

ERIE COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

NUMBER AND EXACT TITLE OF EXAMINATION OR TITLE OF POSITION APPLYING FOR

EXAM NUMBER	TITLE	DATE OF EXAM

NOTE: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH EXAMINATION YOU WISH TO TAKE.

You must attach a check or money order (payable to the Erie County Department of Personnel) for each examination. Consult the exam announcement for the correct filing fee. **There are NO refunds.**

This application is for your information. Answer all questions fully and carefully in ink or use a typewriter. Attach additional sheets if necessary in order to give complete and detailed information.

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

Last Name _____ First _____ M.I. _____

Street Address _____

City or Post Office _____ State _____ Zip Code _____

Phone (Including Area Code) Home _____ Business _____

2. SOCIAL SECURITY NUMBER

~~XXXXXXXXXX~~

3. Are you 18 years of age or older? Yes No

If minimum and/or maximum age requirements are established for this position, enter your birth date:

MO.: _____ DAY: _____ YEAR: _____

4. If you wish to apply for veteran's credits on this examination, check this box and refer to page 4 of this application.

5. If your religion forbids you from taking this examination on a Saturday, check this box.

6. If you need special arrangements to participate in this examination because you are a handicapped person, check this box:

If you checked the above box, describe the type of assistance you require _____

7. Are you a citizen of the United States? Yes No

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.)

DO NOT WRITE IN THIS SPACE

Number _____ Approved _____

Conditional _____ Disapproved _____

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 been convicted of a crime? (felony or misdemeanor) Yes No
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? Yes No

If you answered "YES" to any of the Questions 8 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 for which you are applying.

9. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

	NAME	YEARS	MOS.
School District:			
Village of:			
Town of:			
County of:			
State of:			

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. Applicants may be required to pay a fee for the investigation.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

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. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature of Applicant _____ Date _____

Email: _____

Indicate any other name(s) by which you have been known that is necessary to verify former employment and/or education. (Please Print)

FOR OFFICIAL USE ONLY		
APPROVED	DISAPPROVED	DATE
VC		
DVC		

DO NOT WRITE IN THIS COLUMN

NOTE: When completing the application, make sure that all appropriate questions have been answered. An incomplete application may result in disapproval.

10. EDUCATION
If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment.

Have you graduated from High School? YES NO If yes, name and location of High School.

If you have a High School Equivalency Diploma, indicate: issuing Government Authority. Number Date of Issue

	NAME OF SCHOOL AND CITY IN WHICH LOCATED	DATES OF ATTENDANCE (MONTH AND YEAR)		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	DATE DEGREE RECEIVED OR EXPECTED
		FROM	TO							
COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL										
OTHER SCHOOLS OR SPECIAL COURSES										
LIST TYPING & STENO COURSES HERE										

11. LICENSES: If a license, certificate or the authorization to practice a trade or profession is listed as a requirement of the examination for which you are applying, complete the following questions: If not currently licensed, check this box.

NAME OF TRADE OR PROFESSION LICENSE # GRANTED BY (LICENSING AGENCY) CITY OR STATE OF

SPECIALTY DATE LICENSE FIRST ISSUED REGISTERED FROM: (MO./YR.) TO: (MO./YR.)

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

13. DESCRIBE EXPERIENCE: Beginning with the most recent list ALL employment, military service, volunteer experience that shows you meet the minimum qualifications for the examination. 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. BE SURE TO READ THE REQUIRED QUALIFICATIONS ON THE EXAMINATION ANNOUNCEMENT. ALL STATEMENTS ARE SUBJECT TO VERIFICATION

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
DESCRIBE DUTIES BELOW:			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (excluding overtime)			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
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No. of hours worked per week (excluding overtime)			

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