

ERIE COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

NUMBER AND EXACT TITLE OF EXAMINATION OF POSITION APPLYING FOR

Exam Number	Title	Date of Exam

NOTE: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH EXAMINATION YOU WISH TO TAKE

You must attach a check or money order (**payable to Erie County Department of Personnel**) for each examination. Consult the exam announcement for the correct filing fee. There are **NO** refunds.

This application is part of your examination. **Answer all questions fully and carefully.** Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information.

1. NAME, MAILING ADDRESS AND PHONE (Please Print)

Last Name _____ First _____ M.I. _____

Street Address _____

City or Post Office _____ State _____ Zip Code _____

Phone (Include Area Code) _____ Home: _____ Business: _____

2. SOCIAL SECURITY NUMBER

3. Are you 18 years of age or older: Yes No
 If minimum and/or maximum age requirements are established for this position, enter your birth date:
 Mo. _____ Day _____ Year _____

4. If you wish to apply for veteran's credits on this examination, check this box and refer to page 4 of this application

5. If your religion forbids you from taking this examination on a Saturday, check this box

6. If you need special arrangements to participate in this examination because you are a handicapped person, check this box:
 If you checked the above box, describe the type of assistance you require.

3. Are you a citizen of the United States? Yes No
 If you are not a citizen of the United States, do you have the legal right to accept employment in the United States Yes No
 (Non-Citizens may be required to produce 1-151 or 1-551 Alien Registration Cards at time of appointment.)

DO NOT WRITE IN THIS SPACE

Number _____ Approved _____

Conditional _____ Disapproved _____

8. Check appropriate box to the right of each question
- 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 employment rather than face dismissal? Yes No
- C. Have you ever received a Dishonorable Discharge from the armed forces of the United States? Yes No
- D. Have you ever been convicted of any crime (felony or misdemeanor)? Yes No
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charges? Yes No

If you answered "YES" to any of the Question 8 A-E above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation 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.

9. 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.

NAME	Yrs.	Mos.
School District _____		
Village of _____		
Town of _____		
County of _____		
State of _____		

Note: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in disapproval.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

THIS AFFIRMATION MUST BE COMPLETED. I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission, or fraud may disqualify me from appointment or lead to revocation of my appointment.

Signature of Applicant _____

Date _____

Indicate any other name(s) under which you have been known that is necessary to verify former employment and/or education.
 (Please Print)

FOR OFFICIAL USE ONLY:

APPROVED	DISAPPROVED	DATE
VC		
DVC		

**DO NOT
WRITE
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COLUMN**

10. EDUCATION										
If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment										
<input type="checkbox"/> I have requested my college to send my transcripts to the Erie County Personnel Department <input type="checkbox"/> My transcripts are attached										
Have you graduated from high school? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Name and Location of High School										
If you have a high school equivalency diploma, indicate: issuing Government Authority Number Date of Issue										
	Name of School and City in which located	Dates (Month and Year) From To	Day or Night	Full or Part Time	No. of Years Credited	Were You Graduated?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree	Date Degree Rec'd or Expected
College University or Technical School										
Other Schools or Special Courses										
List typing & Steno Courses here										
11. LICENSES If a license, certificate or the authorization to practice a trade or profession is listed as a requirement on the announcement of the examination for which you are applying, complete the following questions: if not currently licensed, check this box <input type="checkbox"/>										
Name of Trade or Profession			License			Granted by (licensing agency)			City or State of	
Specialty		Date License First Issued		Registered		From: (Mo./Yr.)		To: (Mo./Yr.)		
12. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES <input type="checkbox"/> NO <input type="checkbox"/>										
13. DESCRIBE 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. Relevant volunteer (unpaid) experience will be considered if verified and fully documented. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission or vagueness will NOT be interpreted in your favor. If you have a military service which includes experience pertinent to the position, describe such experience as 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 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 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 BELOW:							
TYPE OF BUSINESS										
YOUR EXACT TITLE										
NAME OF SUPERVISOR										
SUPERVISOR'S TITLE										
No. of Hours worked per week (exclusive of overtime)										
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /			FIRM NAME			ADDRESS			CITY AND STATE	
EARNINGS (Circle One) \$ /WK/MO/YR			DESCRIBE DUTIES BELOW:							
TYPE OF BUSINESS										
YOUR EXACT TITLE										
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No. of Hours worked per week (exclusive of overtime)										

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No. of Hours worked per week (exclusive of overtime)			

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VETERAN'S CREDITS INSTRUCTIONS AND INFORMATION

According to Civil Service Law, additional credits on examinations are granted to successful candidates who have claimed and established status as disabled or non-disabled veterans.

