



# LIVINGSTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

## Livingston County Personnel Office

Livingston County  
Government Center  
6 Court St., Room 206  
Geneseo, NY 14454

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Do not mark in this area – official use only.

A     D     C    \_\_\_\_\_

### 1. Examination/Position Title

**Complete all parts of this section.**

I am applying for:	<input type="checkbox"/> A Civil Service examination. The exam number is: _____ <input type="checkbox"/> An open position with Livingston County.
The title of the exam or position is:	

### 2. My Personal Information

**Complete all parts of this section.**

My name is:	
My current mailing address is:	
I currently live at (i.e. my physical address is):	<input type="checkbox"/> The same as my mailing address. <input type="checkbox"/> Different from my mailing address. My physical address is: _____
My physical address is my permanent residence.	<input type="checkbox"/> True. <input type="checkbox"/> False. My permanent residence physical address is: _____
I have lived within Livingston County for at least the last 4 months.	<input type="checkbox"/> True. <input type="checkbox"/> False.
My permanent address is located within <b>(complete all categories that apply)</b> :	State: _____ County: _____ Town: _____ Village: _____ School District: _____
My e-mail address is: <b>[Providing this address is optional. If you provide your e-mail address, it may be used for communications with you.]</b>	
My phone number is:	

### 3. My Right to Work in the United States

Complete all parts of this section.

I have the legal right to accept employment within the United States.	<input type="checkbox"/> True. <input type="checkbox"/> False.
I am at least 18 years of age.	<input type="checkbox"/> True. <input type="checkbox"/> False. I have working papers that allow me to do the type of work for which I have applied. <input type="checkbox"/> True. <input type="checkbox"/> False.

### 4. Examination Information

Only complete this section if you are currently applying to take a Civil Service exam. If you are not applying for an exam, proceed to section 5.

I have taken this exam within the last 6 months.	<input type="checkbox"/> True. <input type="checkbox"/> False.
I am applying for the Police Officer and/or Deputy Sheriff/Road Patrol exam.	<input type="checkbox"/> True. My date of birth is: _____ <input type="checkbox"/> False.
I wish to apply for veterans' credits.	<input type="checkbox"/> True. You must attach a completed veterans' credits form with your DD214 form. Contact the Personnel Office for the veterans' credits form. <input type="checkbox"/> False.
I need an alternate test date.	<input type="checkbox"/> True. You must review the alternate test date policy to determine if you are potentially eligible. If so, you must apply for the alternate test date at least 2 weeks prior to the exam if the need for the alternate test date is known at that time. Otherwise, you must apply within 3 business days of the date on which you become aware of your need for an alternate test date. Contact the Personnel Office for the request form. <input type="checkbox"/> False.
I need special arrangements for this exam due to my religious observance.	<input type="checkbox"/> True. No later than 2 weeks prior to the exam, you must submit a written request explaining the special arrangements you need and providing an explanation of why the arrangements are needed. <input type="checkbox"/> False.
I need special arrangements for this exam due to my disability.	<input type="checkbox"/> True. No later than 2 weeks prior to the exam, you must submit a completed Exam Accommodation Request form. Contact the Personnel Office for this form. <input type="checkbox"/> False.

## 5. My Background Information

Complete all parts of this section.

<p>I have :</p> <ul style="list-style-type: none"> <li>▪ Been discharged from employment for reasons other than lack of work;</li> <li>▪ Resigned from employment in lieu of termination; <b>AND/OR</b></li> <li>▪ Been <i>dishonorably</i> discharged from the U.S. Armed Forces.</li> </ul>	<p><input type="checkbox"/> True. Submit a completed Employment Discharge form with your application for <i>each</i> of your terminations that fall within any of these categories. Contact the Personnel Office for this form.</p> <p><input type="checkbox"/> False.</p>
<p>I have been convicted of one or more misdemeanor and/or felony crimes.</p>	<p><input type="checkbox"/> True. Submit a completed Sworn Statement form with your application for <i>each</i> conviction. Contact the Personnel Office for this form.</p> <p><input type="checkbox"/> False.</p>
<p>I work for Livingston County presently.</p>	<p><input type="checkbox"/> True.</p> <p>I work for the following department: _____</p> <p>I work in the following job title: _____</p> <p><input type="checkbox"/> False.</p>
<p>I have worked for Livingston County in the past.</p>	<p><input type="checkbox"/> True.</p> <p>I worked for the following department(s): _____</p> <p>I worked in the following job title(s): _____</p> <p><input type="checkbox"/> False.</p>

## 6. My License Information

Complete all sections.

