

FULTON COUNTY PERSONNEL DEPARTMENT
1 EAST MONTGOMERY STREET JOHNSTOWN, NEW YORK 12095-2534
PHONE: (518) 736-5574 FAX: (518) 736-1027

ANY AND ALL STATEMENTS MADE ON THIS APPLICATION OR MADE IN CONNECTION WITH IT, INCLUDING ANY ATTACHMENTS OR AMENDMENTS, ARE SUBJECT TO VERIFICATION.

READ INSTRUCTIONS AND INFORMATION ON BACK BEFORE BEGINNING RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS

APPLICATION FOR EXAMINATION OR EMPLOYMENT

POSITION TITLE **EXAMINATION NUMBER**

This application may be part of your examination. Answer all questions fully and carefully. Attach additional sheets if necessary in order to give complete and detailed information.

1. NAME, MAILING ADDRESS AND PHONE (Please Print)

 Last First M.I.

 Street Address (Actual residence)

 Mailing Address (If different from street address)

 City State Zip Code

() _____ () _____
 Home Phone Business Phone

May we contact you at your Business Phone? NO YES Hrs: _____

2. SOCIAL SECURITY NUMBER: _____

3. Are you 18 years of age or older? YES NO
 If there are minimum/maximum age limits for position give your date of birth: _____

4. SPECIAL ARRANGEMENTS FOR EXAMINATION (Refer to Pg. 4 D)
 RELIGIOUS OBSERVER DISABLED PERSON
 ACTIVE MILITARY SERVICE

4.a. Have you applied for any other Civil Service examinations for employment with Fulton County, NYS, or any other local government jurisdiction scheduled on the same date? YES NO If yes, you must make arrangements to take all the examinations at one test site. You must request and complete form: "Same Day - Multiple Examinations" and return it to the Personnel Office at the above address.

5. 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
 (Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)

6. State the name of each location in which you reside and how long you have continuously resided, up to and including the date of this application.

| I currently live in the following: | YEARS | MONTHS |
|------------------------------------|-------|--------|
| State | | |
| County | | |
| City or Town (circle one) | | |
| School District | | |

7. Exempt Volunteer Firefighter: NO YES I am a bona fide member of the _____ Volunteer Fire Department and have served in said department for five years and is so certified to be an exempt volunteer firefighter in accordance with Section 200 of the General Municipal Law.

8. 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 or funds? YES NO
- B. Did you ever resign from any employment rather than face dismissal? YES NO
- C. Did you ever receive a dishonorable discharge from the Armed Forces of the United States? YES NO
- D. Have you ever pled guilty to or 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 8 A-C above, give specifics under "Remarks" on back of this application. If you answered "YES" to Questions D or E you must complete "Addendum to Exam and Employment Application: Questions 8.D. & 8.E." 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.

9. THIS AFFIRMATION MUST BE COMPLETED:
 I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material mis-statement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

SIGNATURE OF APPLICANT DATE
 Is additional information relative to a change of name, use of an assumed name or nickname necessary to enable a check on your work record? (If yes, explain)

FOR FULTON COUNTY PERSONNEL DEPARTMENT USE ONLY

Date Rec'd _____ By _____
 _____ Receipt Number ___ C ___ M.O. ___ Fee Waived
 Veteran Disabled Veteran Veterans Credits Forms Given _____ (Date)
 ___ Approved Title: _____ Approved By: _____
Title: _____ Approved By: _____
 Disapproved Title: _____ Disapproved By: _____
 Remarks: _____
 ___ Appeal Approved ___ Appeal Denied Approved/Denied By: _____
 ___ Performance Test Waived
 Vets Credits: Pending Approved Disapproved Conditional + _____

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10. **VETERANS CREDITS:** To claim additional credit as an honorably discharged veteran, you must check the appropriate box below and answer questions A-D. (You must request, complete and return a separate Application for Veteran's Credit and proof of eligibility by the date indicated on the form.)
- NO
- NON-DISABLED VETERAN** - A member of the Armed Forces of the U.S. who served in time of war as defined by Civil Service Law and who was honorably discharged or released under honorable circumstances from such service.
- DISABLED VETERAN** - A veteran who is certified by the U.S. Veterans Administration as entitled to receive disability payments upon the certification of such Veteran's Administration for at least 10% disability incurred by him in time of war and is in existence at the time of application.
- CURRENTLY ON ACTIVE DUTY** - On active duty (other than for training purposes) in the Armed Forces of the United States.

