ON OR EMPLOYMENT

				9 Charle Appropriate Daw		
Position Tit		Examination	Number	 8. Check Appropriate Box: A. Were you ever dismissed or discharged from 	n any empl	ovment for
				reasons other than lack of work or funds?	□ YES	
NOTE: A separate application must be completed for each separately numbered examination you wish to take, and for each separately titled position you apply for. 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.			B. Did you ever resign from any employment ra	ther than fa	ace	
			dismissal?	□ YES		
			C. Did you ever receive discharge from the Arm States which was other than "Honorable" or wh			
	ENTS ARE SUBJEC		ON	other than honorable conditions?		
This application is part of	of your examination.	Type or print clearly	<u>y in ink.</u>	D. Have you ever been convicted of any crime (
1. NAME, LEGAL RESI	DENCE AND PHONE	(Please Print)		misdemeanor)?		□ NO
,		(E. Have you ever forfeited bail bond posted to g appearance in court to answer to any criminal c		our
Last	First		M.I.		□ YES	□ NO
				F. Are you now under charges for any crime?	□ YES	□ NO
Stre	et Address or Post O	ffice Box		G. Are you an exempt volunteer firefighter? If you answered "YES" to any of the question may give specifics under "Remarks" on page 4	of this appl	bove, you lication. If
City Phone# (include Area	State a Code)	2	Zip Code	you elect not to provide specifics, however, or in insufficient you may be required to submit furth None of the above circumstances represent	er informati s an autom	ion. atic bar to
Home:	Busine	SS:		employment. Each case is considered and eva merits in relation to the duties and responsibiliti		
				which you are applying.		
 Social Security Number 	ber:			9. Please answer the following questions for Veter	ans' Credi	ts. Be sure
3. Are you under 18 yea	•			that you read instruction E relating to Veterans'	Credits an	d have
If YES, OR if minimute the position applied for				claimed these credits in question 4. A. Have you received or do you expect to receive	a discharo	e
AND CORRECTION				which was honorable or release under honorab	le circumst	ances
				from the Armed Forces of the United States? (1 the United States means the Army, Navy, Marir		
MONTH	_ DAY	_ YEAR		and Coast Guard, including all components the		
4. VETERANS' CREDI				Guard when in the service of the United States		
If you wish to claim a time veteran, check t				provided by Law on a full-time active duty basis		
9A through E.				duty for training purposes.) B. Have you served, or are you now serving, on a		
□ DISABLED W	AR VETERAN			other than active duty for training purposes duri		
NONDISABLEI	WAR VETERAN			following Time of War periods? -December 7,1941 to December 31,1946,June	27. 1950 to	o Januarv 31
5. SPECIAL TESTING	ARRANGEMENTS (C	Optional-See Instru	ction D)	1955, February 28, 1961 to May 7, 1975, Augus		
	y religious observer a	and cannot be teste	ed on the	when the Persian Gulf hostilities end. -Commissioned Corps of the U.S. Public Health	i Service: J	lulv 29, 1945
scheduled test				to December 31, 1946 or June 27, 1950 to July	3, 1952.	-
□ I require reaso	nable accommodatio	ns to take this test.		 -A recipient of the Armed Forces Expeditionary Expeditionary Medal, or the Marine Corps Expeditionary 		
6. Are you authorized to	work in the United S	tates?	□ NO	the following "time of war or hostilities":	-	
At time of appointme				Lebanon - June 1, 1983 - December 1, 198 Grenada - October 23, 1983 - November 21		
establish your identit States		be employed in t		Panama - December 20, 1989 - January 31	,	
7. State your actual per have resided there co				C. Are you a United States Citizen or an alien law	U YES	
application.	Name	Years	Months	permanent residence?	□ YES	□ NO
School District:				D. Are you currently a resident of New York State?		
Village of:				E. Have you ever used additional credits as a disa veteran for appointment to any position in the p		
Town of:				New York State or any of its civil divisions?		
County of:				THIS AFFIRMATION MUST BE CO	MPLETED	
State of:				I affirm, subject to the penalties of perjury, that the		
		I		application and any supplemental papers are true. statements made by me in connection with this app	lication are	e subject to
		S SDACE		investigation and verification and that a material mi	sstatement	t or fraud
= DC	NOT WRITE IN THE	STALE	n I	may disqualify me from appointment or examinatio	anu/01168	ลน เป
□ Approved	□ Disapproved	Condition		revocation of my appointment, and I hereby author matters contained in this application.	ize investig	ation of all

