| ↑ <u>Staple Above</u> ↑   |   |
|---|---|
| AMERICA CON   | ination or Employment Approved  |
|   | JNTY PERSONNEL Conditional , Herkimer, New York 13350 Disapproved   |
| Filing Fee:Yes NoWaived 315-867-1115 www.   |   |
| THIS APPLICATION IS PART OF YOUR EXAMINATION. Answer ALL questions  | ons fully in ink or on typewriter.  |
| Position Title  | <u>Check appropriate response to each question:</u> YES NO  A. Were you ever dismissed or discharged from any employment  |
| Examination #   | for reasons other than lack of work, funds, disability or medical condition?  B. Did you ever resign from any employment rather than face                                     |
| Name  | dismissal?  |
| Printed Last First M  Residence Address   | 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? |
| House # and Street or RD  | D. Have you ever been convicted of any crime (felony or   |
|   | misdemeanor)?  E. Are you now under charges for any crime?  |
| City or Village or Town State Zip Code  | E. Are you now under charges for any crime?   |
|   | If you answered YES to any of the above questions, you may give specifics under   |
| Telephone #s: Home Work   | Remarks on page 3 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit                  |
| Cell SOCIAL SECURITY NUMBER   | further information. None of the above circumstances represents an automatic  |
|   | bar to employment. Each case is considered and evaluated on individual merits   |
| Are you under 18 years of age?YESNO If yes, or if minimum and/or maximum age limits are established for the position                                | in relation to the duties and responsibilities of the position(s) for which you are applying.   |
| applied for, enter your <b>Date of Birth here</b> /   | apprymg.  |
|   | <u>VETERANS CREDITS</u> (See Instruction "F")   |
| Are you a citizen of the United States? YES NO  | If you wish to claim additional credits as an honorably discharged veteran,   |
| Filing Fee: I have enclosed the fee. NO PERSONAL CHECKS   | <ul> <li>check all appropriate responses below.</li> <li>Attach copy of your Honorable Discharge Form (DD-214, Member-4)</li> </ul>   |
| <u> </u>  |   |
| Filing Fee Waiver: I have attached completed waiver form.   | ☐ Disabled War Veteran ☐ ☐ Non-Disabled War Veteran   |
| SPECIAL ARRANGEMENTS: (See Instruction "E")   | A. Have you ever served in the Armed Forces of the United States? (The "Armed   |
| Religious Accommodation Military Disability   | Forces of the United States" means the Army, Navy, Marine Corps., Air Force and<br>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 active duty basis other than for training purposes.)YESNO                                 |
| State your <u>CURRENT PERMANENT LEGAL RESIDENCE</u> , as listed in the address above, and indicate for how long you have resided there continually, | B. If "YES" did you receive a discharge which was honorable or were you   |
| up to and including the date of this application:   | released under honorable circumstances?YESNO  |
| NAME OF YEARS / MONTHS  |   |
| City or Village   | C. Did you serve in the Armed Forces of the United States during any of the following periods? WW II, 12/7/41-12/31/46; Korean Conflict, 6/27/50-1/31/55;                     |
| City of Vinage  | Viet Nam Conflict, 02/28/61-5/7/75; Persian Gulf Conflict, 8/2/90-?; Lebanon*,  |
| Town  | 6/1/83-12/1/87; Grenada*, 10/23/83-11/21/83; Panama*, 12/20/89-1/31/90;   |
| County  | US Public Health Service, 7/29/45-12/31/46 and 6/27/50-7/3/52. *credits limited to veterans who received the armed forces, navy, or marine corps. expeditionary               |
| ·   | medalYESNO  |
| State   | D. Since January 1, 1951, have you received a permanent appointment using   |
| School District   | your veterans' credits?YESNO  |
|   | If YES, Date credits were used  |
|   | E. Are you currently serving on ACTIVE DUTY in the armed forces and wish to apply for veterans' credits?YESNO   |
| Have you ever taken any other examinations given by this department?  |   |
| YESNO   | <b>DECLARATION</b> (this affirmation <i>must be signed and dated</i> )  I understand that false statements made herein are punishable as a Class A                            |
| 1L5110  | Misdemeanor, pursuant to section 210.45 of the Penal Law of the State   |
| Give titles and dates:  | 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 of Applicant (in ink)  Date   |
|   |   |
| E-mail address:   | State any other name, assumed name, or nickname by which you are/have been known. (please print)  |
|   |   |