<p>I have a valid New York State driver's license.</p>	<p><input type="checkbox"/> True.</p> <p>My license has no restrictions that would affect my ability to work.</p> <p><input type="checkbox"/> True.</p> <p><input type="checkbox"/> False. The restrictions on my license are: _____</p> <p><input type="checkbox"/> False.</p> <p>I have a valid driver's license from another state within the U.S.</p> <p><input type="checkbox"/> True. My license is from the state of: _____</p> <p><input type="checkbox"/> False.</p>
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<p>I have a valid New York State commercial driver's license.</p>	<p><input type="checkbox"/> True.  The class of my license is: _____  I have endorsements  <input type="checkbox"/> True. My endorsements are:  _____  <input type="checkbox"/> False.  My license has no restrictions that would affect my ability to work.  <input type="checkbox"/> True.  <input type="checkbox"/> False. The restrictions on my license are:  _____</p> <p><input type="checkbox"/> False.</p>
<p>I have one or more New York State professional licenses and/or certifications (not including a commercial driver's license).</p> <p>(If you have more than one New York State professional licenses and/or certifications please use page 13 for the others.)</p>	<p><input type="checkbox"/> True. For each professional license/certification, provide the following:  The type of license/certification: _____  License/certification number: _____  Date license/certification first issued: _____  Date current license/certification expires: _____  Whether the license/certification is currently in good standing with no restrictions?  <input type="checkbox"/> Yes.  <input type="checkbox"/> No. If there are any restrictions on the license, explain those restrictions and how they affect your ability to work in the title for which you are applying: _____  _____</p> <p><input type="checkbox"/> False.</p>
<p>I have one or more currently valid professional licenses and/or certifications issued by a state within the U.S. <i>other than</i> New York.</p> <p>(If you have more than one currently valid professional licenses and/or certifications please use page 13 for the others.)</p>	<p><input type="checkbox"/> True. For each professional license/certification, provide the following:  The type of license: _____  The state that issued the license: _____</p> <p><input type="checkbox"/> False.</p>

## 7. My Education

Complete this table fully.

I have participated in the following type(s) of education. (Check every category that applies.)	<input type="checkbox"/> High school. Complete the “a” section below. <input type="checkbox"/> Trade School or Program. Complete the “b” section below. <input type="checkbox"/> Undergraduate Degree Program. Complete the “c” section below. <input type="checkbox"/> Graduate Degree Program. Complete the “d” section below. <input type="checkbox"/> Other schools or special courses. Complete the “e” section below. <input type="checkbox"/> I have college credit hours meeting the minimum qualifications of the title for which I am submitting this application. Complete the “f” section below.
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For each of the types of education you checked above, complete the corresponding section(s) below.

### a. High school

I have a high school diploma or high school equivalency diploma.	<input type="checkbox"/> True. My diploma was issued by: _____ _____ <input type="checkbox"/> False.
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### b. Trade school or program

I participated in an official trade school and/or trade program.	<input type="checkbox"/> True. The school or program was: _____ _____ <input type="checkbox"/> False.
The trade for which I received training was:	
I successfully completed the program.	<input type="checkbox"/> True. <input type="checkbox"/> False.
The trade for which I received training is a skilled building and/or construction trade.	<input type="checkbox"/> True. My training and/or experience places me at the following skilled trade level: <input type="checkbox"/> Apprentice. <input type="checkbox"/> Journeyman. <input type="checkbox"/> Master. <input type="checkbox"/> Other. Please specify: _____ <input type="checkbox"/> False.

**c. Undergraduate degree program (for Associate's and/or Bachelor's degrees)**

The name(s) of the college(s)/university(ies) I attended was/were:	
My major(s) was/were:	
The degree I received was:	<input type="checkbox"/> Associate's degree in: _____ <input type="checkbox"/> Bachelor's degree in: _____ <input type="checkbox"/> I did not receive a degree.
My degree is:	<input type="checkbox"/> A degree named in the minimum qualifications for this title. <input type="checkbox"/> Closely related to a degree named in the minimum qualifications for this title. (Complete section "f" below.) <input type="checkbox"/> I do not have a degree. <input type="checkbox"/> None of the above apply.
Date degree expected.	