- 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 or Coast Guard, including all components thereof and the National Guard when in the services 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 ever serve in the Armed Forces of the U.S. during any of the following periods?
Apr 6, 1917-Nov 11, 1918; Dec 7, 1941-Dec 31, 1946; June 27, 1950-Jan 31, 1955; Feb 28, 1961-May 7, 1975; Persian Gulf conflict from Aug 2, 1990-to the end of such hostilities; Commissioned corps of the US Public Health Services-July 29, 1945-Sep 2, 1945; June 26, 1950-July 3, 1952; or to receive credit for the following periods, you must have received the armed forces, navy or marine corps expeditionary medal: Hostilities in Lebanon: June 1, 1983-Dec 1, 1987; Hostilities in Grenada: Oct 23, 1983-Nov 21, 1983; Hostilities in Panama: Dec 20, 1989-Jan 31,1990. YES NO
- D. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for permanent appointment to any position in the public employment of New York State or any of its civil divisions? YES NO

11. **EDUCATION:** If the minimum qualifications for this position requires a college degree or college credit, you must submit a copy of your official academic transcript with this application.

Have you graduated from high school? YES NO If Yes, Name and Location of High School _____

If you have a high school equivalency diploma or high school individual education plan diploma, indicate:

Issuing Governmental Authority _____ Date of Issue _____

| | Name of School and City and State in which located | Dates of Attendance (Month and Year) | | Day Or Night | Full Or Part Time | No. of Years Credited | Were you Graduated? | Type of Course or Major Subject | Number of College Credits Received | Type of Degree Received | Date Degree Expected or Received |
|---|--|--------------------------------------|----|--------------|-------------------|-----------------------|---------------------|---------------------------------|------------------------------------|-------------------------|----------------------------------|
| | | From | To | | | | | | | | |
| College, University, Professional or Technical School | | | | | | | | | | | |
| Other Schools or Special Courses | | | | | | | | | | | |

12. **LICENSES** If the minimum qualifications for this position require a license, certificate or other authorization to practice a trade or profession, complete the following question and include a copy of your license. If not currently licensed check this box (INCLUDE A COPY OF YOUR LICENSE)

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

13. If required, do you have a valid license to operate a motor vehicle in New York State? YES NO

14. Have you ever worked for the County under a different name? YES NO If yes, list different name and explain: _____

15. Name(s) of relative currently employed by the County _____

16. Have you ever taken any civil service examinations given by this department or any other civil service agency (including NYS)? YES NO If "YES" give titles and dates:

| TITLE OF EXAMINATION: | DATE: | TITLE OF EXAMINATION: | DATE: |
|-----------------------|-------|-----------------------|-------|
| _____ | _____ | _____ | _____ |

17. **PERFORMANCE TEST:** If the examination you are filing for requires a performance test, refer to the section WAIVER OF PERFORMANCE TEST on the examination announcement for waiver criteria and a description of acceptable documentation. Are you eligible for and requesting a waiver of the performance test? YES NO (If yes, you must request, complete and return the Performance Test Waiver form by the date indicated on it.)

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18. **DESCRIPTION OF EXPERIENCE** You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will **NOT** be interpreted in your favor.

Beginning with the most recent, describe below in detail all employment that is pertinent to the position applied for. Under "Duties" describe the nature of the work personally performed by you, with estimated percentages of time spent on each type of work. If your title or duties changed materially in the course of your tenure in any one organization, indicate such change clearly and as a separate employment. State size and kind of working force, if any, supervised by you and the extent of such supervision.

If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. If you have had military service which includes experience pertinent to the position(s), describe such experience as a separate employment. (If more space is needed, attach 8 1/2" X 11" sheets of paper.)

