



PLEASE READ INSTRUCTIONS ON PAGE 4

An Equal Opportunity - Affirmative Action Employer

CAYUGA COUNTY

CIVIL SERVICE COMMISSION

COUNTY OFFICE BUILDING o 2nd FLOOR
160 GENESEE STREET, AUBURN, NY 13021-3489
(315) 253-1284 FAX: (315) 253-1084
Hours: M-F, 9:00 am - 5:00 pm
Summer Hours: July & August: M-F, 8:00 am - 4:00 pm
e-mail: civilservice@co.cayuga.ny.us

Visit Cayuga County's websites: http://www.co.cayuga.ny.us/civilservice

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 Name First Name M.I.

Mailing Address: No., Street, Apt., or P.O. Box

City or Post Office State Zip Code

Phone

Home: () Business: ()

2. SOCIAL SECURITY NUMBER

3. Are you under 18 or over 70 years of age? YES NO

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

Mo.: Day: Year:

4. STUDENT LOANS

Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation?

YES NO

5. SATURDAY RELIGIOUS OBSERVER (See instruction F on Page 4)

I am a religious observer and cannot be tested on the scheduled test date.

6. SPECIAL ACCOMMODATIONS IN TESTING (See instruction G on Page 4)

I require special accommodations to take this test.

7. State your actual legal permanent 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:

DO NOT WRITE BELOW - FOR CIVIL SERVICE USE ONLY

APPROVED CONDITIONAL DISAPPROVED BY: DATE:

REASON:

\$25 / \$15 / \$10 Application Fee In Person Mail

Date Rec'd \$ By Money Order Cash Refund

Check #: Receipt #:

Reason:

CY1 14 (08/01)

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

- A. Were you ever dismissed or discharged from any employment for reasons other than funds, disability or medical condition? 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 a crime (felony or misdemeanor)? YES NO
E. Are you now under any charges for any crime? YES NO

If you answered "YES" to any of the Questions 8 A-E above, you may give specifics under "REMARKS" on Page 4 of this application. If you elect not to provide specifics, or if such explanation is insufficient, a confidential investigation supplement will be sent to you.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

9. DO NOT COMPLETE THIS SECTION UNLESS YOU:

- 1. Wish to claim War Time Credits, AND
2. Have NOT used veterans credits for appointment to a position in NY State or Local Government employment since January 1, 1951.

EXTRA CREDITS FOR WAR TIME VETERANS YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS.

YES NO I received, or expect to receive, a discharge which was honorable or release under honorable circumstances from 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 active duty basis other than active duty for training purposes.)

YES NO I served or am serving, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods.

In the Armed Forces:

- Aug. 2, 1990 to the date when the Persian Gulf hostilities ends;
• Dec. 22, 1961 to May 7, 1975;
• June 27, 1950 to Jan 31, 1955;
• Dec. 7, 1941 to Dec. 31, 1946;

or earned the armed forces, navy, or marine corps expeditionary medal for service in:

- (Panama) Dec. 20, 1989 to Jan. 31 1990;
• (Lebanon) June 1, 1983 to Dec. 1 1987;
• (Grenada) Oct. 23, 1983 to Nov. ii, 1983;

or In the U.S. Public Health Service:

- June 26, 1950 to July 3, 1952;
• July 29, 1945 to Sept. 2, 1945

YES NO I am a United States citizen or an alien lawfully admitted for permanent residence.

YES NO I am a New York State resident.

To claim additional credits as a Disabled Veteran, you must also answer YES to this question:

YES NO I am receiving payments- from the U.S. Dept. of Veterans Affairs for a service connected disability rated at 10% or more incurred during a "Time of War" period listed above.

NOTE: Have you answered all appropriate questions? An incomplete application may be disapproved.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

THIS AFFIRMATION MUST BE COMPLETED: I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X Signature of Applicant Date

Please print any other last name by which you are or have been known.

DATE RECEIVED:

DO NOT WRITE IN THIS COLUMN

INSTRUCTIONS:
 READ THE REQUIRED QUALIFICATIONS ON THE EXAMINATION ANNOUNCEMENT(S). ANSWER QUESTIONS 10. - 13.

DO NOT WRITE IN THIS SPACE
 Training and Experience

Rated By:
 Checked By:

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10. EDUCATION If the examination announcement asks for specific course work, on an attached sheet list the courses which you have completed. If you claim credit for a partially completed college curriculum, attach a list of completed courses and credit or semester hours. Indicate how many credit hours or courses are required for graduation. Do NOT send a transcript unless requested on the examination announcement.

Do you have a High School or Equivalency Diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Name and location of High School or Issuing Governmental Authority:	GED Number:	Date Graduated or Date Issued:	Mo.	Yr.
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College, University, Professional or Technical School(s)	Dates of Attendance (Month/Year)		No. of Years Credited	Full or Part Time	Did you Graduate?	No. of Credits Received	Type of Degree Received	Major Subject or Type of Course	Date Degree Received or Expected
	From	TO							
Name:									

Address (Street, City, State):

Name:									
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Address (Street, City, State):

11. LICENSE OR CERTIFICATION: Complete the following if a license, certificate or other authorization to practice a trade or profession is required. If not currently licensed, check this box:

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State
Specialty	Date License First Issued	Current Registration: From: (Mo./Yr.)	To: (Mo./Yr.)