□ Collected □ Not submitted □ Not applicable

Signature of Applicant Date Please print below any other last name by which you are or have been known

Normally	/ a college trans	cript will sa	tisfy this	s require	ment. Filin	ig of appli	cations shoul	or examination a d not be delayed and will be subr	while obtair	ning tra	anscripts. Appli	
only attach a note to their application indicating that transcrip Have you graduated from high school? □ YES □ NO			If yes, indicate name and location of high school:									
If you have a	a high school eq	quivalency of	diploma,	indicate	e issuing g	overnmen	tal authority		Nu	umber		
	Name of School & City in which located	Dates of Attendance (Month & Ye From		Day or Night	Full or Part Time	No. of Years Credited	Were you graduated?	Type of Course or M Subject	cree	. of lege dits eived	Type of Degree	Date degree received or expected
College University Professional or Technical School												
Special												
Courses												
	SIONAL LICENSE							e or other authoriza	tion to practic	e a trac	de or profession i	s required for
Na	ame of Trade or Pr	rofession					License Numb		Granted by censing Agen	cy)	City o	or State of
Spec	cialty			Da	ate License	First Issued	1	Registered From	: (Mo./Yr.) To	: (Mo./`	Yr.)	
12. DRIVERS	LICENSE - Certa	in positions	require po	ossessior	of a valid N	lew York S	tate Drivers Lic	ense at time of app	ointment. If re	equired	for the position y	ou are applying
for, do you	u have a valid Nev	v York State	Drivers Li	icense?		□ YES		ASS:				
volunteer your expe position, c and as a s work per s supervise	or unpaid experient erience. Omission describe such expe separate employm sonally performe	nce will be conserved will be conserved on the served of t	onsidered ness will separate space is r d indicate h supervis	if verifial NOT be employm needed, a te the est	ble and fully interpreted inent. If your attach 8 1/2" imated per	documente in your far title change x11" sheets centage of	ed. You are re vor. If you hav ed in the cours s of paper). Un time spent on	aid work showing its sponsible for submit re had military service of your service in nder "Duties" for e n each type of worl on must be complete	tting an accur ce which inclu any one orga ach employn k . State size	rate, ad udes ex inizatior nent, d and kir	equate and clear perience pertiner n, indicate such c lescribe in detail nd of work force, i	description of ht to the hange clearly the nature of f any,
Firm Name:		Δ	ddress:				City & State	9:	F	Phone	Number:	
Length of Em From: /	ployment (Mo / ` To:	Year) D	Describe	Duties:								
Earnings (circ	cle one) Wk / N	10 / Yr										
Your exact tit	le:											
Name of Sup	ervisor:											
Supervisor's f	title:											
No. hours worked per Reason for leaving: Week (Exclusive of overtime)												
Firm Name:		Α	ddress:				City & State	9:	F	Phone	Number:	
Length of Em From: /	ployment (Mo / ` To:	Year) D	Describe	Duties:					·			
Earnings (circ	cle one) Wk / N	1o / Yr										
Your exact tit	le:											
Name of Sup	ervisor:											
Supervisor's f	title:											
No. hours wo Week (Exclus	rked per sive of overtime)		Reason fo	or leavir	ıg:							

