

APPLICATION FOR CIVIL SERVICE EXAMINATION OR EMPLOYMENT

Application Instructions and Information Listed on Page 4

Oneida County Department of Personnel, 800 Park Avenue Utica, NY 13501

Joseph M. Johnson – Commissioner of Personnel

Phone: (315) 798-5726 Fax: (315) 798-6490 Website: www.ocgov.net/personnel

POSITION TITLE	EXAM NUMBER	SOCIAL SECURITY #: _____
		E-MAIL ADDRESS: _____
Last Name First Name MI		() (Area Code) Home/Cell Phone () (Area Code) Business Phone
Permanent Legal Address Apt		Mailing Address (if different) Apt
City / Town / Village State Zip Code		City / Town / Village State Zip Code
Check the appropriate box for each question below. Failure to answer A-H will result in DISAPPROVAL of your application. A. Are you a citizen of the United States? ☐ YES ☐ NO <i>If no, you MUST submit a copy of the document(s) allowing you to work in the United States.</i> B. Do you have a valid New York State Driver License? ☐ YES ☐ NO C. Are you an Exempt Volunteer Firefighter? ☐ YES ☐ NO <i>If yes, you MUST submit an Exempt Volunteer Firefighter Certificate with your application.</i> D. Are you a Veteran? ☐ YES ☐ NO <i>If yes, you MUST submit the member 4 copy of your DD-214 with your application.</i> E. Were you ever dismissed or discharged from any employment for reasons other than lack of work, funds, disability or medical condition? ☐ YES ☐ NO F. Did you ever resign from any employment rather than face dismissal? ☐ YES ☐ NO G. Are you now under charges for any crime? ☐ YES ☐ NO If you answered "YES" to any of the Questions E-G above, you MUST give specifics under "Remarks" below. Remarks:		The following information is based on your current residence and may be used for residency preference on certifications. Any incomplete or incorrect information may result in not being included on such certification. County: City/Village: Town: School District: If there is an age requirement for appointment or to take the examination, complete: Date of Birth: ____/____/____. Cross-filer Information: I have applied for civil service exams in another jurisdiction (state, county, city) scheduled on the same date as this one. ☐ YES ☐ NO ☐ N/A <i>If yes, you must follow the cross-filer instructions on the exam announcement.</i> SPECIAL EXAM ARRANGEMENTS (Optional–See Instruction F, on page 4) ☐ Religious Accommodation ☐ Disability VETERANS' CREDITS (Optional–See Instruction G, page 4) If you wish to claim Veterans' Credits, complete questions 1-5 and submit the member 4 of your DD-214. If you are a Disabled War Veteran, also submit a copy of your benefits letter. ☐ Disabled War Veteran (10 Points) ☐ Non-disabled War Veteran (5 Points) 1. Did you receive a discharge which was honorable or were you released under honorable circumstances? ☐ YES ☐ NO 2. Did you serve in the Armed Forces of the United States on a full-time, active duty basis, other than for training purposes, during any of the following periods? ☐ YES ☐ NO WWI: 4/6/1917-11/11/1918 WWII: 12/7/1941-12/31/1946 6/27/1950-1/31/1955 2/28/1961-5/7/1975 Persian Gulf: 8/2/1990-Present U.S. Public Health Service: 7/29/1945-12/31/1946 OR 6/27/1950-7/3/1952 Lebanon: 6/1/1983-12/1/1987 Grenada: 10/23/1983-11/21/1983 Panama: 12/20/1989-1/31/1990 NOTE: Credits for Lebanon, Grenada, and Panama will be limited to those who received the following Expeditionary Medals: Armed Forces, Navy, or Marine Corps 3. Since January 1, 1951, have you received a permanent appointment in New York State using your Veterans' Credits? ☐ YES ☐ NO (if no, skip question 4) 4. Subsequent to using your Veterans' Credits, did you become a disabled war veteran? ☐ YES ☐ NO 5. Are you currently a New York State Resident? ☐ YES ☐ NO
<u>CIVIL SERVICE USE ONLY</u> DATE OF APPOINTMENT IN CURRENT PERMANENT TITLE: _____ CURRENT DEPARTMENT: _____ PERMANENT TITLE: _____ SENIORITY: _____ ☐ Approved ☐ Conditioned ☐ Disapproved		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. X _____ Signature Date _____ Indicate any other surname (last name) by which you are or have been known.

EDUCATION: List all education showing you meet the minimum qualifications. If home instruction was provided, a copy of the IHIP **MUST** accompany application. If education beyond high school or high school equivalency is required, copy of transcripts showing credit hours, major, and date of completion **MUST** accompany application. If education was obtained in other than the United States, see instruction A, page 4.

Have you graduated from high school? ☐ YES ☐ NO		NAME <u>AND</u> LOCATION OF HIGH SCHOOL			YEAR GRADUATED	
Do you have a high school equivalency diploma? ☐ YES ☐ NO		ISSUING AUTHORITY			DATE OF ISSUE	
	Name of School or College and Address	Dates of Attendance (MM/YY) From To	Type of Course or Major Subject	Number of Credits Received	Type of Degree Received	Date Degree Received
College, University, Professional, or Technical School						
Other Schools or Special Courses						

LICENSES: If a license or other authorization to practice trade or profession is listed as a requirement for the title you are applying for, complete the following. You **MUST** also submit a copy of your license with this application.

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.)	

DESCRIPTION OF EXPERIENCE: Beginning with your most recent employer, list all applicable experience. **All** fields must be completed for each position held and descriptions must **CLEARLY** show you meet the minimum qualifications. Part-time experience may be pro-rated. If hours per week vary, provide an average. If listing self-employment, see instruction B, page 4.