| | | | | | |
|--|--|----------------|------|-------|-----|
| LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO / | FIRM NAME: TELEPHONE NO.: | STREET ADDRESS | CITY | STATE | ZIP |
| EARNINGS (circle one) \$ WK/MO/YR | DESCRIBE DUTIES WITH ESTIMATED PERCENTAGES OF TIME SPENT ON EACH TYPE OF WORK (TOTAL NOT TO EXCEED 100%) | | | | |
| TYPE OF BUSINESS <input type="checkbox"/> | | | | | |
| YOUR EXACT TITLE <input type="checkbox"/> | | | | | |
| NAME OF SUPERVISOR <input type="checkbox"/> | | | | | |
| SUPERVISOR'S TITLE <input type="checkbox"/> | | | | | |
| No. of hours worked per week: (exclusive of overtime) | Reason for Leaving: | | | | |
| LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO / | FIRM NAME: TELEPHONE NO.: | STREET ADDRESS | CITY | STATE | ZIP |
| EARNINGS (circle one) \$ WK/MO/YR | DESCRIBE DUTIES WITH ESTIMATED PERCENTAGES OF TIME SPENT ON EACH TYPE OF WORK (TOTAL NOT TO EXCEED 100%) | | | | |
| TYPE OF BUSINESS <input type="checkbox"/> | | | | | |
| YOUR EXACT TITLE <input type="checkbox"/> | | | | | |
| NAME OF SUPERVISOR <input type="checkbox"/> | | | | | |
| SUPERVISOR'S TITLE <input type="checkbox"/> | | | | | |
| No. of hours worked per week: (exclusive of overtime) | Reason for Leaving: | | | | |
| LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO / | FIRM NAME: TELEPHONE NO.: | STREET ADDRESS | CITY | STATE | ZIP |
| EARNINGS (circle one) \$ WK/MO/YR | DESCRIBE DUTIES WITH ESTIMATED PERCENTAGES OF TIME SPENT ON EACH TYPE OF WORK (TOTAL NOT TO EXCEED 100%) | | | | |
| TYPE OF BUSINESS <input type="checkbox"/> | | | | | |
| YOUR EXACT TITLE <input type="checkbox"/> | | | | | |
| NAME OF SUPERVISOR <input type="checkbox"/> | | | | | |
| SUPERVISOR'S TITLE <input type="checkbox"/> | | | | | |
| No. of hours worked per week: (exclusive of overtime) | Reason for Leaving: | | | | |
| LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO / | FIRM NAME: TELEPHONE NO.: | STREET ADDRESS | CITY | STATE | ZIP |
| EARNINGS (circle one) \$ WK/MO/YR | DESCRIBE DUTIES WITH ESTIMATED PERCENTAGES OF TIME SPENT ON EACH TYPE OF WORK (TOTAL NOT TO EXCEED 100%) | | | | |
| TYPE OF BUSINESS <input type="checkbox"/> | | | | | |
| YOUR EXACT TITLE <input type="checkbox"/> | | | | | |
| NAME OF SUPERVISOR <input type="checkbox"/> | | | | | |
| SUPERVISOR'S TITLE <input type="checkbox"/> | | | | | |
| No. of hours worked per week: (exclusive of overtime) | Reason for Leaving: | | | | |

SPECIAL INSTRUCTIONS AND INFORMATION FOR CANDIDATES FOR EXAMINATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, you must read the announcement for this examination thoroughly and carefully.

When completing your application be sure to enter, at the top of page 1, the examination number and title which identifies the examination for which you are filing and submit it to the Personnel Department along with the processing fee.

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, conditionally, to the examination on the basis of statements made on the application or 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.

Contact the Fulton County Personnel Department immediately if you do not receive a notice within three days of the date 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. Notification must be in writing and include the number and title of examination.

D. SPECIAL ARRANGEMENTS

If you have duly filed your application but need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination(s)), a Disabled Person (require special arrangements in order to participate in the examination(s)), or due to active Military Service deprived of participation on the scheduled date, you must

1. Check the appropriate box in Question 4 and indicate the special arrangements you require in the REMARKS section below.

2. Write to the Fulton County Personnel Department no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required.

E. 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.

F. 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 credits as a disabled or non-disabled war veteran or candidate currently in the armed forces, must be made with this application. Failure to complete Question 11 accurately and completely, may result in a denial of your claim.

If you are claiming credits as a disabled war veteran, in addition to meeting the requirements as indicated by a "YES" answer to question 10 A-C and a "NO" answer to Question 10 D, you must be certified by the Veterans' Administration as being entitled to receive payments for a service-connected disability rate at ten (10) percent or more, incurred during a "Time of War" as indicated in Question 10 C.

If you have checked the box marked CURRENTLY ON ACTIVE DUTY for question 10, effective 1/1/98 the NYS Constitution allows candidates currently serving in the Armed Forces to request conditional veteran's credits. You must provide acceptable proof of military status, i.e., a military ID card, military orders, or other official military documents that substantiate active military service at the time of examination.

If you pass the exam, conditional veteran's credits will be granted only at the time of establishment of the resulting eligible list. You will be restricted from certification using the additional credits until you provide appropriate documentary proof that the service was in time of war (see question 10 C) and that you received an honorable discharge or were released under honorable circumstances. Until acceptable documentation is submitted to the Personnel Officer, your name will be certified with the exam score excluding additional credits.

Veteran's credits may only be used for one governmental permanent appointment or promotion.

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. 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 mis-statement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material mis-statement or fraud.

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.

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

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