| <b>EDUCATION:</b> Read examination announce required courses and semester credit hours y |                            | requireme   | ents, if any | y. If specia | alized coursework  | is required, atta | ch a transcr | ipt or list o | f the      |
|--|----------------------------|-------------|--------------|--------------|--------------------|-------------------|--------------|---------------|------------|
| Have you graduated from high school?   | 1                          | S, Name/    | Location of  | of High Scl  | hool:              |                   | Ye           | ar Graduate   | ed:        |
| If you have a high school equivalency diplor   |                            |             |              |              |                    | Number:           |              | Date of Issu  | ie:        |
| Name of School and Address   | Dates of Attendance        |             | Full         |              |                    | Type of           | # of         | Type          | Date       |
| College, University, Professional or   | (Month & Year)             | Day         | or           | No. of       | Were               | Course or         | College      | of            | Degree     |
| Technical School;  |                            | or          | Part         | Years        | you                | Major             | Credits      | Degree        | Received / |
| Other Schools or Special Courses.  | From To                    | Night       | Time         | Credited     | l Graduated?       | Subject           | Recv'd       | Recv'd        | Expected   |
|  |                            |             |              |              |                    |                   |              |               |            |
|  |                            |             |              |              |                    |                   |              |               |            |
|  |                            |             |              |              |                    |                   |              |               |            |
|  |                            |             |              |              |                    |                   |              |               |            |
| License/Certification: Do you have a license   | e, certification, or other | r authoriza | ation to pr  | actice a tra | ade or profession? | YES               | NO           | 1             | 1          |
| Name of trade or profession:   |                            |             |              | e Number:    |                    |                   |              |               |            |
| Licensing Agency:  |                            | Licensed    | l from:      |              | to:                |                   |              |               |            |
|  |                            |             |              |              |                    |                   |              |               |            |
| IF required on the exam announcement*  | , do you have a valid N    | lew York    | State Dri    | ver Licens   | se?YES             | NO                |              |               |            |
|  |                            | a.          |              | - July -     |                    |                   |              |               |            |
|  | xpires:                    | Cla         | iss:         | <u>*at</u>   | tach copy of       | license to t      | nis appii    | cation ii     | <u>[</u>   |
| required.  |                            |             |              |              |                    |                   |              |               |            |
| <b>EXPERIENCE:</b> Beginning with your most  | t recent employment li     | et all amn  | lovmont      | military co  | rviaa ar valuntaa  | avnarianaa that   | chorus von   | moot the m    | inimum     |
| qualifications for the examination(s). We ca   |                            |             |              |              |                    |                   |              |               |            |
| experience. Under DUTIES describe the nat  |                            |             |              |              |                    |                   |              |               |            |
| If you supervised, state how many people an  |                            |             |              |              | C                  | 1 0               | 1            | 71            | Ž          |
|  | ESE SECTIONS EV            |             |              | ATTACHI      | ING A RESUME       | OR OTHER I        | OCUMEN       | TS.           |            |
| Length of Employment (month/year)  | Firm Name                  |             |              | A            | ddress             |                   | City         | and State     |            |
| From: / To: /  |                            |             |              |              |                    |                   |              |               |            |
|  | Describe Dut               | ies:        |              |              |                    |                   |              |               |            |
| Type of Business   |                            |             |              |              |                    |                   |              |               |            |
|  |                            |             |              |              |                    |                   |              |               |            |
| Your Exact Title   |                            |             |              |              |                    |                   |              |               |            |
|  |                            |             |              |              |                    |                   |              |               |            |
| Name of Your Supervisor  |                            |             |              |              |                    |                   |              |               |            |
|  |                            |             |              |              |                    |                   |              |               |            |
| Supervisor's Title   |                            |             |              |              |                    |                   |              |               |            |
| W C1 1 1 1   |                            |             |              |              |                    |                   |              |               |            |
| # of hours worked per week<br>(excluding overtime)                                       |                            |             |              |              |                    |                   |              |               |            |
| (excluding overtime)   |                            |             |              |              |                    |                   |              |               |            |
|  | •                          |             |              |              |                    |                   | 1            |               |            |
| Length of Employment (month/year)  | Firm Name                  |             |              | A            | ddress             |                   | City         | y and State   |            |
| From: / To: /  |                            |             |              |              |                    |                   |              |               |            |
|  | Describe Dut               | ies:        |              |              |                    |                   |              |               |            |
| Type of Business   |                            |             |              |              |                    |                   |              |               |            |
|  |                            |             |              |              |                    |                   |              |               |            |
| Your Exact Title   |                            |             |              |              |                    |                   |              |               |            |
|  |                            |             |              |              |                    |                   |              |               |            |
| Name of Your Supervisor  |                            |             |              |              |                    |                   |              |               |            |
| C  |                            |             |              |              |                    |                   |              |               |            |
| Supervisor's Title   |                            |             |              |              |                    |                   |              |               |            |
| # of hours worked per week   |                            |             |              |              |                    |                   |              |               |            |
| (excluding overtime)   |                            |             |              |              |                    |                   |              |               |            |
| (sstuding overtime)  |                            |             |              |              |                    |                   |              |               |            |
|  | 1                          |             |              |              |                    |                   | T _          |               |            |
| Length of Employment (month/year)  | Firm Name                  |             |              | A            | ddress             |                   | City         | y and State   |            |
| From: / To: /  | D " F :                    | •           |              |              |                    |                   |              |               |            |
|  | Describe Dut               | ies:        |              |              |                    |                   |              |               |            |
| Type of Business   |                            |             |              |              |                    |                   |              |               |            |
|  |                            |             |              |              |                    |                   |              |               |            |
| Your Exact Title   |                            |             |              |              |                    |                   |              |               |            |
| Name of Many C   |                            |             |              |              |                    |                   |              |               |            |
| Name of Your Supervisor  |                            |             |              |              |                    |                   |              |               |            |
| Supervisor's Title   |                            |             |              |              |                    |                   |              |               |            |
| Supervisor's Title   |                            |             |              |              |                    |                   |              |               |            |
| # of hours worked per week   |                            |             |              |              |                    |                   |              |               |            |
| (excluding overtime)   |                            |             |              |              |                    |                   |              |               |            |

