↑ <u>Staple Above</u> ↑	
AMERICA CON	ination or Employment Approved
	JNTY PERSONNEL Conditional , Herkimer, New York 13350 Disapproved
Filing Fee:Yes NoWaived 315-867-1115 www.	
THIS APPLICATION IS PART OF YOUR EXAMINATION. Answer ALL questions	ons fully in ink or on typewriter.
Position Title	<u>Check appropriate response to each question:</u> YES NO A. Were you ever dismissed or discharged from any employment
Examination #	for reasons other than lack of work, funds, disability or medical condition? B. Did you ever resign from any employment rather than face
Name	dismissal?
Printed Last First M Residence Address	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?
House # and Street or RD	D. Have you ever been convicted of any crime (felony or
	misdemeanor)? E. Are you now under charges for any crime?
City or Village or Town State Zip Code	E. Are you now under charges for any crime?
	If you answered YES to any of the above questions, you may give specifics under
Telephone #s: Home Work	Remarks on page 3 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit
Cell SOCIAL SECURITY NUMBER	further information. None of the above circumstances represents an automatic
	bar to employment. Each case is considered and evaluated on individual merits
Are you under 18 years of age?YESNO If yes, or if minimum and/or maximum age limits are established for the position	in relation to the duties and responsibilities of the position(s) for which you are applying.
applied for, enter your Date of Birth here /	apprymg.
	<u>VETERANS CREDITS</u> (See Instruction "F")
Are you a citizen of the United States? YES NO	If you wish to claim additional credits as an honorably discharged veteran,
Filing Fee: I have enclosed the fee. NO PERSONAL CHECKS	 check all appropriate responses below. Attach copy of your Honorable Discharge Form (DD-214, Member-4)
<u> </u>	
Filing Fee Waiver: I have attached completed waiver form.	☐ Disabled War Veteran ☐ ☐ Non-Disabled War Veteran
SPECIAL ARRANGEMENTS: (See Instruction "E")	A. Have you ever served in the Armed Forces of the United States? (The "Armed
Religious Accommodation Military Disability	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 for training purposes.)YESNO
State your <u>CURRENT PERMANENT LEGAL RESIDENCE</u> , as listed in the address above, and indicate for how long you have resided there continually,	B. If "YES" did you receive a discharge which was honorable or were you
up to and including the date of this application:	released under honorable circumstances?YESNO
NAME OF YEARS / MONTHS	
City or Village	C. Did you serve in the Armed Forces of the United States during any of the following periods? WW II, 12/7/41-12/31/46; Korean Conflict, 6/27/50-1/31/55;
City of Vinage	Viet Nam Conflict, 02/28/61-5/7/75; Persian Gulf Conflict, 8/2/90-?; Lebanon*,
Town	6/1/83-12/1/87; Grenada*, 10/23/83-11/21/83; Panama*, 12/20/89-1/31/90;
County	US Public Health Service, 7/29/45-12/31/46 and 6/27/50-7/3/52. *credits limited to veterans who received the armed forces, navy, or marine corps. expeditionary
·	medalYESNO
State	D. Since January 1, 1951, have you received a permanent appointment using
School District	your veterans' credits?YESNO
	If YES, Date credits were used
	E. Are you currently serving on ACTIVE DUTY in the armed forces and wish to apply for veterans' credits?YESNO
Have you ever taken any other examinations given by this department?	
YESNO	DECLARATION (this affirmation <i>must be signed and dated</i>) I understand that false statements made herein are punishable as a Class A
1L5110	Misdemeanor, pursuant to section 210.45 of the Penal Law of the State
Give titles and dates:	of New York. I declare that, subject to the penalties of perjury, any statements
	made on this application and any attachments are the truth and to the best of my knowledge correct.
	Signature of Applicant (in ink) Date
E-mail address:	State any other name, assumed name, or nickname by which you are/have been known. (please print)

