

↑ Staple Above ↑

**Application for Examination or Employment**

**HERKIMER COUNTY PERSONNEL**

109 Mary Street, Suite 1304, Herkimer, New York 13350

315-867-1115 [www.herkimercounty.org](http://www.herkimercounty.org)

\_\_\_\_ Approved  
\_\_\_\_ Conditional  
\_\_\_\_ Disapproved

Date Stamp Recv'd \_\_\_\_\_

Filing Fee:  Yes  No  Waived  
(CS use only) \_\_\_\_\_ Initial

By \_\_\_\_\_

**THIS APPLICATION IS PART OF YOUR EXAMINATION.** Answer ALL questions fully in ink or on typewriter.

**Position Title** \_\_\_\_\_

**Examination #** \_\_\_\_\_

Name \_\_\_\_\_  
**Printed Last First M**

Residence Address \_\_\_\_\_  
**House # and Street or RD**

**City or Village or Town State Zip Code**

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**Are you under 18 years of age?**  YES  NO  
If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your Date of Birth here: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Are you a citizen of the United States?**  YES  NO

**Filing Fee:**  I have enclosed the fee.  
**Filing Fee Waiver:**  I have attached completed waiver form.

**SPECIAL ARRANGEMENTS:** (See Instruction "E")  
 Religious Accommodation  Military  Disability

State your **CURRENT PERMANENT LEGAL RESIDENCE**, as listed in the address above, and indicate for how long you have resided there continually, up to and including the date of this application:

**NAME OF YEARS / MONTHS**

City or Village \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

School District \_\_\_\_\_

**BE SURE TO ANSWER THIS SECTION**

Section 50-b of the NYS 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 loans?  
 YES  NO

Have you ever taken any other examinations given by this department?  
 YES  NO

Give titles and dates \_\_\_\_\_

**Check appropriate response to each question:** YES NO

- A. Were you ever dismissed or discharged from any employment \_\_\_\_\_  
for reasons other than lack of work, funds, disability or medical condition?
- B. Did you ever resign from any employment rather than face dismissal? \_\_\_\_\_
- 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? \_\_\_\_\_
- D. Have you ever been convicted of any crime (felony or misdemeanor)? \_\_\_\_\_
- E. Are you now under charges for any crime? \_\_\_\_\_

If you answered YES to any of the above questions, you may give specifics under 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 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(s) for which you are applying.

**VETERANS CREDITS** (See Instruction "F")

If you wish to claim additional credits as an honorably discharged veteran, check the appropriate boxes below and **attach copy of your DD214 form.**

**Disabled War Veteran**  **Non-Disabled War Veteran**

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 for training purposes.)  YES  NO

B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances?  YES  NO

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; Viet Nam Conflict, 02/28/61-5/7/75; Persian Gulf Conflict, 8/2/90-?; Lebanon\*, 6/1/83-12/1/87; Grenada\*, 10/23/83-11/21/83; Panama\*, 12/20/89-1/31/90; 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 medal.  YES  NO

D. Since January 1, 1951, have you received a permanent appointment using your veterans' credits?  YES  NO

E. Are you currently serving on ACTIVE DUTY in the armed forces and wish to apply for veterans' credits?  YES  NO

**THIS AFFIRMATION MUST BE COMPLETED**

I affirm, subject to the penalties of perjury, that the statements made on this application (including statements in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant (in ink)

Date

State any other name, assumed name, or nickname by which you are/have been known. (please print)

**EDUCATION:** Read examination announcement for educational requirements, if any. If specialized coursework is required, attach a transcript or list of the required courses and semester credit hours you completed.

Have you graduated from high school?  YES  NO If YES, Name/Location of High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

If you have a high school equivalency diploma, indicate: Issuing Governmental Authority: \_\_\_\_\_ Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

<u>Name of School and Address</u> College, University, Professional or Technical School; Other Schools or Special Courses.	Dates of Attendance (Month & Year)		Day or Night	Full or Part Time	No. of Years Credited	Were you Graduated?	Type of Course or Major Subject	# of College Credits Recv'd	Type of Degree Recv'd	Date Degree Received / Expected
	From	To								

License/Certification: Do you have a license, certification, or other authorization to practice a trade or profession?  YES  NO

Name of trade or profession: \_\_\_\_\_ License/Certificate Numer: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_ Licensed from: \_\_\_\_\_ to: \_\_\_\_\_

If required on the announcement, do you have a valid **New York State Driver License**?  YES  NO

License ID #: \_\_\_\_\_ Expires: \_\_\_\_\_ Class: \_\_\_\_\_

**EXPERIENCE:** Beginning with your most recent employment, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination(s). We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision.

**COMPLETE THESE SECTIONS EVEN IF YOU ARE ATTACHING A RESUME OR OTHER DOCUMENTS.**

Length of Employment (month/year) From : / To: /	Firm Name	Address	City and State
Earnings (circle one) \$ _____ Wk Mo Yr	<b>Describe Duties:</b>		
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
Earnings (circle one) \$ _____ Wk Mo Yr	<b>Describe Duties:</b>		
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
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