These credits are granted on the following basis:

- DISABLED VETERANS: 10 points for Open-Competitive Exams, 5 points for Promotional Exams
NON-DISABLED VETERANS: 5 points for Open-Competitive Exams, 2.5 points for Promotional Exams

These additional credits, which are combined with the final score obtained in the examination, may be granted to PASSING CANDIDATES at the time of the establishment of the eligible list.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veteran, you must:

- 1.) Have served on ACTIVE DUTY with the Armed Forces of the United States in time of war. War times are defined as follows in accordance with New York State Law:
- World War II - December 7, 1941 to and including December 31, 1946
- Korean War - June 27, 1950 to and including January 31, 1955
- Vietnam - December 22, 1961 to and including May 7, 1975
- U.S. Public Health Service - July 29, 1945 to December 31, 1946 or June 27, 1950 to July 3, 1952
- * Lebanon - June 1, 1983 - December 1, 1987
- * Grenada - October 23, 1983 - November 21, 1983
- * Panama - December 20, 1989 - January 31, 1990
- Persian Gulf - August 2, 1990 to the end of such hostilities (not yet determined)
* Credit for Lebanon, Grenada and Panama will be limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal. Your DD-214 must indicate that you were awarded the Expeditionary Medal.
2.) Have been honorably discharged or released under honorable conditions from such service.
3.) Submit a legible photocopy of separation papers each time you apply for an examination (i.e. FORM DD-214 or NAVPERS-553) from the Armed Forces of the United States. DO NOT SEND ORIGINAL.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a disabled veteran, in addition to meeting the requirements of items 1, 2, & 3 listed above, you must also complete, FOR EACH TITLE, Form PO-26 (Authorization for Disability Record), in duplicate and forward both copies immediately to the Regional Office of the United States Veterans Administration where your application for disability pension is on file.

ERIE COUNTY • AN EQUAL OPPORTUNITY EMPLOYER

CIVIL SERVICE LAW LIMITS THE USE OF VETERAN'S CREDITS TO ONE PERMANENT COMPETITIVE CLASS APPOINTMENT WITHIN NEW YORK STATE.

- 14. A. Do you claim additional credits as an honorable discharged war veteran for this examination?
1. YES, AS A NON-DISABLED VETERAN
2. YES, AS A DISABLED VETERAN
3. NO

If you checked YES, complete 14B, C, D, and E.

- B. Have you attached a copy of your separation papers to this application? YES NO
C. Have your previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State? YES NO
D. With the exception of the federal service, have you ever been employed by a governmental agency other than Erie County (e.g. Buffalo, New York State, Office of Court Administration, or another municipality within New York State?) YES NO If you checked YES, complete the following:

Government Name _____

Length of Employment from _____ to _____

Department _____

Your Official Title (s) _____ (Attach additional Sheets if necessary)

E. Please print your name here: _____

Social Security Number: _____

EXAMINATION # AND TITLE: _____

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

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

APPLICATION FOR EXAMINATION SUPPLEMENT
(You must return this supplement with your application)

Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? _____ Yes _____ No
2. If so, are you presently in default on any such loan?
_____ Yes _____ No

Name: _____
(Last name, first name, middle initial)

Address: _____

City, State, Zip: _____

Examination Number and Title: _____

THIS AFFIRMATION MUST BE COMPLETED: I affirm under penalties of perjury that all statements made on this application supplement are true.

Signature: _____

Date: _____

**ERIE COUNTY DEPARTMENT OF PERSONNEL
METHODS RESEARCH QUESTIONNAIRE**

The County of Erie is an Equal Opportunity Employer. The attached information is required by State and Federal Regulations for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately and is sent to our EEO Office. This information is maintained confidentially and is not available to any employing agency.

EXAM: Announcement Number: _____ EXAM DATE _____

Title of Position: _____

Name: _____

Address: _____

Social Security Number: _____

Sex: (Circle): Male Female

Race: (Circle): White Hispanic Black American Indian Asian American

 Hispanic Other (please specify) _____

Do you have a disability? (Circle): Yes No

Are you a Vietnam era Veteran? (Circle): Yes No

Recruitment Source: (Check how you became aware of the position)

_____ Erie County Personnel Department

_____ Newspaper

_____ New York State Employment Office

_____ Relative or Friend

_____ Private Employment Office

_____ Government Employee

_____ Social and Fraternal Organizations

_____ Radio and T.V.

Other (Please specify): _____