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:  Mo Day Year	specifics under "Remarks" on page 4 of this application. If y ou elect not to provide specifics, however, or if such explanation if insufficient, you may be required to submit further information.  None of the above circumstances represents an automatic bar to employme 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.	
4.	VETERANS CREDITS (See Instruction E)  If, for this examination, you wish to claim additional credit as an honorable discharged veteran, complete the appropriate section on the last page of this application.	<ul> <li>8. Have you any objections to this department making inquiry regarding your character and qualifications from:</li> <li>a) Your former employers? σ YES σ NO</li> <li>b) Your present employer? σ YES σ NO</li> <li>If answer is Yes to either question explain in "Remarks" section on page 4.</li> </ul>	
5.	Are you a citizen of the United States? s Yes s No If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? σ Yes σ No (Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)	Section 504 of the Rehabilitation Act of 1973 and 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	
6.	least four months up to and including the date of this application?	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.	
	List the following jurisdictions you are currently a resident	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	
	of: School District	THIS AFFIRMATION MUST BE COMPLETED	
	City or Village	I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.	d
	Town	Signature of Ap plicant Date	

Type of School	Name of School Street Address City, State, Zip		No. of Years Com- pleted	Were you Gradu -ated?	Day or Night	Full or Part Time	Type of Course or Major Subject	pleted in Gra or High Scho	t school year ommer, Junior lol 6 7 8 9 10	High,
High School	City, State, Zip							Number of College Credits Received	Degree Received	Date of Degree
College, University, Professional or Technical School										
Other Schools or Special Courses										
If you have a high school equivalency diplo	ma, indicate: Issuinç	g government autho					e			
10. If a college transcript is required and is	not submitted	11	1. Do vou l	have a vali	d N.Y.S. m	otor vehicle	operator's licen	se?		
herewith, will you please have transcrip			·			number		YES	NO_	
			_					ate of expiration		-
12. <b>LICENSES</b> If a license, certificate or of applying, complete the following quest		•	•	n is listed a	as a require	ement on the	announcement	of the examination	n(s) for which y	ou are
Name of Trade or Profession	License Num	ber		Granted I	oy (licensir	ng agency)	C	City or State of		
Specialty	Date License	First Issued		Registere	d	From: (Mo	o./Yr.) T	o: (Mo./Yr.)		
your experience. Omissions or vaguen such experience as a separate employment. (If more space)	ment. If your title o	r duties changed m	aterially in					n, indicate such ch	ange clearly a	nd as a
separate employment. (If more space you, with estimated percentage of time LENGTH OF EMPLOYMENT Mo. Yr Mo Yr				der "Duties	s" for each	employment	t describe the na ed by you and the			ormea by
you, with estimated percentage of time LENGTH OF EMPLOYMENT	spent on each type	of work. State size		der "Duties or working	s" for each	employment	t describe the na ed by you and the	e extent of such su		ormed by
you, with estimated percentage of time    LENGTH OF EMPLOYMENT	spent on each type Firm Name	of work. State size		der "Duties or working	s" for each	employment	t describe the na ed by you and the	e extent of such su		ormed by
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Address

LENGTH OF EMPLOYMENT

Firm Name

City and State

Mo. Yr Mo Yr From / To /			
EARNINGS (Circle One)	DESCRIBE DUTIES BELOW		<u> </u>
\$ /Wk/Mo/Yr			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME & TITLE			
REASON FOR LEAVING			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT	Firm Name	Address	City and State
Mo. Yr Mo Yr From / To /			
EARNINGS (Circle One)	DESCRIBE DUTIES BELOW		
\$ /Wk/Mo/Yr  TYPE OF BUSINESS			
YOUR EXACT TITLE			-
SUPERVISOR'S NAME & TITLE			
REASON FOR LEAVING			
No. of hours worked per week			
(exclusive of overtime)			
LENGTH OF EMPLOYMENT	Firm Name	Address	City and State
Mo. Yr Mo Yr			
From / To /	DESCRIBE DUTIES BELOW		
EARNINGS (Circle One) \$ /Wk/Mo/Yr	DESCRIBE DUTIES BELOW		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME & TITLE			
REASON FOR LEAVING			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT	Firm Name	Address	City and State
Mo. Yr Mo Yr			,
From / To /			
EARNINGS (Circle One)	DESCRIBE DUTIES BELOW		
\$ /Wk/Mo/Yr TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME & TITLE			
REASON FOR LEAVING			
No. of hours worked per week			

