

# APPLICATION FOR EXAMINATION OR EMPLOYMENT

**ONEIDA COUNTY DEPARTMENT OF PERSONNEL**  
 County Office Building, 800 Park Avenue, Utica, NY 13501  
 Mary Lou Berie ~ Commissioner of Personnel  
 (315) 798-5726

POSITION TITLE	EXAM NUMBER
(Last Name) _____ (First) _____ (MI) _____	
(House # and Street) _____	
(City / Town) _____ (State) _____ (Zip Code) _____	
(Area Code) (Home Phone) _____ (Area Code) (Business Phone) _____	
( ) _____ ( ) _____	

**SOCIAL SECURITY #:** \_\_\_\_\_

**FILING FEE: (CHECK ONE)** (See Instruction B, on back of appl.)

I have enclosed the fee.  
 (The fee will **NOT BE REFUNDED**, if application is disapproved.)

**NO FEE IS DUE BECAUSE:**

This is a Promotional Exam.

I am currently unemployed and primarily responsible for the support of a household.

I am currently receiving public assistance.

**SPECIAL ARRANGEMENTS** (Optional - See Instruction E.)

Sat. Sabbath Observer     Military     Disability

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?     YES     NO

State your **CURRENT PERMANENT LEGAL RESIDENCE**, as listed in address above, and indicate for how long you have resided there continually, up to and including the date of this application.

Name	Years	Months
School District _____		
City or Village of _____		
Town of _____		
County of _____		
State of _____		

(DATE STAMP BELOW)

Approved

Conditioned

Disapproved

Check appropriate box to the right of each question:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work, 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 any crime (felony or misdemeanor)?    YES NO  
   

E. Are you now under charges for any crime?    YES NO  
   

If you answered "YES" to any of the Questions A-E above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

**VETERANS' CREDITS** (See Instruction F, on back of application)

If you wish to claim additional credits as an honorably discharged veteran, check the appropriate boxes below.

Disabled War Veteran     Nondisabled War Veteran

A. Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes.)    YES NO  
   

B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances?    YES NO  
   

C. Did you serve in the Armed Forces of the United States during any of the following periods?    YES NO  
      
 ( 12/7/41 - 12/31/46 ) ( 6/27/50 - 1/31/55 )  
 ( 12/22/61 - 5/7/75 ) (Persian Gulf: 8/2/90 - ? )  
 (Lebanon: 6/1/83 - 12/1/87 ) (Grenada: 10/23/83 - 11/21/83 )  
 (Panama: 12/20/89 - 1/31/90 )

**NOTE:** Credits for Lebanon, Grenada, and Panama will be limited to those who received the following Expeditionary Medals: Armed Forces, Navy, or Marine Corps.  
 (U.S. Public Health Service: 7/29/45 - 12/31/46  
 OR  
 6/27/50 - 7/3/52 )

D. Since January 1, 1951, have you received a permanent appointment using your veterans credits?    YES NO  
   

**BE SURE TO ANSWER THIS SECTION.** Section 50-b of the NYS Civil Law requires that all applicants for examination be asked the following questions:

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?  
 \_\_\_\_\_ YES    \_\_\_\_\_ NO

2. If so, are you presently in default on any such loan?  
 \_\_\_\_\_ YES    \_\_\_\_\_ NO

**THIS AFFIRMATION MUST BE COMPLETED**

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. (SEE BACK)

\_\_\_\_\_  
 (Signature of Applicant)    (Date)

\_\_\_\_\_  
 Indicate any other surname (last name) by which you are or have been known.  
 (Please Print)

**EDUCATION:** Read examination announcement for educational requirements, if any. If specialized coursework is required, attach a transcript or list of the required courses and semester credit hours you completed.

