

**APPLICATION FOR CIVIL SERVICE EXAMINATION OR EMPLOYMENT**

Application Instructions and Information Listed on Page 4

**Oneida County Department of Personnel**, 800 Park Avenue Utica, NY 13501

John P. Talerico – Commissioner of Personnel

Phone: (315) 798-5726 Fax: (315) 798-6490 Website: [www.ocgov.net](http://www.ocgov.net)

**NO E-MAILED OR FAXED APPLICATIONS WILL BE ACCEPTED**

<b>POSITION TITLE</b>	<b>EXAM NUMBER</b>	<b>SOCIAL SECURITY #:</b> _____
		<b>E-MAIL ADDRESS:</b> _____
_____ Last Name                      First Name                      MI		(____) _____                      (____) _____ (Area Code) Home/Cell Phone                      (Area Code) Business Phone
_____ Permanent Legal Address                      Apt		_____ Mailing Address (if different)                      Apt
_____ City / Town / Village                      State                      Zip Code		_____ City / Town / Village                      State                      Zip Code
<p><b>Check the appropriate box for each question below. Failure to answer A-H will result in DISAPPROVAL of your application.</b></p> <p><b>A.</b> Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, you <b>MUST</b> submit a copy of the document(s) allowing you to work in the United States.</i></p> <p><b>B.</b> Do you have a valid New York State Driver License? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>C.</b> Are you an Exempt Volunteer Firefighter? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, you <b>MUST</b> submit an Exempt Volunteer Firefighter Certificate with your application.</i></p> <p><b>D.</b> Are you a Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, you <b>MUST</b> submit the member 4 copy of your DD-214 with your application.</i></p> <p><b>E.</b> Were you ever dismissed or discharged from any employment for reasons other than lack of work, funds, disability or medical condition? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>F.</b> Did you ever resign from any employment rather than face dismissal? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>G.</b> Are you now under charges for any crime? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you answered "YES" to any of the Questions E-G above, you must give specifics under "Remarks" below.</p> <p>Remarks: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>The following information is based on your current residence and may be used for residency preference on certifications. Any incomplete or incorrect information may result in not being included on such certification.</p> <p>School District: _____</p> <p>City/Village: _____</p> <p>Town: _____</p> <p>County: _____</p> <p>If there is an age requirement for appointment or to take the examination, complete: Date of Birth: ____/____/____.</p> <p><b>Cross-filer Information:</b> I have applied for civil service exams in another jurisdiction (state, county, city) scheduled on the same date as this one. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <i>If yes, you must follow the cross-filer instructions on the exam announcement.</i></p> <p>SPECIAL EXAM ARRANGEMENTS (Optional–See Instruction F, on page 4) <input type="checkbox"/> Religious Accommodation    <input type="checkbox"/> Military    <input type="checkbox"/> Disability</p> <p><b>VETERANS' CREDITS</b> (Optional–See Instruction G, page 4) If you wish to claim Veterans' Credits, complete questions 1-5 and submit the member 4 of your DD-214. If you are a Disabled War Veteran, also submit a copy of your benefits letter.</p> <p><input type="checkbox"/> <b>Disabled War Veteran (10 Points)</b>    <input type="checkbox"/> <b>Non-disabled War Veteran (5 Points)</b></p> <p>1. Did you receive a discharge which was honorable or were you released under honorable circumstances? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Did you serve in the Armed Forces of the United States on a full-time, active duty basis, other than for training purposes, during any of the following periods? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WWI: 4/6/1917-11/11/1918                      WWII: 12/7/1941-12/31/1946                      6/27/1950-1/31/1955 2/28/1961-5/7/1975                      Persian Gulf: 8/2/1990-Present</p> <p>U.S. Public Health Service: 7/29/1945-12/31/1946 OR 6/27/1950-7/3/1952</p> <p>Lebanon: 6/1/1983-12/1/1987 Grenada: 10/23/1983-11/21/1983 Panama: 12/20/1989-1/31/1990</p> <p>NOTE: Credits for Lebanon, Grenada, and Panama will be limited to those who received the following Expeditionary Medals: Armed Forces, Navy, or Marine Corps</p> <p>3. Since January 1, 1951, have you received a permanent appointment in New York State using your Veterans' Credits? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, skip question 4)</p> <p>4. Subsequent to using your Veterans' Credits, did you become a disabled war veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. Are you currently a New York State Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p align="center"><b>CIVIL SERVICE USE ONLY</b></p> <p>DATE OF APPOINTMENT IN CURRENT PERMANENT TITLE: _____</p> <p>CURRENT DEPARTMENT: _____</p> <p>PERMANENT TITLE: _____</p> <p>SENIORITY: _____</p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> Conditioned    <input type="checkbox"/> Disapproved</p>		<p align="center"><b>THIS AFFIRMATION MUST BE COMPLETED</b></p> <p>I affirm that the statements made on this application, including any attached papers, are true under the penalties of perjury.</p> <p><b>X</b> _____ (Signature in blue ink)                      Date</p> <p>_____</p> <p>Indicate any other surname (last name) by which you are or have been known.</p>

