APPLICATION FOR EXAMINATION OR EMPLOYMENT Steuben County Department of Personnel and Civil Service



1.

3 East Pulteney Square, Bath, NY 14810 Phone: (607) 664-2345 www.steubencony.org

Civil Service Date Received

Civil Service Office Use					
☐ Conditional	□ Disapproved				
D	ate				
	\$				
Vet: ☐Application ☐DD-214 ☐Disability Authorization					
nte:					
	Conditional Do				

Note: Submit an original application (not faxed or photocopied) for each title along with non-refundable examination fee (if applicable), (check or money order payable to Steuben County Finance). Print clearly and answer all questions completely. Carefully read the announcement for this position

to find out the minimum qualifications. *** YOU MUST SIGN THE AFFIRMATION AT THE BOTTOM OF PAGE 4 ***					
Position or Examination Title:					
Exam Number (if a	pplicable):	Social S	ecurity Number:		
NAME AND LEG	GAL RESIDENCE: (Please r	notify this office immediately o	f any information changes.)		
LAST NAME	FIR	RST NAME		MIDDLE INITIAI	-
STREET		CITY		STATE	ZIP
MAILING ADDR		CITY		STATE	ZIP
PHONE NUMBE		()_		()_	
	Home		usiness		Cell
EMAIL ADDRES	SS:		Other names used (if	any):	
	ying for a law enforceme ge of 18, enter your date		requiring a commerc	al driver's li	cense, or if you
SPECIFY THE F	OLLOWING PERTAINING T	O YOUR PERMANENT	LEGAL RESIDENCE		
State your perma	anent legal residence.				
I currently reside in	n the:				
City/Village:		, Town:			
School District:	chool District:, County:				
State:					
Have you lived in	your current COUNTY for at le	east 4 months?	□NO		
BACKGROUND INVESTIGATION: Applicants may be required to undergo a state and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.					
COMPLETE AL	,				
□YES □NO	A. Were you ever discharge	a trom any employment ex	cept for lack of work or fu	nds, disability	or medical condition?
□YES □NO	□NO B. Did you ever resign from any employment rather than face discipline or discharge?				
□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 conditions?				
□YES □NO					
□YES □NO	E. Are you now under charges for any crime?				
□YES □NO	F. Are you registered with the County Clerk as an Exempt Volunteer Firefighter?				
If you answered (YES) to any of these questions, provide details on a separate 8 ½ x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide details may significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.					
Rev. 04/13	KEEP A PHOTOCOPY F	OR YOUR RECORDS THE	S OFFICE WILL NOT PROVIDE	PHOTOCOPIES	Page 1