REMARKS REGARDING EXPERIENCE OR EDUCATION:

#### 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 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.

#### 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 notify the agency no later than the last date of filing for the examination. Your request must include the examination number and title and the type of special arrangements required. Check one:

- ÿ Religious Observer
- ÿ Handicapped Person

#### E. VETERANS CREDITS

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

Check the appropriate box below and answer questions A-F. Failure to do so, accurately and completely, may result in a denial of your claim.

Disabled War Veteran Non-Disabled War Veteran

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

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

- World War I...April 6, 1917-November 11, 1918
- World War II...December 7, 1941-December 31, 1946
- Korean Conflict...June 27, 1950-January 31, 1955
- Vietnam Conflict...December 22, 1961-May 7, 1975
- Persian Gulf Conflict...August 2, 1990-the date upon which such hostilities end

OR

Commissioned corps of the US public health services; YES NO July 29,1945-September 1, 1945 and June 26, 1950- ÿ ÿ July 3, 1962.

OR

	e armed forces expeditionary medal, navy expeditionary dal, or marine corps expeditionary medal for:	YES ÿ	NO ÿ
<u>-</u>	Hostilities in LebanonJune 1, 1983-December 1, 1987 Hostilities in Grenada October 23, 1983-November 21 1983		
-	Hostilities in PanamaDecember 20, 1989-January 31, 1990		
D.	Are you currently a resident of New York State?	YES ÿ	NO ÿ
E.	Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for	YES ÿ	NO ÿ

employment of New York State or any of its civil

divisions?

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 10A-D and a "NO" answer to question 10E, 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 C.

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

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.

Please submit a copy of your DD-214 verifying the character of your discharge and dates of service.		
Branch of Service		
FROM:TO:		
Dates of Military Service		

#### ALL STATEMENTS ARE SUBJECT TO VERIFICATION

REMA	ARKS:
Se	ction 50b of the New York State Civil Service Law
requir	es that all applicants for examination be asked the
follow	ing questions:
1.	Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?
	YesNo
	If yes, are you presently in default?
	YesNo

## WAYNE COUNTY SHERIFF'S DEPARTMENT

## Criminal Record Check Waiver Only

personal background to crime. This information	having been born on//, do hereby grant e County Sheriff's Department to inquire into my financial and/or determine if I have ever been arrested for, or convicted of a is for the purpose of a job application, and I hereby agree that released to the Williamson Central School District, PO Box 900,
Date	Signature
Date	Signature of Witness, Title
	ALL INFORMATION REQUESTED BELOW quested information, please complete the following:
Last Name	First Name M.I
Maiden Name and/or Al	liases
Social Security #	Place of Birth
Nationality	
	FOR DEPARTMENT USE ONLY
	AS CONDUCTED FROM THE INFORMATION SUPPLIED LLOWING WAS DETERMINED:
DATE	OFFICER'S SIGNATURE

DATE		
DAIL		

## PLEASE COMPLETE AND ATTACH TO YOUR APPLICATION

POSITION APPLYING	G FOR		_
Are you interested in su	ibstitute employment?		
Yes		No	_
If you are interested in	substitute employment, please i	indicate your choice	es:
Clerical		Teacher Aide	
Food Service Ho	elper	Cleaner (Evening	s only)
Monitor: E	Bus		
S	study Hall		
F	Playground/Classroom		
Bus Driver			
I wish to substitute in:			
Business/Distric	et Office	Elementary School	ol
Middle School		High School	
Bus Garage			
References: Please list three individ	uals who are familiar with you	r personal qualities	and job performance.
	Business/	Phone	Relationship

NAME	Business/ Organization	Phone Number	Relationship (Supervisor/ Co-Worker)