

Application for Employment or Examination

Otsego County Personnel Department
197 Main Street, Cooperstown, NY 13326
(607) 547-4239 www.otsegocountyemployment.com

Position Title: _____

Examination #: _____

(Exams require a filing fee; we will only accept money orders)

When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in disapproval. A copied or faxed application will not be accepted.

<p>This application is part of your examination. Answer all questions fully and carefully. Print in ink or use a typewriter. Attach additional sheets if necessary in order to give complete and detailed information.</p> <p>(Last Name) _____ (First) _____ (MI) _____</p> <p>(Street Address or PO Box) _____</p> <p>(City) _____ (State) _____ (Zip Code) _____</p> <p>Telephone # (Include Area Code) _____</p> <p>Home _____</p> <p>Business _____</p> <p>Social Security Number: _____</p> <p>Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, enter your date of birth here: _____ Mo. _____ Day _____ Yr.</p> <p>Note: You must enter your date of birth if applying for a police officer or deputy sheriff title.</p> <p>If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>(Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)</small></p> <p>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.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name of District</th> <th style="text-align: left; border-bottom: 1px solid black;">Months/Years</th> </tr> </thead> <tbody> <tr> <td>School District of: _____</td> <td>_____</td> </tr> <tr> <td>City or Village of: _____</td> <td>_____</td> </tr> <tr> <td>Town of: _____</td> <td>_____</td> </tr> <tr> <td>County of: _____</td> <td>_____</td> </tr> <tr> <td>State of: _____</td> <td>_____</td> </tr> </tbody> </table> <p style="text-align: center;">THIS AFFIRMATION MUST BE COMPLETED</p> <p>I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.</p> <p>X _____</p> <p>Signature of Applicant</p> <hr/> <p>Date</p> <p>Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your application? YES: <input type="checkbox"/> NO <input type="checkbox"/> If Yes, explain _____</p> <p>_____</p>	Name of District	Months/Years	School District of: _____	_____	City or Village of: _____	_____	Town of: _____	_____	County of: _____	_____	State of: _____	_____	<p>Check appropriate box to the right of each question.</p> <p>A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Did you ever resign from any employment rather than face dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Have you ever been convicted of any crime (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>F. 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 A-F above, you may give specifics under "remarks". If you elect not to provide specifics, however, or if such information 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.</p> <p>Answer questions A-D only if you are claiming additional credits as a disabled or non-disabled veteran for the examination indicated on this application. Be sure that you read instruction E relating to "Veterans Credits".</p> <p>A. Have you ever served in the Armed Forces of the United States? (The "Armed 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 active duty for training purposes.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. If "yes" 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>C. Did you serve in the Armed Forces of the United States during any of the following periods? - 12/07/1941 to 12/31/1946 - 06/27/1950 to 01/31/1955 - 01/01/1963 to 05/07/1975 - 08/02/1990 to not specified - 06/01/1983 to 12/01/1987 - 10/23/1983 to 11/21/1983 - 12/20/1989 to 01/31/1990</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. Without appropriate medal, service is treated as under 05/08/1975 to 08/01/1990.</p> <p>US Public Health Service: 07/29/1945 to 09/02/1945 or 06/26/1950 to 07/03/1952.</p> <p>Or; a member of the National Guard activated during the US Postal Strike 03/23/1970 to 03/30/1970.</p> <p>D. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Name of District	Months/Years												
School District of: _____	_____												
City or Village of: _____	_____												
Town of: _____	_____												
County of: _____	_____												
State of: _____	_____												
<p>Date Received: _____ By: _____</p>	<p style="text-align: center;"><input type="checkbox"/> Approved <input type="checkbox"/> Conditioned <input type="checkbox"/> Disapproved</p>												

YOU MUST THOROUGHLY COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS OFFICIAL APPLICATION FORM WHETHER YOU SUBMIT A RESUME OR NOT.

EDUCATION: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or Courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

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 GOVERNMENTAL AUTHORITY:	NUMBER
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	Name of School And Address	Full Or Part-Time	Were You Graduated	Type of Course Or Major Subject	Number of College Credits Rec'd	Type of Degree Rec'd
College, University Professional Or Technical School						
Other School Or Special Courses						

LICENSES: If a license or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following question: If not currently licensed check this box.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date of License First Issued	Registered From: (mo/Yr.) To: (mo./Yr)	

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

DESCRIPTION OF EXPERIENCE:
Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service, which includes experience pertinent to the position(s), describe such experience as a separate employment. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8 1/2 x 11 sheets of paper). Under "Duties" for each employment describe the nature of the work personally performed by you, with the estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) \$ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving:		
Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings (Circle One) \$ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving:		

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Earnings (Circle One) \$ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving:		

May we contact your present employer? Yes No

Professional References:

1. _____ Name _____ Phone # _____
 _____ Address _____ Email _____

2. _____ Name _____ Phone # _____
 _____ Address _____ Email _____

3. _____ Name _____ Phone # _____
 _____ Address _____ Email _____

ALL STATEMENTS ARE SUBJECT TO VERIFICATION