Are you 18 years of age or older?	,	□YES	□NO	D I	no, you must supply	a work permit.	
Are you a citizen of the United Sta	ates?	□YES	□NC	S	f selected for employn ubmit documentary p preign citizen authoriz	roof of citizenship	or status as
Do you have a High School dipl	oma?	□YES	□NC		oreign chizen authoriz	ted to Work in the	Office Otato
If YES, NAME AND LO							
Or, a High School Equivalency		□YES	□NC)			
If YES, GOVERNMENT	AUTHORITY (GED)	NUMBER	:				
EDUCATION							
Read the exam announcement transcript or a list of the required		ber of cre	dit hou	rs you have		equired, attach a	
INDICATE COLLEGE, UNIVERSITY, TECHNICAL SCHOOL(S) IN SPACE		TOT CREI EAR	DITS	TYPE OF DEGREE EARNED	MAJOR SUBJECT OF COURSE	R DID YOU Graduate	DEGREE EARNED O EXPECTE
NAME OF SCHOOL						□YES	MO / YR
						□NO	/
Address (City, State)							
NAME OF SCHOOL						□YES	MO / YR
Address (City, State)						□YES □NO	MO / YR
	JRSE WORK IF RE	_		THE POS	ITION		1
Address (City, State) LIST MOST RELEVANT COUNAME OF COURSE	DIVISION	CRI	O FOR		ITION IE OF COURSE		MO / YR /
Address (City, State) LIST MOST RELEVANT COL		CRI HO	EDIT			□NO	CREDI
Address (City, State) LIST MOST RELEVANT COUNTY OF COURSE Race & Ethnicity	DIVISION	CRI HO	EDIT URS 3			□NO	CREDI
Address (City, State) LIST MOST RELEVANT COUNTY OF COURSE Race & Ethnicity	DIVISION	CRI HO	EDIT URS 3			□NO	CREDI
Address (City, State) LIST MOST RELEVANT COUNTY OF COURSE Race & Ethnicity	DIVISION	CRI HO	EDIT URS 3			□NO	CREDI
Address (City, State) LIST MOST RELEVANT COUNTY OF COURSE Race & Ethnicity	DIVISION Sociology (Example)	CRI HO (Exa	EDIT URS 3 mple)	NAN	IE OF COURSE	DIVISION	CREDI
Address (City, State) LIST MOST RELEVANT COUNTY OF COURSE Race & Ethnicity (Example)	DIVISION Sociology (Example)	CRI HO (Exa	EDIT URS 3 mple)	O PRACT	IE OF COURSE	DIVISION	CREDI' HOURS
Address (City, State) LIST MOST RELEVANT COUNAME OF COURSE Race & Ethnicity (Example) LICENSES/CERTIFICATES C	DIVISION Sociology (Example) DR OTHER AUTHO Licens Certifi	CRI HO (Exa	EDIT URS 3 mple)	O PRACT	ICE A SKILL, TRAI	DIVISION DE, OR PROFE License (Mo/D)	CREDI' HOURS
Address (City, State) LIST MOST RELEVANT COUNAME OF COURSE Race & Ethnicity (Example) LICENSES/CERTIFICATES C	DIVISION Sociology (Example) DR OTHER AUTHO Licens Certifi	CRI HO (Exa	EDIT URS 3 mple)	O PRACT	ICE A SKILL, TRAI	DIVISION DE, OR PROFE License (Mo/D) From	CREDI' HOURS SSION Dates ay/Yr) To
Address (City, State) LIST MOST RELEVANT COUNAME OF COURSE Race & Ethnicity (Example) LICENSES/CERTIFICATES C	DIVISION Sociology (Example) DR OTHER AUTHO Licens Certifi	CRI HO (Exa	EDIT URS 3 mple)	O PRACT	ICE A SKILL, TRAI	DIVISION DE, OR PROFE License (Mo/D) From / /	CREDI' HOURS SSION Dates ay/Yr) To / /
Address (City, State) LIST MOST RELEVANT COUNAME OF COURSE Race & Ethnicity (Example) LICENSES/CERTIFICATES C	DIVISION Sociology (Example) DR OTHER AUTHO Licens Certifi Numl	CRI HO (Exa	EDIT URS 3 mple)	O PRACT (N	ICE A SKILL, TRAI Issued by: Iame of City, te, or Agency)	DIVISION DE, OR PROFE License (Mo/D From / / /	CREDI' HOURS SSION Dates ay/Yr) To / /
Address (City, State) LIST MOST RELEVANT COUNTY (STATE OF COURSE Race & Ethnicity (Example) LICENSES/CERTIFICATES COUNTY (Skill, Trade, or Profession	DIVISION Sociology (Example) DR OTHER AUTHO Licens Certifi Numl te only if the position for	CRI HO (Exa	EDIT URS 3 mple)	O PRACT (N	ICE A SKILL, TRAI Issued by: Iame of City, te, or Agency)	DIVISION DE, OR PROFE License (Mo/D From / / /	SSION Pales Pay/Yr) To // // // tate

