

5. Are you 18 years of age or older? YES NO If no, you must supply a work permit.

Are you a citizen of the United States? YES NO If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

Do you have a **High School diploma**? YES NO
 If YES, **NAME AND LOCATION OF HIGH SCHOOL**: _____

Or, a **High School Equivalency Diploma (GED)**? YES NO
 If YES, **GOVERNMENT AUTHORITY (GED) NUMBER**: _____

6. **EDUCATION**

Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.

INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU Graduate	DEGREE EARNED OR EXPECTED
NAME OF SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR /
Address (City, State)					
NAME OF SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR /
Address (City, State)					

7. **LIST MOST RELEVANT COURSE WORK IF REQUIRED FOR THE POSITION**

NAME OF COURSE	DIVISION	CREDIT HOURS	NAME OF COURSE	DIVISION	CREDIT HOURS
Race & Ethnicity (Example)	Sociology (Example)	3 (Example)			

8. **LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION**

Skill, Trade, or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)	
			From	To
			/ /	/ /
			/ /	/ /

9. **DRIVER'S LICENSE:** (Complete only if the position for which you are applying requires one.) Number _____ State _____
 Date of Expiration ___ / ___ / ___ Class of License _____ Endorsements _____ Restrictions _____

LAST

FIRST

MIDDLE

10.

EXPERIENCE: Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. **You may include a resume, but you MUST also complete this section or your application may be disapproved.** Under “DUTIES” describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. Part-time experience will be prorated unless otherwise stated on the announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain **all** information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc.)

LENGTH OF EMPLOYMENT Month/Year to Month/Year / to /	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
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HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:
YOUR TITLE		
TYPE OF BUSINESS		
NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING		

LENGTH OF EMPLOYMENT Month/Year to Month/Year / to /	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
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HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:
YOUR TITLE		
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NAME AND TITLE OF SUPERVISOR		
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HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:
YOUR TITLE		
TYPE OF BUSINESS		
NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING		

LENGTH OF EMPLOYMENT Month/Year to Month/Year / to /	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
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HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:
YOUR TITLE		
TYPE OF BUSINESS		
NAME AND TITLE OF SUPERVISOR		
REASON FOR LEAVING		

11. **VETERANS CREDITS:**

Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as a veteran or disabled veteran must submit an “**Application for Veterans’ Credit**” form and a copy of their discharge papers (form DD-214).

Non-Disabled Veteran (Attach Copy of DD-214 – Member 4 & Application for Veterans’ Credit)

Disabled Veteran (Attach Copy of DD-214 – Member 4, Disability Authorization Form & Application for Veterans’ Credit)

12. **TESTING ACCOMMODATIONS:**

We provide reasonable accommodations in testing for persons with disabilities. If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

Yes, I need testing accommodations and have attached a description of the request and supporting documentation.

ALTERNATE TEST DATE:

If you cannot take the test on the announced test date, it may be possible for arrangements to be made for you to take the test on an alternate test date. If applicable, **check** the box below and attach supporting documentation with this application. In the case of an emergency, please notify this office on the **next** business day following the exam date. You will be required to submit **documentation** of your emergency.

Yes, I need an alternate test date and have attached supporting documentation.

13. **COMPLETE THIS SECTION ONLY IF YOU QUALIFY TO HAVE THE EXAM FEE WAIVED**

Section 50.5(b) of the NYS Civil Service Law allows exam fees to be waived for candidates who certify that they are currently in one of the following categories. Check box that applies to you:

Unemployed and primarily responsible for support of a household

Eligible to receive Medicaid

Receiving Supplemental Security Income (SSI)

Receiving Temporary Assistance for Needy Families (TANF)

A certified eligible under the Workforce Investment Act (WIA)

I certify that I am qualified to receive an exam fee waiver because of my current status indicated above. I understand that my waiver claim may be investigated and that I may be disqualified from the civil service exam(s) if I make a false statement regarding my eligibility for the exam fee waiver.

Signature (if eligible) _____ **Date** _____

14. **AFFIRMATION**

I affirm under penalties of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction 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. I authorize Steuben County to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application for employment by Steuben County does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

Signature _____ **Date** _____

Sign in BLUE ink. ALL applications require this signature. You must submit an original application; facsimiles will not be accepted.

STEBEN COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the Steuben County Department of Personnel and Civil Service to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record.