



APPLICATION FOR EMPLOYMENT AND/OR EXAMINATION

Mail or Deliver to:
WYOMING COUNTY CIVIL SERVICE
18 LINWOOD AVENUE
WARSAW, NY 14569
PHONE (585) 786-8830
FAX (585) 786-8831
E-Mail civilservice@wyomingco.com

**PRINT CLEARLY IN INK OR
TYPE**

Application For:

Employment

Examination # _____

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for examination or job vacancy. When completing your application, be sure to enter the examination number at the top.

B. ADMISSION TO EXAMINATION

Do not misinterpret a notice to appear, or actual participation in the examination, to mean that you have met the announced requirements.

Depending on the time available before examination, applicants may be admitted conditionally on the basis of statements made on the application, without prior review. 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. Those candidates who are disqualified after taking the test will NOT be notified of their score.

Call this agency immediately if you do not receive a notice within seven days of the date of examination informing you whether or not you are to be admitted.

C. CHANGE OF ADDRESS

Notify this agency immediately of any change of address or telephone number. When writing, give the number and title of examination.

It is the policy of the Wyoming County Civil Service Office to provide accommodations in testing individuals with disabilities and/or religious observers. We promote equal opportunity in employment, compensation, and other terms and condition of employment without discrimination the basis of age, race, creed, color, national origin, gender, marital status, veteran's status, or disability.

The information provided in this application is requested pursuant to §50.3 of the NYS Civil Service Law for the purpose of determining the eligibility of applicants to participate in an examination or qualify for a position. This information will be made available only to those who have a "need to know," and will not be released to anyone else other than the applicant unless he or she has signed a release of information authorization. A candidate's failure to provide this information may result in the disapproval of the application. This information will be maintained by the Wyoming County Civil Service Office.

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers), have been examined by me and to the best of my knowledge and belief are true and correct.

Date

Signature of Applicant

PRINT OR TYPE

OFFICE USE ONLY

Approved Date _____ Initials _____
 Disapproved Reason _____

Position Title _____

NAME

_____ Last

_____ First

_____ Middle

HOME

ADDRESS

_____ Number Street

_____ City

_____ State/Zip

MAILING

ADDRESS

_____ Number Street

_____ City

_____ State/Zip

HOME PHONE _____

WORK PHONE _____

SOCIAL SECURITY NUMBER: _____

LEGAL RESIDENCE	NAME	YEARS	MONTHS
VILLAGE			
TOWN			
COUNTY			
STATE			

ARE YOU A CITIZEN OF THE UNITED STATES YES NO
 IF NOT, DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES? YES NO
 (Non-Citizens may be required to produce I-151 or I-1551 Alien Registration Card at time of appointment)

VETERANS AND DISABLED VETERANS: If you have served or are currently serving in the Armed Forces of the USA, in a designated time of war, and wish to claim additional examination credits, you must file a separate "Application For Veteran's Credit" (VC-1 form) and provide appropriate military papers (DD214). **IF YOU WISH TO CLAIM CREDITS, CHECK THE APPROPRIATE BOX:**

DISABLED VETERAN **NON-DISABLED VETERAN** **CURRENTLY IN ARMED FORCES**

SPECIAL TESTING ACCOMMODATIONS: Check below if you require special testing accommodations due to:
 _____ Religious Observance _____ Disability _____ Alternate Test Date Needed
 (Attach an explanation of your need for special testing accommodations on a separate sheet.)

_____ Cross-filing - Exam Number & Title & Location of Other Exam(s) _____

Please indicate the exam site at which you wish to be tested: _____

EMPLOYMENT PREFERENCES:	FULL-TIME	PART-TIME	TEMPORARY
AGENCIES IN WHICH YOU WOULD BE WILLING TO ACCEPT WORK:	COUNTY	TOWNS	VILLAGES
SCHOOL DISTRICT IN WHICH YOU RESIDE	PIONEER	ATTICA	LETCHWORTH
	WARSAW	WYOMING	OTHER _____

EDUCATION: LIST NAME	MAJOR AND MINOR	TYPE OF DEGREE OR DIPLOMA	CREDITS RECEIVED	DATE DEGREE/DIPLOMA OR GED RECEIVED/EXPECTED
H/S OR GED (circle one) Name:				
COLLEGE Name:				
GRADUATE SCHOOL OR OTHER EDUCATION Name:				

SPECIAL COURSES TAKEN:

TRANSCRIPT(S) OR DEGREE(S) (IF REQUIRED AS PART OF MINIMUM QUALIFICATIONS)	
___ Copy Attached	___ Copy Requested

NAME OF COURSE	CREDIT HRS.	NAME OF COURSE	CREDIT HRS.

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 DATED (Mo./Day/Yr.)		PERMANENT	
			From	To	Yes	No

DRIVER'S LICENSE INFORMATION:

___ NONE	___ NEW YORK STATE	___ OUT OF STATE (Indicate State)
MOTORIST ID# _____	ENDORSEMENTS(S) _____	CLASS _____
RESTRICTION(S) _____		EXPIRATION DATE _____

Yes No Have you ever been convicted of a violation of law (Felony/Misdemeanor)? (Omit any offense adjudicated in Juvenile Court or under youthful offender status.) Convictions will not necessarily disqualify you from employment. ***IF YES, YOU MUST ATTACH A LIST OF VIOLATIONS WITH DATES OF CONVICTIONS AND CORRESPONDING SENTENCES ON A SEPARATE SHEET OF PAPER.**

Yes No Have you ever been discharged or resigned from employment for reasons other than lack of work or funds? ***IF YES, ATTACH AN EXPLANATION FOR EACH DISCHARGE OR RESIGNATION ON A SEPARATE SHEET OF PAPER.**

Yes No Are you under age 18? ***IF YES, YOU WILL BE REQUIRED TO SUPPLY A WORK PERMIT.**

Section 50-b of NYS Civil Service Law requires that all applicants for examination be asked the following:	
Do you have an outstanding NYS Guaranteed Student Loan?	___ NO <input type="checkbox"/> ___ YES <input type="checkbox"/>
If yes, are you currently in default of any such Loan?	___ NO <input type="checkbox"/> ___ YES <input type="checkbox"/>
NAME _____	DATE _____
ADDRESS _____	EXAM NO _____
SIGNATURE _____	TITLE _____

