CHAUTAUQUA COUNTY APPLICATION FOR EMPLOYMENT AND EXAMINATION

COMPLETED AND SIGNED APPLICATION MUST BE PRINTED AND MAILED OR DELIVERED TO:
Human Resources, 3 N. Erie Street, Room 144, Gerace Office Building, Mayville, NY 14757-1007
Phone (716) 753-4237 • Website www.co.chautauqua.ny.us

Carefully read the appropriate announcement before completing this form. Answer all questions with complete and detailed information. An incomplete application may result in disqualification. This application is used for employment within Chautauqua County Civil Service and may be part of your examination. All statements are subject to verification. If you need assistance or reasonable accommodation in the application process, please contact our office. **Faxed or emailed applications are not accepted**.

It is the policy of the Chautauqua County Human Resources Department to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, color, religion, national origin, sex, disability, military status, sexual orientation, marital status, or criminal record.

1. APPLICANT INFORMATION (Please Type or Print Legibly)

Exact Job or Examination Title:			Exam Number (number listed on announcement)
Last Name:	First Name:	MI:	Social Security Number:

Mailing Address: (Street) (City) (State) (Zip Code)

Daytime Phone Number:	Other Phone Number:	Email Address:

Please provide any other assumed name(s) or nickname(s) relevant to enable a check on your work record:

Are you ***under*** the age of **18?** ☐ **Yes** ☐ **No,** if **YES**, enter your date of birth: mm/dd/yyyy

2. RESIDENCY/CITIZENSHIP: State your permanent legal residence and indicate how long you have continuously resided at the location up to the date of this application. IMPORTANT: This section may determine your residency for employment.

School District:	City/Village:	Town of:
County of:	State:	Resided for how long? Years: Months:

Residence Address: (**ONLY**, if different from your mailing)

Are you a United States Citizen? ☐ **Yes** ☐ **No** Are you legally authorized to work in the United States? ☐ **Yes** ☐ **No**
Employment is contingent upon the provision of proof of the right to accept employment in the United States.

3. DRIVER'S LICENSE (*ALL* applicants must complete this section)

Do you have a valid New York State Driver's License? ☐ **Yes** ☐ **No** Do you have one from any other State? ☐ **Yes** ☐ **No**

If you have a valid Driver's License, please provide the following Information:

State: Class: ID: Endorsements: Restrictions:

Do you have 5 or more years of Driving experience? ☐ **Yes** ☐ **No**

Have you been convicted of any motor vehicle violations (including speeding tickets) in the past five years? ☐ **Yes** ☐ **No**

If **YES,** please explain:

4. UNIFORMED APPLICANTS ONLY (Examples - Correction Officer, Court Security, Deputy Sheriff , Firefighter, and Police Officer)

Have you completed the Basic Police Officer Training or Sheriff's Academy: ☐ **Yes** ☐ **No** (**If *YES*,** please list the school under section 5)

Do you have a valid New York State Pistol Permit? ☐ **Yes** ☐ **No** **DATE O BIRT** : mm/dd/yyyy

Have you ever been convicted of any crime (felony or misdemeanor)? ☐ **Yes** ☐ **No**

5. EDUCATION – Positions and examinations may require specific course work. On an attached sheet, list the courses that you have completed. If you claim credit for a partially completed college curriculum attach a list of completed courses and credit or semester hours. Indicate how many credit hours or courses are required for graduation. Do NOT send a transcript unless requested on the examination announcement.

Do you have a High School or Equivalency Diploma? ☐ **Yes** ☐ **No** If **No**, indicate highest grade completed: _____

Name of High School or Issuing Governmental Authority: _____

Name and Location of College, University, or Technical Schools	Course of Study (Major/Minor)	Credits Completed	Degree/Certificate Received	Degree/Certificate Received/Completed or Expected mm/yyyy

Complete* the following question if you possess a license, certificate or other authorization to practice a trade or profession. *If not currently licensed, check this box ☐

Examples of Trade Licenses and/or Certifcates: Peace Officer, Registered Professional Nurse, Licensed Practical Nurse, Certified Occupational Therapy Assistant, Wastewater or Water Treatment Plant Operator, Emergency Medical Technician (EMT), CPR, Automated External Defibrillator (AED) and First Aid.

Professional or Trade Licenses	License Number	Specialty Granted By	City or State Issued by	Registered mm/dd/yyyy From: To:

6. GENERAL INFORMATION FOR APPLICANTS

Change of Address - You are responsible to notify this office of address changes. A change of address form is available from our website, **www.co.chautauqua.ny.us** (click on "Employment"), or our Mayville office. Failure to do so may delay, or prevent, our ability to send you important notices concerning an examination. We cannot make allowances for notices to candidates not received on a timely basis due to an improper or changed address.

Background Investigation - Applicants may be required to undergo a state and/or national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

How did you hear about this job?