**EDUCATION:** List all education showing you meet the minimum qualifications. If home instruction was provided, a copy of the IHIP **MUST** accompany application. If education beyond high school or high school equivalency is required, copy of transcripts showing credit hours, major, and date of completion **MUST** accompany application. If education was obtained in other than the United States, see instruction A, page 4.

Have you graduated from high school? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME <u>AND</u> LOCATION OF HIGH SCHOOL	YEAR GRADUATED
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Do you have a high school equivalency diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO	ISSUING AUTHORITY	DATE OF ISSUE
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	Name of School or College and Address	Dates of Attendance (MM/YY) From      To	Type of Course or Major Subject	Number of Credits Received	Type of Degree Received	Date Degree Received
College, University, Professional, or Technical School	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....
Other Schools or Special Courses	.....	.....	.....	.....	.....	.....

**LICENSES:** If a license or other authorization to practice trade or profession is listed as a requirement for the title you are applying for, complete the following. You **MUST** also submit a copy of your license with this application.

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.)	

**DESCRIPTION OF EXPERIENCE:** Beginning with your most recent employer, list all applicable experience. **All** fields must be completed for each position held and descriptions must **CLEARLY** show you meet the minimum qualifications. Part-time experience may be pro-rated. If hours per week vary, provide an average. If listing self-employment, see instruction B, page 4.

Dates Employed MO YR      MO YR /      to      /	Employer	Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title
			Type of Business

Describe specific work performed and job responsibilities:


Dates Employed MO YR      MO YR /      to      /	Employer	Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title
			Type of Business

Describe specific work performed and job responsibilities:


Dates Employed MO YR    MO YR /    to    /	Employer	Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title
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Describe specific work performed and job responsibilities:

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Dates Employed MO YR    MO YR /    to    /	Employer	Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title
Type of Business			

Describe specific work performed and job responsibilities:

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# INSTRUCTIONS AND INFORMATION

For more information or help completing the application, call (315) 798-5726.

Before filling out your application, read the examination announcement and/or job description carefully (available at [www.ocgov.net](http://www.ocgov.net)). **This application is part of your examination.** Answer all questions fully and carefully, making sure all boxes are filled in or checked. Resumes will **NOT** be accepted in lieu of this application. Print in ink or type. If necessary, attach additional sheets to give complete and detailed information.

- **Applicants must answer all questions on the application. Incomplete applications will be disapproved.**
- **ALL STATEMENTS ARE SUBJECT TO VERIFICATION. Any false, misleading, or unverified information may result in disqualification.**
- **NO E-MAILED OR FAXED APPLICATIONS WILL BE ACCEPTED.**

- A. **FOREIGN EDUCATION:** High school from other than U.S. schools may be verified by a transcript and against college-entry requirements in the corresponding country. Applicable documentation must be submitted. If your degree and/or college credit was awarded by an educational institution outside of the United States and its territories, you must provide independent verification of equivalency. A list of acceptable companies providing this service may be obtained in person from the Oneida County Department of Personnel, by mail (include a self-addressed, stamped envelope) OR on the New York State Department of Civil Service website: [www.cs.ny.gov/jobseeker/degrees.cfm](http://www.cs.ny.gov/jobseeker/degrees.cfm). You will be responsible for the required evaluation fee.
- B. **SELF-EMPLOYMENT:** All self-employment must be verifiable and requires submission of a DBA certificate as well as any other applicable documentation.
- C. **NON-REFUNDABLE EXAM FILING FEE:** Refer to the front of the examination announcement for the required filing fee. Enclose a **MONEY ORDER ONLY** for the total amount, made payable to **ONEIDA COUNTY**. Do NOT send cash or checks. IF YOUR APPLICATION IS DISAPPROVED, THE FEE WILL NOT BE REFUNDED.

**APPLICATION FEE WAIVERS:** You will be allowed a waiver of the application fee if you meet the qualifications as stated on the examination announcement.