Dates Employed MO YR MO YR / to /	Employer		Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities:				
Dates Employed MO YR MO YR / to /	Employer		Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities:				

Dates Employed MO YR MO YR / to /	Employer		Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business

Describe specific work performed and job responsibilities:

Dates Employed MO YR MO YR / to /	Employer		Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business

Describe specific work performed and job responsibilities:

Dates Employed MO YR MO YR / to /	Employer		Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business

Describe specific work performed and job responsibilities:

Dates Employed MO YR MO YR / to /	Employer		Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business

Describe specific work performed and job responsibilities:

INFORMATION AND INSTRUCTIONS

For more information or help completing the application, call (315) 798-5726.

Before filling out your application, read the examination announcement and/or job description carefully (available at www.ocgov.net). **This application is part of your examination.** Answer all questions fully and carefully, making sure all boxes are filled in or checked. Resumes will **NOT** be accepted in lieu of this application. Print in ink or type. If necessary, attach additional sheets to give complete and detailed information.

- **Applicants must answer all questions on the application. Incomplete applications will be disapproved.**
 - **ALL STATEMENTS ARE SUBJECT TO VERIFICATION.** Any false, misleading, or unverified information may result in disqualification.
- A. **FOREIGN EDUCATION:** High school from other than U.S. schools may be verified by a transcript and against college-entry requirements in the corresponding country. Applicable documentation must be submitted. If your degree and/or college credit was awarded by an educational institution outside of the United States and its territories, you must provide independent verification of equivalency. A list of acceptable companies providing this service may be obtained in person from the Oneida County Department of Personnel, by mail (include a self-addressed, stamped envelope) OR on the New York State Department of Civil Service website: www.cs.ny.gov/jobseeker/degrees.cfm. You will be responsible for the required evaluation fee.
- B. **SELF-EMPLOYMENT:** All self-employment must be verifiable and requires submission of applicable documentation.
- C. **NON-REFUNDABLE EXAM FILING FEE:** Refer to the front of the examination announcement for the required filing fee. Enclose a **MONEY ORDER ONLY** for the total amount, made payable to **ONEIDA COUNTY**. Do NOT send cash or checks. IF YOUR APPLICATION IS DISAPPROVED, THE FEE WILL NOT BE REFUNDED.
- APPLICATION FEE WAIVERS:** You will be allowed a waiver of the application fee if you meet the qualifications as stated on the examination announcement.
- D. **ADMISSION TO EXAM:** Applications are reviewed for qualifying status. If your exam application is disapproved, you will be notified of the reason and given an opportunity to amend your application. All amendments to applications are due by the amendment due date listed on your disapproval letter. IF YOU DO NOT RECEIVE AN ADMISSION LETTER THREE (3) DAYS BEFORE THE EXAM DATE, **CALL: (315) 798-5726**. Collect calls will not be accepted.
- E. **CHANGE OF ADDRESS:** Notify the Oneida County Department of Personnel immediately of any change of address by filling out a *Change of Information* form. This form is available at www.ocgov.net/personnel and in the Oneida County Department of Personnel Office.
- F. **SPECIAL ARRANGEMENTS:** It is the policy of the Department of Personnel to provide qualified persons with disabilities equal employment opportunity and equal opportunity to participate in and receive the benefits, services, programs, and activities of the department. It is the policy of the department to provide such persons reasonable accommodations and reasonable modifications as are necessary to provide equal opportunity. Further, it is the policy of the department to provide reasonable accommodation for religious observers. If you need special arrangements because you are a person with a disability or need a religious accommodation, you must check the appropriate box on the application, indicate the special arrangements you require in the "REMARKS" section and attach supporting documentation.
- G. **VETERANS' CREDITS:** Disabled or non-disabled veterans who have served on active duty during the creditable periods of war, who have been honorably discharged/released, and who are New York State residents at the time of application for examination will be eligible for Veterans' Credits. **Eligible veterans must submit member 4 copies of their DD-214s with their applications.** By law, copies of DD-214s must be submitted prior to the establishment of the eligible list in order to receive credits. An option of waiving these credits will be allowed up until appointment. Applicants who claim additional credits as disabled veterans must also submit copies of their benefits letters. Candidates who meet the Veterans' Credits criteria currently serving in the Armed Forces of the United States may apply for Veterans' Credits and receive conditional Veterans' Credits until a member 4 copy of the DD-214 is submitted. Armed forces is defined as the Army, Navy, Marine Corps, Air Force, Coast Guard and the National Guard when in service for the United States. Such service must be or have been on a full-time active duty basis, other than for training purposes.
- H. **MILITARY MAKE-UP EXAMINATIONS:** Service in the military may at times conflict with scheduled civil service examinations. Sections of the New York State Military Law provide special rights for veterans and members of the armed forces who are government employees, candidates on lists or applicants awaiting examination. Please contact our office for further information by calling (315) 798-5726.
- I. **ALTERNATE TEST DATES:** In recognition of the fact that candidates occasionally encounter personal hardships or compelling conflicts beyond their control, Oneida County Civil Service provides for rescheduling of a test under the Alternate Test Date Policy found at <https://www.ocgov.net/oneida/sites/default/files/personnel/policy/Alternate%20Test%20Date%20Policy.pdf>
- J. **PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:** The information that you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375.
- K. **BACKGROUND INVESTIGATION:** Applicants may be required to undergo a State and National criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Oneida County is an Equal Opportunity/Affirmative Action Employer

It is the policy of the New York State Department of Civil Service and Oneida County to provide for and promote equal employment opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, military status, genetic predisposition, carrier status, political affiliation or belief.