EDUCATION: Read examination announce		requireme	ents, if any	y. If specia	alized coursework	is required, atta	ch a transcr	ipt or list o	f the
required courses and semester credit hours you completed. Have you graduated from high school?YESNO									
f you have a high school equivalency diploma, indicate: Issuing Governmental Authority: Number: Date of Issu						ie:			
Name of School and Address	Dates of Attendance		Full			Type of	# of	Type	Date
College, University, Professional or	(Month & Year)	Day	or	No. of	Were	Course or	College	of	Degree
Technical School;		or	Part	Years	you	Major	Credits	Degree	Received /
Other Schools or Special Courses.	From To	Night	Time	Credited	l Graduated?	Subject	Recv'd	Recv'd	Expected
License/Certification: Do you have a license	e, certification, or other	r authoriza	ation to pr	actice a tra	ade or profession?	YES	NO	1	1
Name of trade or profession:				e Number:					
Licensing Agency:		Licensed	l from:		to:				
IF required on the exam announcement*	, do you have a valid N	lew York	State Dri	ver Licens	se?YES	NO			
		a.		- July -					
	xpires:	Cla	iss:	<u>*at</u>	tach copy of	license to t	nis appii	cation ii	<u>[</u>
required.									
EXPERIENCE: Beginning with your most	t recent ampleximent li	et all amn	lovmont	military co	rvice or volunteer	avnarianaa that	chorus von	moot the m	inimum
qualifications for the examination(s). We ca									
experience. Under DUTIES describe the nat									
If you supervised, state how many people an					C	1 0	1	71	Ž
	ESE SECTIONS EV			ATTACHI	ING A RESUME	OR OTHER I	OCUMEN	TS.	
Length of Employment (month/year)	Firm Name			A	ddress		City	and State	
From: / To: /									
	Describe Dut	ies:							
Type of Business									
Your Exact Title									
Name of Your Supervisor									
Supervisor's Title									
W C1 1 1 1									
# of hours worked per week (excluding overtime)									
(excluding overtime)									
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Length of Employment (month/year)	Firm Name			A	ddress		City	y and State	
From: / To: /									
	Describe Dut	ies:							
Type of Business									
Your Exact Title									
Name of Your Supervisor									
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Supervisor's Title									
# of hours worked per week									
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	1						T _		
Length of Employment (month/year)	Firm Name			A	ddress		City	y and State	
From: / To: /	D " F :	•							
	Describe Dut	ies:							
Type of Business									
Your Exact Title									
Name of Many C									
Name of Your Supervisor									
Supervisor's Title									
Supervisor's Title									
# of hours worked per week									
(excluding overtime)									

From: / To: /	1 min realite	radiess	City and State			
	Describe Duties:					
Type of Business						
Your Exact Title						
Name of Your Supervisor						
Supervisor's Title						
# of hours worked per week (excluding overtime)						
Length of Employment (month/year) From: / To: /	Firm Name	Address	City and State			
	Describe Duties:					
Type of Business						
Your Exact Title						
Name of Your Supervisor						
Supervisor's Title						
# of hours worked per week						
(excluding overtime)						

Address

City and State

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

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.

 NO COPIES; originally signed (in ink) only.
- **B. Filing Fee:** Refer to the front of the exam announcement for the required filing fee. Enclose a Money Order ONLY made payable to HERKIMER COUNTY TREASURER. Do NOT send cash or personal check. If your application is disapproved, the fee will NOT be refunded. Check the box on the front of the application. APPLICATION FEE WAIVER, begins with January 2007 exams; form must be submitted with application available on our website or in our office.
- **C.** Admission to Exam: We review your application before the exam to ensure you meet the minimum qualifications. 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 315-867-1115.
- **D.** Change of Address: Notify this agency immediately of any change of address. When writing, give the number and title of the exam. Herkimer County Personnel is not responsible for undeliverable mail or postal delay. No attempt will be made to locate candidates who have moved. Change of Information form is available on our website.
- E. Special Arrangements: If you need special arrangements because of a religious observance or practice, 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 arrangement 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. Application for Veterans' Credits will be mailed with the Admission Notice. 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 veteran's credits on your application.

AMENDMENT January 1, 2014: If non-disabled credits were used to obtain appointment/promotion and subsequent to such use applicant has now been determined to be a qualified disabled veteran, entitlement to additional credits may be applicable on future exams.

CANDIDATE FITNESS: Inquires may be made as to character and ability of all candidates. All statements made by candidates are subject to verification. Falsification of any part of the "Application for Examination or Employment" may result in disqualification and possible legal action.

Federal and State Law prohibit discrimination because of age, race, creed, color, religion, national origin, gender, sexual orientation, disability, marital status, or arrest and/or criminal conviction record unless based upon a bona fide occupational qualification or other exception.

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Length of Employment (month/year)

Firm Name