

Madison County Civil Service Examination and Employment

Application

Do Not Write In This Space
Notified:
Approved:
Conditioned:
Disapproved:

(315) 366-2	2341		•		New		_	0x 6. 163	36									tione prove					
PLEASE PR	RINT C	R T	/PE·	– RE	EAD	INST	RU	СТІО	NS	CA	١RE	FU	LLY	•									
I. Position Applying for: Home Telephone: Work Telephone: Name: Legal Address:	Area co	de			Last	City					Soc.	Sec	.#		Exar	Apt.	First		ip Coc	e			Mi
Mailing Address: (if different) 2. If you require sp	pecial testin	ng arran	gements	s due to	o a disal	City	igious	observa	nce o	or acti	ve mili	tary d	uty, pl	ease	Sta				ip Cod]	
3. Are you under 1 If you are applyi Sheriff position, If you are applyi are you under 2	ing for a Po please pro ing for a Co	olice Offi ovide Da	ite of Bir	rth			YES YES		5. a.	Cou	e your resid	ed the	ere co	ontin	ually,	up to	and		date			plica	tion.
Have you ever to this department of "YES" give title Titles of Examin	? e and date:		aminatio	ns give	en by	Dates	YES	NO □ dd/yyyy)	b.	Plea	e of _ se cor ool Dis or Villa	mplete	the fo	ollow	ing in	the s	same	ner: YEA	ARS		MOI	NTH:	S
APPLICA	ing out yo priate que TION MAY	stions I	nave be _T IN IT:	en ans S DISA	swered. APPROV	AN INC				Notif num	n of _ fy this a ber an	agenc d title	y imm of exa	iedia amin	tly of ation.	any c	hang					, give	e the
										Date	rece	iveu _				_ Бу							

6.	Check appropriate box to the right of each question:			VETERANS' CREDITS		
Α.	Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?	YES	NO	 If, for this examination, you wish to claim additional credits as an I discharged veteran, check the appropriate box below and answer of A-D below: 		
В.	Did you ever resign from any employment rather than face dismissal?	YES	NO	☐ DISABLED WAR VETERAN		
C.	Did you ever receive a dishonorable discharge from the Armed Forces of the United States?	YES	NO	 NON-DISABLED WAR VERTERAN Answer questions A-E ONLY if you are claiming additional credits as a di 		ed or
D.	Except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of an offense against the law, or are now under charges for any offense against the law?	YES	NO	Marine Corps. Air Force and Coast Guard, including all components	'ES	NO
E.	Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?	YES	NO	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.)		
F.	Are you now under charges for any crime?	YES	NO	ĺ		
addi emp	u answered "YES" to any of the questions above, give specifics b tional sheet. None of the above circumstances represents an aut loyment. Each case is considered and evaluated on individual me ie duties and responsibilities of the position for which you are app	elow or tomatic erits in re	on an bar to			NO
				 U.S. Public Health Service: July 29, 1945 to Sept. 2, 1945 or June 26, 1950 to July 3, 1952. 		
				 The Armed Forces expeditionary medal, Navy expeditionary medal, or Marine Corps expeditionary medal for: Hostilities in Lebanon: June 1, 1983 to Dec. 1 1987; Hostilities in Grenada: Oct. 23, 1983 to Nov. 21, 1983; Hostilities in Panama: Dec. 20, 1989 to Jan. 31, 1 D. Since January 1, 1951, have you used additional credits as a disabled 	1990. d	
				or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? If yes, name agency that established list:		
7.	Do you have a New York State Driver's License? Class: Date of Expiration:		NO	NOTE: All claims and grants of veterans credits are tentative and must be verificinspection of discharge papers and other related documents, as necessary, establishment of the eligible list. You will be advised as to which documen produced by you for this verification. All statements you make in support of you additional credits are subject to investigation and substantiation by this agency. If of subsequent disclosure of any material mis-statement or fraud in this claim, you ment may be rescinded and you may be disqualified from further appointment or have been granted additional credits as a result of such material mis-statement of	prior to the prior to the prior claim the langular apon our apon our apon our apon our apon whice	to the ust be aim for event opoint-
a y	Cross-Filing: If you cross-file for an exam with more than one gency, you must notify each agency so that arrangements can ou to take a single written test for all jurisdictions for which you adicate the names of the jurisdictions where other applications have	n be ma apply. F	de for Please	11. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? (Non-citizens may be required to produce I-141 or I-551 Alien Registration Cards at time of appointment.)	ES	NO
а	nd the location where you wish to take this test. Failure to notify hay result in disqualification from one or more examinations in t	each a	gency	, ,	ES	NO
_				AN EQUAL OPPORTUNITY EMPLOYER THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISC	RIM	INA-
	you are an applicant for an examination, you MUST answer uestions required by Section 50-b of the NYS Civil Service Law		lowing	TION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION	RIMII	NAL
1	. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?	YES	NO	SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDII ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS T RACE, CREED, COLOR, NATIONAL, ORIGIN, SEX, DISA	REC [.] TO A ABIL	TLY, AGE, .ITY,
2	. If so, are you presently in default on any such loan?	YES	NO	MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION EMPLOYMENT.	IN VV	// I H
				THE IMMIGRATION CONTROL AND REFORM ACT OF 1986 REITHAT EMPLOYERS HIRE ONLY UNITED STATES CITIZENS AND LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES EMPLOYEES ARE REQUIRED UNDER THE ACT TO PROVIDE	ALIE S. N	ENS IEW