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (Mo / Year)	Describe Duties:		
From: / To: /			
Earnings (circle one)			
Wk / Mo / Yr			
Your exact title:			
Name of Supervisor:			
Supervisor's title:			
No. hours worked per	Reason for leaving:		
Week (Exclusive of overtime)	Reason for leaving.		
, , , , , , , , , , , , , , , , , , ,			
Firm Name:	Address:	City & State:	Phone Number:
Firm Name:	Address:	City & State:	Phone Number:
	Address: Describe Duties:	City & State:	Phone Number:
Length of Employment (Mo / Year)		City & State:	Phone Number:
Length of Employment (Mo / Year) From: / To: /		City & State:	Phone Number:
Length of Employment (Mo / Year)		City & State:	Phone Number:
Length of Employment (Mo / Year) From: / To: / Earnings (circle one) Wk / Mo / Yr		City & State:	Phone Number:
Length of Employment (Mo / Year) From: / To: / Earnings (circle one)		City & State:	Phone Number:
Length of Employment (Mo / Year) From: / To: / Earnings (circle one) Wk / Mo / Yr Your exact title:		City & State:	Phone Number:
Length of Employment (Mo / Year) From: / To: / Earnings (circle one) Wk / Mo / Yr		City & State:	Phone Number:
Length of Employment (Mo / Year) From: / To: / Earnings (circle one) Wk / Mo / Yr Your exact title: Name of Supervisor:		City & State:	Phone Number:
Length of Employment (Mo / Year) From: / To: / Earnings (circle one) Wk / Mo / Yr Your exact title:		City & State:	Phone Number:
Length of Employment (Mo / Year) From: / To: / Earnings (circle one) Wk / Mo / Yr Your exact title: Name of Supervisor: Supervisor's title:	Describe Duties:	City & State:	Phone Number:
Length of Employment (Mo / Year) From: / To: / Earnings (circle one) Wk / Mo / Yr Your exact title: Name of Supervisor:		City & State:	Phone Number:

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (Mo / Year)	Describe Duties:		
From: / To: /			
Earnings (circle one) Wk / Mo / Yr			
Your exact title:			
Name of Supervisor:			
Supervisor's title:			
No. hours worked per Week (Exclusive of overtime)	Reason for leaving:		

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (Mo / Year)	Describe Duties:		
From: / To: /			
Earnings (circle one) Wk / Mo / Yr			
Your exact title:			
Name of Supervisor:			
Supervisor's title:			
No. hours worked per Week (Exclusive of overtime)	Reason for leaving:		

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

Chenango County Personnel / Civil Service Office Chenango County Office Building 5 Court Street, Norwich, N.Y. 13815

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENTOF 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 may NOT be notified of their score.

Call this agency immediately if you do not receive a notice within three days 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 or phone number. When writing give the number and title of examinations.

D.SPECIAL TESTING ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination), or if you require reasonable accommodations in order to participate in the examination, you must EITHER:

- 1. Check the appropriate box in question 5 and indicate the special arrangements you require in the remarks section below **OR**
- Write to this agency no later than the last date of filing for this examination. Your request must include examination number and title and the special type of arrangements required.

E. VETERANS' CREDITS

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

Any claim for additional credit as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check the appropriate category in question 4 and answer all questions 9 A-E. Failure to do so accurately and completely may result in a denial of your claim.

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 9 A-D and a "NO" answer to question 9 E, be certified by the veterans' administration as being entitled to receive payments for a service-connected disability rated at 10 percent (10%) or more incurred during a "Time of War or Hostilities" as indicated in question 9B.

Persons claiming credit 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 from any eligible list on which you have been granted additional credit as a result of such misstatement or fraud.

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, religion, sexual orientation, military status, sex, disability, domestic violence victim status, marital status, criminal record or genetic predisposition or carrier status. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, religion, sexual orientation, military status, sex, disability, domestic violence victim status, marital status, criminal record or genetic predisposition or carrier status.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2"x11" sheets).