**d. Graduate degree program (for advanced degrees, i.e. beyond Bachelor's degrees)**

The name(s) of the college(s)/university(ies) I attended was/were:	
My major(s) was/were:	
The degree I received was:	<input type="checkbox"/> Master's degree in: _____ <input type="checkbox"/> Doctorate degree in: _____ <input type="checkbox"/> I did not receive a degree.
My degree is:	<input type="checkbox"/> A degree named in the minimum qualifications for this title. <input type="checkbox"/> Closely related to a degree named in the minimum qualifications for this title. (Complete section "f" below.) <input type="checkbox"/> I do not have a degree. <input type="checkbox"/> None of the above apply.

**e. Other schools or programs**

School or program #1	The name of the school was: _____ The subject of study was: _____ The degree or certification I received was:
School or program #2	The name of the school was: _____ The subject of study was: _____ The degree or certification I received was:





**Relevant Job #1**

- **Note: If you had more than one job with the same employer, each job should be listed as a separate job.**

My employer is/was:	
My employer's address is:	Town/City: _____ State: _____
My job title is/was:	
I began working in this title in:	Month _____ Year _____
My work ended:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <b><i>not</i></b> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Other job duties I perform regularly are:	
My average hours of work per week are ( <b><i>not</i></b> including overtime):	
This work is:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<b><i>OPTIONAL.</i></b> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Continue below. <input type="checkbox"/> False. Proceed to section 9.

**Relevant Job #2**

My employer is/was:	
My employer's address is:	Town/City: _____ State: _____
My job title is/was:	
I began working in this title in:	Month _____ Year _____
My work ended:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <b><i>not</i></b> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Other job duties I perform regularly are:	
My average hours of work per week are ( <b><i>not</i></b> including overtime):	
This work is:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<b><i>OPTIONAL.</i></b> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Continue below. <input type="checkbox"/> False. Proceed to section 9.

**Relevant Job #3**

My employer is/was:	
My employer's address is:	Town/City: _____ State: _____
My job title is/was:	
I began working in this title in:	Month _____ Year _____
My work ended:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <b><i>not</i></b> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Other job duties I perform regularly are:	
My average hours of work per week are ( <b><i>not</i></b> including overtime):	
This work is:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<b><i>OPTIONAL.</i></b> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Obtain additional work experience pages and attach them to your application. The additional pages may be obtained from the Personnel Office or from the Personnel page of the County's website at: <a href="http://www.livingstoncounty.us">www.livingstoncounty.us</a> (go to "Departments," select "Personnel Department," and select "Employment Application and Other Forms." <input type="checkbox"/> False. Proceed to section 9.

**9. Equal Employment Opportunity statement**

New York and Federal law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, sexual orientation, non-disqualifying disability, marital status, religion, genetic information, gender identity, and gender orientation. Accordingly, nothing in this application should be viewed as expressing any limitation, specification, or discrimination as to these protected classifications or any others, in connection with employment by Livingston County municipalities.

**10. Affirmation, Signature, and Date**

I affirm that the statements made in this application, including any attached/included documents (in any format including, but not limited to, electronic and paper), are true under penalties of perjury. I understand that any misrepresentations may result in my disqualification for examination/appointment or my removal from employment following appointment.

My signature: <i><u>(Signature must be hand written. It may not be typed.)</u></i>	
Date:	



**Do not mark in this area. Reserved for use by Livingston County Personnel.**

Date Received: \_\_\_\_\_

Fee Received: \_\_\_\_\_

By: \_\_\_\_\_

Reasons for disapproval or conditional approval:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Prior County employment:  Yes  No

If so: Dept. \_\_\_\_\_ Title \_\_\_\_\_

Dates of most recent employment: \_\_\_\_\_



**Additional Information**

Please note that this page is to provide more detail where you may not have had enough room within the application. This is not space to provide a resume and/or cover letter. Resumes and cover letters are not accepted at the time of application and will not be reviewed.

Continued from page:	Item:	Additional Information: