



Updated 12/6/10

# CAYUGA COUNTY CIVIL SERVICE APPLICATION

Department of Human Resources and Civil Service Commission

County Office Building, 2<sup>nd</sup> Floor, 160 Genesee Street, Auburn, NY 13021

Website: www.cayugacounty.us/civilservice

Telephone: (315) 253-1284

POSITION or EXAM TITLE: \_\_\_\_\_ EXAM NUMBER: \_\_\_\_\_  
(if applicable)

**IMPORTANT INSTRUCTIONS:** You must complete this entire application, even if you include a resume. If signing up for a civil service exam, you must read the exam announcement for additional instructions. Answer all questions thoroughly. All statements are subject to verification. Incomplete applications may be disapproved.

## SECTION 1:

APPLICANT NAME: \_\_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_  
Last Name First Name M.I.

MAILING ADDRESS: \_\_\_\_\_  
(Can be P.O. Box or Street Address) City State Zip Code

LEGAL RESIDENCE: \_\_\_\_\_  
(Must be a Street Address) City State Zip Code

Please indicate the number of years and/or months you have resided at your current LEGAL RESIDENCE listed above. \_\_\_\_\_ / \_\_\_\_\_  
Years Months

Your current LEGAL RESIDENCE is located in the County of \_\_\_\_\_ and the School District of \_\_\_\_\_

PHONE NUMBERS: HOME: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ CELL: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

## SECTION 2:

YES  NO 1. **ARE YOU A WAR-TIME VETERAN or on active duty in the U.S. Armed Forces?** If yes, check one:  Disabled  Non-Disabled  
You must submit the required Veteran's Credit forms by the date of the exam. Request these forms by calling (315) 253-1284 or download at: [www.cayugacounty.us/civilservice/ccapp](http://www.cayugacounty.us/civilservice/ccapp). Include a copy of your DD-214. Completed forms will then be reviewed by our office to determine if you are eligible to have extra credits added to your passing score.

YES  NO 2. **ARE YOU UNDER THE AGE OF 18?** If yes, enter date of birth (**only if you are UNDER 18**): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

YES  NO 3. **ARE YOU CROSS-FILING?** If you are applying for additional civil service exams (*other than Cayuga County exams*) scheduled on the same date, you must include a CROSS-FILING FORM with your application. Request this form by calling (315) 253-1284 or download at: [www.cayugacounty.us/civilservice/forms/cross-filing-form.pdf](http://www.cayugacounty.us/civilservice/forms/cross-filing-form.pdf).

YES  NO 4. **ARE YOU AN EXEMPT VOLUNTEER FIREFIGHTER?** (Proof will be required at time of hire.)

YES  NO 5. **STUDENT LOAN STATUS:** Are you currently **in default** (continually overdue on your payments) on any outstanding student loans made or guaranteed by the New York State Higher Education Services Corporation?

YES  NO 6. **RELIGIOUS ACCOMMODATIONS:** Do you require an alternate test date due to religious reasons? Most written tests are held on Saturdays. If you cannot take the test on the scheduled test date due to a conflict with a religious observance or practice, arrangements may be made for you to take the test on a different date (usually the following Monday).

YES  NO 7. **TESTING ACCOMMODATIONS:** Do you require reasonable testing accommodations due to a disability? If so, describe specific arrangements needed (for example: Braille or enlarged-type booklet, Reading Assistant, etc.) in the space provided below.

Use this space, if needed, to provide additional information regarding Questions 1 – 7: \_\_\_\_\_

## SECTION 3:

**AFFIRMATION:** By signing this application, I affirm under penalties of perjury that all statements made on this application (including any attachments) are true. I understand that all statements made by me in connection with the 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 Signed Print all other names by which you are or have been known.

## (CIVIL SERVICE USE ONLY)

\$ \_\_\_\_\_ FEE RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  In Person  By Mail RECEIPT# \_\_\_\_\_  C  MO  V  CK# \_\_\_\_\_

REVIEWED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BY: \_\_\_\_\_  
 APPR  DISAPPR  COND  
REASON: \_\_\_\_\_

REVIEWED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BY: \_\_\_\_\_  
 APPR  DISAPPR  COND  
REASON: \_\_\_\_\_

REVIEWED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BY: \_\_\_\_\_  
 APPR  DISAPPR  COND  
REASON: \_\_\_\_\_



# CAYUGA COUNTY CIVIL SERVICE APPLICATION

POSITION or EXAM TITLE: \_\_\_\_\_ EXAM NUMBER: \_\_\_\_\_ (if applicable)

APPLICANT'S NAME: \_\_\_\_\_  
Last Name First Name M.I.