- D. **ADMISSION TO EXAM:** Applications are reviewed for qualifying status. If your exam application is disapproved, you will be notified of the reason and given an opportunity to amend your application. All amendments to applications are due by the amendment due date listed on your disapproval letter. IF YOU DO NOT RECEIVE AN ADMISSION LETTER THREE (3) DAYS BEFORE THE EXAM DATE, **CALL: (315) 798-5726**. Collect calls will not be accepted.
- E. **CHANGE OF ADDRESS:** Notify the Oneida County Department of Personnel immediately of any change of address by filling out a *Change of Information* form. This form is available at [www.ocgov.net/personnel](http://www.ocgov.net/personnel) and in the Oneida County Department of Personnel Office.
- F. **SPECIAL ARRANGEMENTS:** If you need special arrangements because you are a person with a disability, are requesting a military make-up exam, or need a religious accommodation you must, EITHER: Check the appropriate box on the first page of the application and indicate the special arrangements you require in the "REMARKS" section OR write to our office no later than the last filing date for this exam. Your request must include the exam number and title, the type of special arrangements required, and applicable documentation.

Military Services Members: If you apply for an examination during the filing period but are on active duty on the date the examination is scheduled, you may request a military make-up examination. Contact the Oneida County Department of Personnel for more information. If you are on active duty or discharged after the filing period has begun, you may apply for the examination up to ten (10) business days before the test date.

It is the policy of the New York State Department of Civil Service and Oneida County to provide qualified persons with disabilities an equal opportunity to participate in and receive the benefits, services, programs, and activities of the department and to provide such persons reasonable accommodations and reasonable modifications as are necessary to enjoy such equal opportunity, including accommodations in the examination process. Further, it is the policy of the department to provide reasonable accommodation for religious observers.

- G. **VETERANS' CREDITS:** Disabled or non-disabled veterans who have served on active duty during the creditable periods of war, who have been honorably discharged/released, and who are New York State residents at the time of application for examination will be eligible for Veterans' Credits. **Eligible veterans must submit member 4 copies of their Honorable Discharge Forms (DD-214) with their applications.** By law, copies of DD-214s must be submitted prior to the establishment of the eligible list in order to receive credits. An option of waiving these credits will be allowed up until appointment. Applicants who claim additional credits as disabled veterans must also submit copies of their benefits letters.

Candidates who meet the Veterans' Credits criteria currently serving in the Armed Forces of the United States may apply for Veterans' Credits and receive conditional Veterans' Credits until a member 4 copy of the Honorable Discharge Form (DD-214) is submitted.

Armed forces is defined as the Army, Navy, Marine Corps, Air Force, Coast Guard and the National Guard when in service for the United States. Such service must be or have been on a full-time active duty basis, other than for training purposes.

- H. **PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:** The information that you are providing 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 for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. For further information, relating *only* to the Personal Privacy Protection Law, call (518) 457-9375.
- I. **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.

## Oneida County is an Equal Opportunity/Affirmative Action Employer

It is the policy of the New York State Department of Civil Service and Oneida County to provide for and promote equal employment opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, military status, genetic predisposition, carrier status, political affiliation or belief.



## ONEIDA COUNTY DEPARTMENT OF PERSONNEL

### Veteran, Exempt Volunteer Firefighter, Disabled Spouse and Blind Status

Name (PRINT): \_\_\_\_\_

Oneida County must maintain veteran, exempt firefighter, disabled spouse, and blind status on all employees under our Civil Service jurisdiction. This information is very important to ensure employees' rights and statuses are protected in the event of a reduction in force, disciplinary action, promotion, testing, etc.

#### Please complete the following and check the appropriate items:

##### ➤ VETERAN STATUS

- Non Veteran       Veteran (Must submit Member 4 copy of DD-214)       Disabled Veteran (Must submit proof of disability from the Division of Veterans' Affairs)

Date(s) of Service: \_\_\_\_\_

Did you serve in the Armed Forces of the United States during any of the following periods?

- 12/7/41-12/31/46       6/27/50-1/31/55       02/28/61-5/7/75       Persian Gulf: 8/2/90-present  
 Lebanon: 6/1/83-12/1/87       Grenada: 10/23/83-11/21/83       Panama: 12/20/89-1/31/90  
 U.S. Public Health Service: 7/29/45-12/31/46, 6/27/50-7/3/52

Lebanon, Grenada and Panama will be limited to those who received the following Expeditionary Medals: Armed Forces, Navy or Marine Corps.

##### ➤ Disabled Spouse Status

- Check if you are a spouse of a 100% Disabled Veteran. You must submit proof of spouse's disability by the Division of Veterans' Affairs.

##### ➤ Blind Status

- Check if you have been certified as blind by the Commission for the Blind. If checked you must submit proof.

##### ➤ EXEMPT VOLUNTEER FIREFIGHTER STATUS

- Check if you are an Exempt Volunteer Firefighter

You must provide a certificate signed by two officers and notarized, that you have been a volunteer member of the company for five years or more. A form for this purpose can be obtained from your volunteer fire company or from Oneida County Civil Service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date