Please co	omplete as fully	as po	ssible												
Check the hig	hest year completed in Gra	ammar, Jun	ior High, or	High Scl	hool 1	2	3 4		5 6	7	8	9	10	11	12
completed	ON. If credit is claimed for . Indicate how many credit end transcript unless requires.	hours or co	ourses are re												
Have you grad	duated from high school?	YES NO		Name a	nd Location	of High Sch	nool.								
If you have a l	high school equivalency dip	oloma, indic	cate: Issuing	Govern	mental Auth	nority			Nur	mber			Date	of Issue	;
	Name of School and City in Which Located	Date of A (Month) From	Attendance (Year) To	Day or Night	Full or Part-Time	Number of Years Credited	Were Yo		Type of C or Major Su		Coll	lumber lege Cre Receive	edits	, ,,	f Degree eived
College, University, Professional or Technical School															
Other Schools or Special Courses		1			1										
	S. If a license, certificate on the following question. If no					profession is	s a requirer	ment	for this po	sition to	whic	ch you a	re app	olying,	
	e or profession		License Nu			Granted by					(City or S	State of	f	
Specialty			Date Licens	se First I	ssued	Registered F	From: (Mo./	Yr.) 1	To: (Mo./Yr.))					
work expe	G EXPERIENCE. Describe erience, please attach add may be attached if desired	ditional she	ets. A RES	SUME W	ILL NOT	BE ACCEPT	TED AS A								
Lenç	gth of Employment		Firm Na	me		А	ddress					City	and S	State	
From: Mo Yr.	To: Mo Yr														
Exact Title		Desc	ribe Duties	: (550 C	haracter lin	nit)									
Name of Your	Supervisor														
Supervisor's	Title														
Final Salary															
No. of hours	worked per week														
Reason for le	aving														
From:	gth of Employment To: Mo Yr	_	Firm Na	me		А	ddress					City	and S	State	
Exact Title		Desc	ribe Duties	: (550 C	haracter lin	mit)									
Name of Your	Supervisor														
Supervisor's	Title														
Final Salary															
No. of hours	worked per week														
Reason for le	aving														

Length of Employment	Firm Name	Address	City and State
From: To:			
Mo Yr Mo Yr			
Exact Title	Describe Duties: (550 Chara	cter limit)	
Name of Your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
Reason for leaving			
Length of Employment	Firm Name	Address	City and State
From: To:			
Mo Yr Mo Yr			
Exact Title	Describe Duties: (550 Chara	cter limit)	
Name of Your Supervisor			
Supervisor's Title			
Final Salary			
No. of hours worked per week			
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Length of Employment	Firm Name	Address	City and State
Length of Employment From: To:	Firm Name	Address	City and State
	Firm Name	Address	City and State
From: To:	Firm Name Describe Duties: (550 Chara		City and State
From: To: Mo. Yr. Mo. Yr.			City and State
From: To: Mo Yr Mo Yr Exact Title			City and State
From: To: Mo Yr Mo Yr Exact Title Name of Your Supervisor			City and State
From: To: Mo Yr Mo Yr Exact Title Name of Your Supervisor Supervisor's Title			City and State
From: To: Mo Yr Mo Yr Exact Title Name of Your Supervisor Supervisor's Title Final Salary			City and State
From: To: Mo Yr Mo Yr Exact Title Name of Your Supervisor Supervisor's Title Final Salary No. of hours worked per week Reason for leaving 16. Have you any objections to our contactin	Describe Duties: (550 Chara	no 17. THIS AFFIRMAT	TION MUST BE COMPLETED
From: To: Mo Yr Mo Yr Exact Title Name of Your Supervisor Supervisor's Title Final Salary No. of hours worked per week Reason for leaving 16. Have you any objections to our contactin or current employers?	Describe Duties: (550 Chara	NO 17. THIS AFFIRMAT	
From: To: Mo Yr Mo Yr Exact Title Name of Your Supervisor Supervisor's Title Final Salary No. of hours worked per week Reason for leaving 16. Have you any objections to our contactin	Describe Duties: (550 Chara	NO 17. THIS AFFIRMAT An unsigned applic I affirm that the statements	TION MUST BE COMPLETED ation will result in its disapproval. made on the application (including any
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From: To: Mo Yr Mo Yr Exact Title Name of Your Supervisor Supervisor's Title Final Salary No. of hours worked per week Reason for leaving 16. Have you any objections to our contactin or current employers?	Describe Duties: (550 Chara	NO 17. THIS AFFIRMAT An unsigned applice I affirm that the statements attached papers) are true ur investigation of all matters co Signature of Application of a statements attached papers are true ur investigation of all matters column and a statements attached papers.	TION MUST BE COMPLETED ation will result in its disapproval. made on the application (including any order the penalties of perjury. I authorize nationed in this application. dicant Date ative to change of name, use of an assumed