12. DRIVER'S LICENSE If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES NO
 If yes, circle class: A, B, CDL-C, Non-CDLC, D, DJ, E, M, MJ License Number: _____
 License Expiration Date: _____

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 had military service which includes experience pertinent to the position(s), describe each 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 your work personally performed by you with estimated percentage of time spent on each type of work. State size and kind of work force, if any, supervised by you and the extent of such supervision. Submission of a resume does NOT relieve you of the responsibility for completing ALL sections of the official application. The resume is a supplement of the application and not a substitute for it. To receive credit for experience on a job, basic information such as address, name and title of supervisor, hours in the work week, final salary, etc. must be shown on the application

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime)			

LENGTH OF EMPLOYMENT MO. YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK /MO /YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO. YR. MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK /MO /YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO YR. MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK /MO /YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
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SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime)			

ALL STATEMENTS ARE SUBJECT TO VERIFICATION



**CAYUGA
COUNTY**

MAIL OR DELIVER TO:
CIVIL SERVICE COMMISSION
COUNTY OFFICE BUILDING - 2nd FLOOR
160 GENESEE STREET, AUBURN, NY 13021-3489
(315) 253-1284 FAX: (315) 253-1084
Hours: M-F, 9:00 am - 5:00 pm
Summer Hours: July & August: M-F, 8:00 am - 4:00 pm
e-mail: civilservice@co.cayuga.ny.us

Visit Cayuga County's website: <http://www.co.cayuga.ny.us/civilservice>

GENERAL INSTRUCTIONS AND INFORMATION FOR CANDIDATES:

A. ANNOUNCEMENT OF EXAMINATION:

Before filling out your application, carefully read the examination announcement(s).

When completing your application be sure to enter, at the top of page 1, the five-digit examination number(s) which identifies the examination(s) for which you are filing.

B. ADMISSION TO EXAMINATION:

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 pending review and/or verification after the examination is held. At that time, those candidates not meeting the requirements will be notified of their disqualification. Those candidates who are disqualified after taking the test will NOT be notified of their score.

Call this department at (315) 253-1284 immediately if you do not receive a notice within three days of the date of the examination informing you whether or not you are to be admitted to the examination.

C. CHANGE OF ADDRESS:

Notify the Cayuga County Civil Service Commission immediately of any change of address. When writing, give the number, title and date of examination, and your Social Security Number.

D. APPLICATION PROCESSING FEE:

Refer to the examination announcement for the required application processing fee. Enclose a check or money order with your application. Make check payable to Cayuga County. Do not send cash. If your application is disapproved, the processing fee will not be refunded. Therefore, you should carefully review the minimum qualifications stated on the announcement and apply only for those examinations for which you are clearly qualified.

E. EXTRA CREDITS FOR WAR TIME VETERANS:

If you are currently in the Armed Forces on full-time active duty (other than for training) or if you are a War Time Veteran or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have the extra credits added to your exam score, you must answer the questions now. You can waive the extra credits later if you wish. At the time of interview and appointment you will be required to produce the documentation, such as discharge papers, to prove that you are eligible for the extra credits.

Answering these questions means that you are requesting the extra credits. Do not answer the questions if you are not a war time veteran or if you do not want to request the extra credits.

If you claim credits as a disabled veteran you will be contacted by the Cayuga County Civil Service Commission for additional information. All such claims are subject to Veterans' Administration verification. 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. If you are selected for appointment, you will be advised as to which documents you must produce for this verification. All statements in question 9 are subject to investigation by the Cayuga County Civil Service Commission.

It is the policy of the Cayuga County Civil Service Commission to provide alternative arrangements in testing for religious observers and to provide reasonable accommodations in testing for individuals with disabilities.

F. SATURDAY RELIGIOUS OBSERVER:

Most written tests are held on Saturdays. See the examination announcement for the scheduled examination date. If you need special arrangements to take the examination(s) because you are a religious observer (for religious reasons you cannot be tested on the scheduled examination date), you must check the box in Question 5. We will send you an admission notice with the special arrangements for the time, date and place of your written examination(s).

G. SPECIAL ACCOMMODATIONS IN TESTING:

If you are a person with a disability and need a reasonable accommodation in order to participate in the examination, check the box in Question 6. Then you should describe the accommodation you need (e.g.: Braille booklet, amanuensis, reader) in the "Remarks Section" on page 4, or you may, on or before the last day for filing applications, write to the Cayuga County Civil Service Commission or call (315) 253-1284.

H. CITIZENSHIP/ ELIGIBILITY FOR EMPLOYMENT:

Before you can be employed in any position in the County Service, you will be required to produce documents which establish your identity and your eligibility to be employed in the United States. Some County positions require, in addition, that you have United States citizenship; this will be stated on the examination announcement.

CAYUGA COUNTY - AN EQUAL OPPORTUNITY EMPLOYER
It is the policy of the Cayuga County Civil Service Commission to provide accommodations in testing to individuals with disabilities and religious observers and to provide for and promote equal 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 or marital status.

REMARKS: (Use this space to provide any additional information, as necessary, with respect to questions 6 and 8. Attach additional 8-1/2 x 11 sheets if necessary.)

[Empty box for candidate remarks]