Have you graduated from high school? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YES, NAME AND LOCATION OF HIGH SCHOOL</b>	<b>YEAR GRADUATED</b>
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If you have a high school equivalency diploma, indicate: <b>ISSUING GOVERNMENTAL AUTHORITY:</b>	<b>NUMBER</b>	<b>DATE OF ISSUE</b>
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	Name of School and Address	Dates of Attendance (Month and Year)		Day	Full	No. of	Were	Type of Course	Number of	Type of	Date
		From	To	Night	or PartTime	Years	you	or	College	Degree	Degree
						Credited	Graduated	Major Subject	Credits Rec'd	Rec'd	Rec'd or Expected
College, University, Professional or Technical School											
Other Schools or Special Courses											

**LICENSES** If a license, or other authorization to practice trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following question: If not currently licensed check this box.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Speciality	Date of License First Issued	Registered From: (Mo./Yr.)	To: (Mo./Yr.)

If required on the announcement, do you have a valid license to operator a motor vehicle in New York State?  YES  NO

**DESCRIPTION OF EXPERIENCE:** Beginning with your most recent, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination(s). We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do not send your resume. Under DUTIES describe the nature of the 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.

Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) \$/WK/MO/YR	<b>Describe Duties:</b>		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)			
Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) \$/WK/MO/YR	<b>Describe Duties:</b>		
Type of Business			
Your Exact Title			
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Length of Employment MO YR   MO YR From   /   To   /	Firm Name	Address	City and State
Earnings (Circle One) \$                    /WK/MO/YR	<b>Describe Duties:</b>		
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Earnings (Circle One) \$                    /WK/MO/YR	<b>Describe Duties:</b>		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)			

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets.)

## INSTRUCTIONS AND INFORMATION

- A. **EXAM APPLICATION:** Before filling out your application, read the announcement carefully. This application is part of your examination. Answer all questions fully and carefully. Resumes will **NOT** be accepted in lieu of application. Print in ink or use typewriter. Attach additional sheets, if necessary, to give complete and detailed information. An incomplete application may result in disapproval. **ALL STATEMENTS ARE SUBJECT TO VERIFICATION.**
- B. **FILING FEE:** Refer to the front of the exam announcement for the required filing fee. Enclose a **MONEY ORDER ONLY** for the total amount, made payable to ONEIDA COUNTY PERSONNEL DEPARTMENT. Do NOT send cash or check. **IF YOUR APPLICATION IS DISAPPROVED, THE FEE WILL NOT BE REFUNDED.** No fee is due if you are applying for a Promotional Exam **OR** if you are unemployed and primarily responsible for the support of a household **OR** if you are receiving Supplemental Social Security payments, Public Assistance (Home Relief or Aid to Dependent Children), Foster Care, or are certified Job Training Partnership Act eligible through a State or local social service agency. **CHECK THE APPROPRIATE BOX ON THE FRONT OF THE APPLICATION.**
- C. **ADMISSION TO EXAM:** We review your application before the exam to ensure you qualify. We will advise you, if we need more information. You may be admitted to the exam pending a full review of your application. If you take the exam, but your application is disapproved later, you will not receive an exam score. If your application is disapproved, we will notify you of the reason. If you do not receive an admission form from us three days before the exam date, **CALL US** at (315) 798-5726. We cannot accept collect calls.
- D. **CHANGE OF ADDRESS:** Notify this agency immediately of any change of address. When writing, give the number and title of the exam. Oneida County Personnel is not responsible for undeliverable mail.
- E. **SPECIAL ARRANGEMENTS:** If you need special arrangements because you are a Saturday Sabbath observer, person with a disability, or are requesting a military make-up exam, you must, EITHER: (1) Check the appropriate box on the front of the application and indicate the special arrangements you require in the "REMARKS" section on Page 3; **OR** (2) Write to our office no later than the last filing date for this exam. Your request must include the exam number and title, and type of special arrangements required.
- F. **VETERANS CREDITS:** War Time Veterans and Disabled Veterans are eligible for extra credits added to their exam score, if they pass. **If you want to have the extra credits added to your exam score, you must answer all the veterans questions on the front of the application now.** You can waive the extra credits later if you wish. These credits may be claimed on each application for exam, UNTIL you receive a permanent appointment using your veterans credits. Once a permanent appointment has been received, you can no longer claim veterans credits on your applications.
- G. **PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:**  
The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. For further information, relating *only* to the Personal Privacy Protection Law, call (518) 457-9375.  
**(For examination information, call (315) 798-5726.)**

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record. 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, sex, disability, marital status, or criminal record in connection with employment.