



SCHOHARIE COUNTY

CIVIL SERVICE EXAMINATION APPLICATION

Schoharie County is an Equal Opportunity and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. **Please fill out each box, do not attach a résumé.**

Only Use for Multiple Exams if they are on same day

Exam #/Title _____ -- _____

Exam#/Title _____ -- _____

Exam #/Title _____ -- _____

The information which you are providing us 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 subdivision b, e & f. **Failure to provide this information may result in disapproval of the application.** This information will be maintained by the Personnel Officer for Schoharie County. For further information relating to the Personal Privacy Protection Law call New York State Department of Public Information at (518) 457-9375
Questions for this Examination call (518) 295-8374

Last _____ First _____ MI _____

List other name(s) you have been known as:

Social Security Number:

Mailing Address:

City: _____ State: _____ Zip: _____

Physical Address: Same as mailing

City: _____ State: _____ Zip: _____

Email:

Home Phone Number _____ Cell Phone Number _____

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Are you a **Volunteer Firefighter?**

YES NO

If YES please list Department:

***Section 85a-c Credit:** Request credit for being one of the following: (please check appropriate box)

85a: A child of a firefighter or police officer killed in the line of duty

85b: A sibling of a firefighter or police officer killed in the line of duty

85c: A child of an Emergency Medical Technician or Paramedic killed in the line of duty

**Please see explanation of eligibility on the "Section 85a-c Eligibility Criteria" document*

Residency Verification: You MUST state your permanent legal residence and how long you have lived there continually, up to and including the date of this application: PLEASE FILL IN EACH LINE & INCLUDE NUMBER OF YEARS

STATE & # OF YRS. COUNTY & # OF YRS. TOWN & # OF YRS. VILLAGE & # OF YRS. SCHOOL DISTRICT & # OF YRS.

Are you a **Veteran**?
[] YES [] NO

Are you considered a **Disabled Veteran**?
[] YES [] NO

Please check which conflict you served during:

Active duty service in the United States armed forces during:

- [] World War II December 7, 1941 - December 31, 1946
[] **Korean Conflict** June 27, 1950 - January 31, 1955
[] Viet Nam Conflict February 28, 1961 - May 7, 1975
[] **Persian Gulf Conflict** August 2, 1990 - the date upon which such hostilities end
[] Other, please explain: _____

Or, Service for which you received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal:

- [] Hostilities in Lebanon June 1, 1983 - December 1, 1987
[] **Hostilities in Grenada** October 23, 1983 - November 21, 1983
[] Hostilities in Panama December 20, 1989 - January 31, 1990

If you marked any of the conflicts above you may qualify for Veteran's Credit

Would you like to use Veteran Credits for this Exam? [] YES [] NO

If so, have you used Veteran Credits before? [] YES [] NO

Did you ever receive a discharge from the Armed Forces of the United States that was other than honorable? [] YES [] NO

The written parts of the exam(s) take place on Saturdays. Please inform us if this is in conflict with your Religious Observations so we can accommodate you:

Saturday Religious Observer:

[] I am a religious observer and cannot be tested on the scheduled test date.

Other Special Accommodations for exam:

[] I require special accommodations to take this exam.

Alternate test date:

[] I request an alternate test date.

If you checked any of the boxes above, please contact us before the last filing date for the exam you are taking, so we can discuss what you will need.

GENERAL EDUCATION:

Are you a High School Graduate? [] YES [] NO If yes, list name of School: _____

If no, do you have a GED? [] YES [] NO If yes, list issuing **Government Authority**: _____

Certificate Number: _____

HIGHER EDUCATION: What is your highest level of education?

[] Some College [] Associates [] Bachelors [] Masters [] Other

Field of Study: _____

College or University: _____

Please attach Transcripts

FOR OFFICIAL USE ONLY

Educational Requirements Met [] YES
Transcripts Reviewed [] _____

Eligibility to work in the United States & Citizenship:

Are you currently a U.S. citizen? [] YES [] NO

If No, are you eligible to work in the United States?
[] YES [] NO

Please provide ORIGINAL documentation, No COPIES allowed

DATE OF BIRTH: Provide this information if applying to take Police Officer or Deputy Sheriff examination **ONLY**.

Month _____ **Day** _____ **Year** _____

PROFESSIONAL LICENSES and/or CERTIFICATES: (Attach Copy)

Name of Trade and/or Profession: _____

Specialty: _____

License # _____ **Date Issued** _____ **State Issued** _____

Are you currently licensed? [] YES [] NO **Valid:** From _____ to _____

Is License/Certificate Good in NYS? [] YES [] NO

MOTOR VEHICLE LICENSE(S):

If this position requires a driver's license to operate a vehicle, do you have a valid license to operate within New York State?
[] YES [] NO

If yes, give the following:

Class _____ **Number** _____ **State** _____ **Expiration** _____

If a license is other than standard Driver's please attach copy

WORK EXPERIENCE: Please list what makes you qualified to sit for this examination. If no work history is required, then you do not have to list any. If specific skills or functions are required to qualify for the exam, please be sure to detail how you performed them and how often. This is not a resume; this is an application for an examination.

YOU DO NOT HAVE TO LIST YOUR ENTIRE WORK HISTORY
(If you need more space please complete an additional Work Experience Form)

Employer Name: _____

Address: _____

Phone: _____ Dates: From _____ to _____

Type of Business: _____ # Hrs/Wk _____

Title: _____ Salary _____

Duties: _____

Discharged: YES NO

Reason for leaving: _____

Employer Name: _____

Address: _____

Phone: _____ Dates: From _____ to _____

Type of Business: _____ # Hrs/Wk _____

Title: _____ Salary _____

Duties: _____

Discharged: YES NO

Reason for leaving: _____

Employer Name: _____

Address: _____

Phone: _____ Dates: From _____ to _____

Type of Business: _____ #Hrs/Wk _____

Title: _____ Salary _____

Duties: _____

Discharged: YES NO

Reason for leaving: _____

Employer Name: _____

Address: _____

Phone: _____ Dates: From _____ to _____

Type of Business: _____ #Hrs/Wk _____

Title: _____ Salary _____

Duties: _____

Discharged: YES NO

Reason for leaving: _____

Questions below MUST be answered

- 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. Have you ever been convicted of any crime, felony and/or misdemeanor? YES NO
- D. Are you now under charges for a crime? YES NO

(If you answered YES to any of the questions above please explain on separate paper and attach to application)

*I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made in connection with this application are subject to investigation and verification and that a material misstatement or fraud may result in criminal prosecution and **disqualify me from appointment and/or lead to revocation of my appointment.*** Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Fee Paid: \$10 \$15 Other: \$ _____

Payment Method: Cash Check Money Order
 Waiver Check # _____

Exam Application Form Last Reviewed & Updated 1/2013

OFFICE USE ONLY

APPLICATION STATUS

Approved Disapproved Conditionally

Reason: _____

Application Reviewed By: _____ Date: _____