_Page 2

NAME:____

NAME:	FIRS	ST	MIDDLE	Page 3
EXPERIENCE: Begin	with the most recent	t employment. Lis	st all employment or military se	
responsible for an accu	urate and clear desc	ription of your exp	vagueness will not be interproperience. You may include a proved. Under "DUTIES" description	resume, but you MUST also
you personally perform state how many people	ned including the est e and the nature of so	timated percentague uch supervision.	ge of time spent on each type Part-time experience will be pro	of activity. If you supervised, prated unless otherwise stated
on the announcement. the examination annou	Verified and docur uncement. If more s	mented volunteer space is needed,	experience will only be credite attach 8 ½ x 11 sheets of pa	ed when specifically stated on per. Sheets must contain all
		number of hours	worked per week, dates of emp	,
LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE
/ to / HOURS WORKED PER WEEK	EARNINGS PER HOUR	DUTIES:		
YOUR TITLE	<u> </u>	-		
TYPE OF BUSINESS		-		
NAME AND TITLE OF SUPERVI	SOR]		
REASON FOR LEAVING				
LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE
/ to / HOURS WORKED PER WEEK	EARNINGS PER HOUR	DUTIES:		
YOUR TITLE	<u> </u>	-		
TYPE OF BUSINESS		-		
NAME AND TITLE OF SUPERVI	SOR	1		
REASON FOR LEAVING				
LENGTH OF EMPLOYMENT Month/Year to Month/Year / to /	EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR	DUTIES:	<u> </u>	<u> </u>
YOUR TITLE		-		
TYPE OF BUSINESS				
NAME AND TITLE OF SUPERVI	SOR			
REASON FOR LEAVING				
LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE
/ to / HOURS WORKED PER WEEK	EARNINGS PER HOUR	DUTIES:		
YOUR TITLE	\$]		
TYPE OF BUSINESS		_		
NAME AND TITLE OF SUPERVI	SOR	4		
REASON FOR LEAVING		1		

	NAME:	LAST	FIRST	MIDDLE	Page 4
11.	VETERANS (CREDITS:			
	credits as a		veteran must subm		scharged wishing to claim additional examination for Veterans' Credit" form and a copy of their
	☐ Non-Dis	sabled Veteran (Atta	ach Copy of DD-214	– Member 4 & App	lication for Veterans' Credit)
	☐ Disable	ed Veteran (Attach C	opy of DD-214 – Men	nber 4, Disability Aut	horization Form & Application for Veterans' Credit)
12.	TESTING AC	COMMODATIONS:			
	We provide r	reasonable accomm st should be attache	odations in testing fed to this application	describing the type	abilities. If you require special arrangements, a of special arrangements required. In of the request and supporting documentation.
	ALTERNATE	TEST DATE:			
	test on an a application. I	alternate test date. In the case of an em	If applicable, che	ck the box below ify this office on the	e for arrangements to be made for you to take the and attach supporting documentation with this next business day following the exam date. You
	☐ Yes, I nee	ed an alternate test o	date and have attach	ned supporting docu	mentation.
13.			LY IF YOU QUALIF		
			i Service Law allows ategories. Check bo		waived for candidates who certify that they are u:
			sponsible for suppor	t of a household	
	_	o receive Medicaid g Supplemental Sec	urity Income (SSI)		
	-	•	ance for Needy Fami	lies (TANF)	
	☐ A certified	d eligible under the \	Workforce Investmer	nt Act (WIA)	
	my waiver cl	laim may be investi		ay be disqualified t	current status indicated above. I understand that from the civil service exam(s) if I make a false
	Signature (if	eligible)			Date
14.	AFFIRMATIC		O. at all atotomouts		Parties and any analysis attachments are
	true and com application ar appointment former emplo understand the	nplete to the best of re subject to investig and/or lead to revolution overs cited in this ap that acceptance of	f my knowledge. I ugation and verification cation of my appoint oplication or attachm	understand that all on and that a materi tment. I authorize nents in order to ver employment by S	lication, and any accompanying attachments are statements made by me in conjunction with this al misstatement or fraud may disqualify me from Steuben County to contact schools/colleges and ify work record and/or educational credentials. I teuben County does not constitute or imply a position.
	Signature	Sign in DITIE ink. All a	applications require this	cianatura	Date ou must submit an original application; facsimiles will not be accepted.
	3	ign in blue ink. All a	pplications require this	signature.	ou must submit an original application; facsimiles will not be accepted.

11

STEUBEN 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.