## SECTION 4: High School Education

Do you have a High School Diploma?  YES  NO  
HIGH SCHOOL NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

If not, do you have a GED?  YES  NO  
GED # \_\_\_\_\_ NAME OF ISSUING GOVERNMENTAL AUTHORITY \_\_\_\_\_

## SECTION 5: Additional Education

| College, University, Professional or Technical School<br>(Print name and address of school) | Semester Credits Received | Type of Degree Received | Major Subject or Type of Course | Did you graduate?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | If no degree yet, when do you expect to receive it?<br>____ / ____<br>MO. YR. |
|---|---------------------------|-------------------------|---------------------------------|--|---|
|   |                           |                         |                                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                      | ____ / ____<br>MO. YR.  |
|   |                           |                         |                                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                      | ____ / ____<br>MO. YR.  |

## SECTION 6: Driver's License

Do you have a current valid New York State Driver's License?  YES  NO License #: \_\_\_\_\_ Expire Date: \_\_\_\_\_  
If yes, indicate class:  A  B  CDL-C  Non-CDLC  D  DJ  E  M  MJ Endorsements:  P (Passenger)  S (School Bus)

## SECTION 7: Certifications or Other Licenses

(Complete this section if a license, certificate, or authorization to practice a trade or profession is required.)

Trade or Profession License or Certificate Number Issued By: (Name of Licensing Agency, City & State)  
Are you currently licensed?  YES  NO License or Registration Dates: FROM \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_  
MO. YR. MO. YR.

## SECTION 8:

- YES  NO A. Were you ever dismissed from any employment for reasons **other than** lack of work, lack of 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?

If you answered YES to any of Questions A-E, give specifics. Attach additional sheets if necessary. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## EMPLOYMENT HISTORY (continued)

|   |  |   |
|---|--|---|
| <p style="text-align: center;"><b>DATES OF EMPLOYMENT</b></p> <p>From ____ / ____<br/>MO. YR.</p> <p>To ____ / ____<br/>MO. YR.</p> <p>_____<br/>HOURS PER WEEK<br/>(exclusive of overtime)</p> | <p>_____<br/>FIRM NAME</p> <p>_____<br/>STREET ADDRESS</p> <p>_____<br/>CITY STATE</p> <p>_____<br/>TYPE OF BUSINESS</p> | <p>_____<br/>YOUR EXACT TITLE</p> <p>_____<br/>NAME OF YOUR SUPERVISOR</p> <p>_____<br/>TITLE OF YOUR SUPERVISOR</p> <p>\$ _____ PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR<br/>(check one):</p> |
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**DESCRIPTION OF DUTIES:**

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| <p style="text-align: center;"><b>DATES OF EMPLOYMENT</b></p> <p>From ____ / ____<br/>MO. YR.</p> <p>To ____ / ____<br/>MO. YR.</p> <p>_____<br/>HOURS PER WEEK<br/>(exclusive of overtime)</p> | <p>_____<br/>FIRM NAME</p> <p>_____<br/>STREET ADDRESS</p> <p>_____<br/>CITY STATE</p> <p>_____<br/>TYPE OF BUSINESS</p> | <p>_____<br/>YOUR EXACT TITLE</p> <p>_____<br/>NAME OF YOUR SUPERVISOR</p> <p>_____<br/>TITLE OF YOUR SUPERVISOR</p> <p>\$ _____ PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR<br/>(check one):</p> |
|---|--|---|

**DESCRIPTION OF DUTIES:**

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| <p style="text-align: center;"><b>DATES OF EMPLOYMENT</b></p> <p>From ____ / ____<br/>MO. YR.</p> <p>To ____ / ____<br/>MO. YR.</p> <p>_____<br/>HOURS PER WEEK<br/>(exclusive of overtime)</p> | <p>_____<br/>FIRM NAME</p> <p>_____<br/>STREET ADDRESS</p> <p>_____<br/>CITY STATE</p> <p>_____<br/>TYPE OF BUSINESS</p> | <p>_____<br/>YOUR EXACT TITLE</p> <p>_____<br/>NAME OF YOUR SUPERVISOR</p> <p>_____<br/>TITLE OF YOUR SUPERVISOR</p> <p>\$ _____ PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR<br/>(check one):</p> |
|---|--|---|

**DESCRIPTION OF DUTIES:**

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