| Length of Employment (month/year)  | Firm Name                   | Address | City and State |
|--|-----------------------------|---------|----------------|
| From: / To: /  |                             |         |                |
|  | Describe Duties:            |         |                |
| Type of Business   |                             |         |                |
| Your Exact Title   |                             |         |                |
| Name of Your Supervisor  |                             |         |                |
| Supervisor's Title   |                             |         |                |
| # of hours worked per week   |                             |         |                |
| (excluding overtime)   |                             |         |                |
|  |                             |         |                |
|  |                             |         |                |
| Length of Employment (month/year)  | Firm Name                   | Address | City and State |
| Length of Employment (month/year) From: / To: /  | Firm Name                   | Address | City and State |
|  | Firm Name  Describe Duties: | Address | City and State |
|  |                             | Address | City and State |
| From: / To: /  |                             | Address | City and State |
| From: / To: / Type of Business   |                             | Address | City and State |
| From: / To: /  Type of Business  Your Exact Title  |                             | Address | City and State |
| From: / To: /  Type of Business  Your Exact Title  Name of Your Supervisor                     |                             | Address | City and State |
| From: / To: /  Type of Business  Your Exact Title  Name of Your Supervisor  Supervisor's Title |                             | Address | City and State |

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 inch sheets.)

## **Instructions and Information**

- A. Exam Application: Before filling out your application, read the announcement carefully. This application is part of your examination. Answer all questions fully and carefully. Resumes will NOT be accepted in lieu of application. Print in ink or use typewriter. Attach additional sheets, if necessary, to give complete and detailed information. An incomplete application may result in disapproval. ALL STATEMENTS ARE SUBJECT TO VERIFICATION. NO COPIES; originally signed (in ink) only.
- B. Filing Fee: Refer to the front of the exam announcement for the required filing fee. Enclose a Money Order ONLY made payable to HERKIMER COUNTY TREASURER. Do NOT send cash or personal check. If your application is disapproved, the fee will NOT be refunded. Check the box on the front of the application. APPLICATION FEE WAIVER, begins with January 2007 exams; form must be submitted with application – available on our website or in our office.
- C. Admission to Exam: We review your application before the exam to ensure you meet the minimum qualifications. If your application is disapproved, we will notify you of the reason. If you do not receive an admission form from us three days before the exam date, call us at 315-867-1115.
- D. Change of Address: Notify this agency immediately of any change of address. When writing, give the number and title of the exam. Herkimer County Personnel is not responsible for undeliverable mail or postal delay. No attempt will be made to locate candidates who have moved. Change of Information form is available on our website.
- E. Special Arrangements: If you need special arrangements because of a religious observance or practice, a disability, or are requesting a military make-up exam, you must, EITHER: (1) Check the appropriate box on the front of the application and indicate the special arrangements you require in the REMARKS section on Page 3; OR (2) Write to our office no later than the last filing date for this exam. Your request must include the exam number and title, and type of special arrangement required.
- F. Veterans Credits: War Time Veterans and Disabled Veterans are eligible for extra credits added to their exam score, if they pass. If you want to have the extra credits added to your exam score, you must answer all the veterans' questions on the front of the application now. Application for Veterans' Credits will be mailed with the Admission Notice. You can waive the extra credits later if you wish. These credits may be claimed on each application for exam, UNTIL you receive a permanent appointment using your veterans' credits. Once a permanent appointment has been received, you can no longer claim veteran's credits on your application. AMENDMENT January 1, 2014: If non-disabled credits were used to obtain appointment/promotion and subsequent to such use applicant has now been determined to

be a qualified disabled veteran, entitlement to additional credits may be applicable on future exams.

CANDIDATE FITNESS: Inquires may be made as to character and ability of all candidates. All statements made by candidates are subject to verification. Falsification of any part of the "Application for Examination or Employment" may result in disqualification and possible legal action.

Federal and State Law prohibit discrimination because of age, race, creed, color, religion, national origin, gender, sexual orientation, disability, marital status, or arrest and/or criminal conviction record unless based upon a bona fide occupational qualification or other exception.