☐ Posted Notice ☐ County Website ☐ College/School ☐ Community Organization

☐ Internet Website _____ ☐ NYS Employment Office

☐ Newspaper _____ ☐ Other _____

7. EMPLOYMENT AND EXPERIENCE: **We will not refer to resumes or other applications on file. You are responsible for submitting an accurate, complete and clear description of your experience. If your responsibilities change within any employer, indicate such change as separate experience. Include part-time, volunteer and military experience, which may be prorated. *If more space is needed, attach an additional copy of this page.***

(Start With Most Recent) **EMPLOYER:**	Type of Business:
Address:	MO YR MO YR Dates Employed: From / To /
Supervisor's Name:	Total ***Average*** Hours Per Week
Position Title:	**Check the Box if Your Responsibilities Included:** Supervision of Employees ☐ Typing/Data ☐
List Responsibilities:	
Reason for Seeking Other Employment/Leaving:	May We Contact? ☐ **Yes** ☐ **No**

EMPLOYER:	Type of Business:
Address:	MO YR MO YR Dates Employed: From / To /
Supervisor's Name:	Total ***Average*** Hours Per Week
Position Title:	**Check the Box if Your Responsibilities Included:** Supervision of Employees ☐ Typing/Data ☐
List Responsibilities:	
Reason for Leaving:	May We Contact? ☐ **Yes** ☐ **No**

EMPLOYER:	Type of Business:
Address:	MO YR MO YR Dates Employed: From / To /
Supervisor's Name:	Total ***Average*** Hours Per Week
Position Title:	**Check the Box if Your Responsibilities Included:** Supervision of Employees ☐ Typing/Data ☐
List Responsibilities:	
Reason for Leaving:	May We Contact? ☐ **Yes** ☐ **No**

8. EXAMINATION APPLICANTS ONLY: (If NOT applying for an EXAM SKIP to section 9)

MULTIPLE EXAMS – Have you applied to take an examination with New York State, or any **other** County, Town, or City that will be held on the same date? ☐ **Yes** ☐ **No**. If ***YES***, please attach a Cross-file Application Form located on our website under Forms and Applications or call our office to have one mailed to you.

EXAMINATION APPLICATION FEE/*WAIVER* – *Civil Service Law Section 50.5(b): "…fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance."*

☐ **NO**, **I do not wish to apply for an EXAMINATION FEE WAIVER**. Fee amount can be found on Examination Announcement **Enclosed** is a Check or Money Order Payable to the **DIRECTOR OF FINANCE**. **CASH** will not be accepted.

☐ **YES, I wish to apply for an EXAMINATION FEE WAIVER** for this examination**.**

Check all boxes that apply to you:

☐ Unemployed **and** primarily responsible for support of a household. **NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for application fee waiver as head of household.**

☐ Eligible for Medicaid

☐ Receiving Supplemental Security Income (SSI) payments

☐ Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance)

☐ Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

VETERAN'S CREDITS – If you are serving, or have served in the armed forces of the United States on a full-time, active duty basis during wartime, you may be eligible to receive credits as a disabled or non-disabled veteran. To determine if you are eligible to claim veteran's credits, ALL of your answers must be "YES" to be eligible to claim veteran's credits.

☐ **Yes**, I wish to apply for **VETERAN'S CREDITS** for this examination. (If **NO** skip to section 9)

Have you served in the Armed Forces of the U.S.A.? ☐ **Yes** **No** ☐ Active service dates mm/yyyy From: To:

I expect to receive or already have received a discharge that was honorable or release under honorable circumstances from 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. ☐ **Yes** ☐ **No**

I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following time of War periods: ☐ **Yes** ☐ **No**

In the Armed Forces:	**Or earned the armed forces, Navy, or Marine Corps expeditionary medal for service in:**	**Or in the U.S. Public Health Service:**
Dec. 7, 1941 to Dec. 31, 1946	Lebanon – June 1, 1983 to Dec. 1, 1987	July 29, 1945 to Sept. 2, 1945
June 27, 1950 to Jan. 31, 1955	Granada – Oct. 23, 1983 to Nov. 21, 1983	June 26, 1950 to July 3, 1952
Feb. 28, 1961 to May 7, 1975	Panama – Dec. 20, 1989 to Jan. 31, 1990	
Aug. 2, 1990 to the date when the Persian Gulf hostilities end		

I am a United States citizen or an alien lawfully admitted for permanent residence: ☐ **Yes** ☐ **No**

I am a New York State Resident: ☐ **Yes** ☐ **No**

If you have answered YES to all the questions, please attach a Veterans Credit Application form, which can be found on our website under FORMS & APPLICATIONS tab, along with a copy of your DD214.

9. APPLICANT AFFIRMATION – PLEASE READ AND SIGN

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

_____	_____	_____
SIGNATURE OF APPLICANT	**DATE**	**PRINT NAME**

Revised 10/4/2019