

ONTARIO COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

MAIL OR DELIVER TO:

ONTARIO COUNTY DEPARTMENT OF HUMAN RESOURCES • 3019 COUNTY COMPLEX DRIVE • CANANDAIGUA • NEW YORK 14424

www.co.ontario.ny.us/humanresources

TYPE OR PRINT CLEARLY IN INK all parts of this application.

1. JOB/EXAM TITLE

2. NAME AND ADDRESS: IMMEDIATE notice should be given for any change in item #2.

LAST FIRST MIDDLE SOCIAL SECURITY #

Indicate any other surname (last name) by which you are or have been known

LEGAL MAILING ADDRESS LEGAL RESIDENCE

CITY STATE ZIP CODE

HOME PHONE NO. () CELL PHONE NO. () EMAIL

SCHOOL DISTRICT YEAR/MONTHS

TOWN VILLAGE OR CITY YEAR/MONTHS

COUNTY YEAR/MONTHS

3. VETERANS' CREDIT (IF APPLICABLE, CHECK ONE) VETERAN [] DISABLED VETERAN [] CURRENTLY ACTIVE []

Check appropriate box to right of each question:

- A. Did you serve in the Armed Forces of the United States during any of the following periods? YES NO *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. The DD214 form which has always been required to verify military service should also contain verification of possession of Expeditionary Medals for Lebanon, Grenada, or Panama. B. Are you currently a resident of New York State? C. 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?

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 conditions?

4. INDICATE ANSWER BY PLACING AN "X" IN THE APPROPRIATE SPACE.

- A. Were you ever dismissed from any employment except for lack of work or funds, disability or medical condition? YES NO
B. Did you ever resign from any employment rather than face discharge? YES NO
C. Are you now under charges for any crime? YES NO
D. CONVICTION Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
If yes, explain in #5. Give for each case: 1) Charge, 2) Place, 3) Date, 4) Action taken
You may omit: 1. Parking violations. 2. Any offense which was adjudicated in a juvenile court or under a youthful offender law. Convictions will not necessarily disqualify you. What you were convicted of and how long ago is important. Each case is evaluated in relation to the duties and responsibilities of the position for which you have applied.

5. USE THIS SPACE FOR ANY EXPLANATIONS. (Attach additional sheets if more space is needed)

- 6. A. Do you have a legal right to reside and accept employment in the United States? YES NO
B. CITIZENSHIP: Are you a citizen of the United States? YES NO
C. If minimum and/or maximum age limits are established for the position applied for, enter your date of birth here
D. Sibling of Fire Fighter or Police Officer lost in 9/11/01? YES NO
E. Child of Fire Fighter or Police Officer lost in line of duty? YES NO

7. EMPLOYMENT PREFERENCES: (applies to all exams/jobs) In addition to full time, I will accept part-time I will accept temporary
I will accept work at the following agencies: COUNTY CITIES VILLAGES TOWNS SCHOOL DISTRICTS FLCC
Shift Work: I will work evenings and/or nights. YES NO

8. Do you need special arrangements for this exam (Religious Accommodation or disabled)? If yes, explain in #5 YES NO

DECLARATION (This affirmation must be signed and dated.)

I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law of the State 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 DATE

HUMAN RESOURCES USE ONLY APPROVED PENDING CONDITIONAL DISAPPROVED

COMMENTS CHECK# DATE WVD

9A. EDUCATION If more space is needed, attach additional sheets.

Type of School	Name of School and Location	Years Completed	Graduated?	Major Course of Studies	College Credits Received	Type of Degree Received
High School or Equivalency Diploma Number			<input type="radio"/> YES <input type="radio"/> NO			
College, University, Professional or Technical School			<input type="radio"/> YES <input type="radio"/> NO			
Other Schools or Special Courses			<input type="radio"/> YES <input type="radio"/> NO			

9B. EDUCATION: Degree received? YES NO If YES, was degree received within last 5 years? YES NO If NO, when do you expect receipt of degree? _____

10. LICENSE Do you possess a license to practice a trade or profession? YES NO (Complete only if the position for which you are applying requires one.)
 Name of trade or profession _____ License/Certificate Number _____
 Licensing Agency _____ City/State _____
 Original date of issue _____ Date of expiration _____

11. DRIVER'S LICENSE (Complete only if the position for which you are applying requires one.) State of licensure _____ Endorsements _____
 Number _____ Class of license _____ Date of expiration _____ Restrictions _____

12. EXPERIENCE: YOU MUST COMPLETE THIS SECTION WHETHER YOU SUBMIT A RESUME OR NOT. Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of workforce, if any, supervised by you and the extent of such supervision. DESCRIBE IN DETAIL, beginning with your most recent employment and working backwards to your first, any employment you have ever had, which includes experience that tends to qualify you for the position sought, and as far as possible every other employment, including military service. Applicants may be required to furnish proof of all experience claimed. COMPLETE ALL SECTIONS. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS AT TOP OF PAGE.

Length of Employment From: Mo. Yr. To: Mo. Yr. Yrs. Mos.	Firm Name	Address	City and State
	Type of Business	Your Title	Name and Title of Your Supervisor
Hours per week:	Duties:		
Reason for leaving:			
Length of Employment From: Mo. Yr. To: Mo. Yr. Yrs. Mos.	Firm Name	Address	City and State
	Type of Business	Your Title	Name and Title of Your Supervisor
Hours per week:	Duties:		
Reason for leaving:			
Length of Employment From: Mo. Yr. To: Mo. Yr. Yrs. Mos.	Firm Name	Address	City and State
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