

Cattaraugus County Civil Service
303 Court Street
Little Valley, New York 14755

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Position Title

Examination Number

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 First M.I.

Street Address

City State Zip Code

Phone: Home () Business ()

2. Social Security Number

3. Are you under 18?

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:

Month _____ Day _____ Year _____

4. 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-citizen may be required to produce 1-151 or 1-551 Alien Registration Cards at time of appointment.)

5. 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	Years	Months
School District			
City or Village of			
Town of			
County of			
State of			

FOR CIVIL SERVICE USE ONLY

☐ Approved By: _____ Exam Date: _____

☐ Disapproved By: _____ Notice: _____

☐ Pending: _____

Reason: _____

6. Check appropriate box to the right of each question:

	YES	NO
A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?	☐	☐
B. Have you ever been requested to resign from a position?	☐	☐
C. Have you ever been convicted of any crime (felony or misdemeanor)?	☐	☐
D. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charges?	☐	☐
E. Are you now under charges for any crime?	☐	☐

If you answered "YES" to any of the Questions 6 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 for the position(s) for which you are applying.

7. Service in the Armed Forces

	YES	NO
A. Have you ever served in the Armed Forces of the United States:	☐	☐
B. If "YES", have you ever received a discharge from such forces which was other than honorable?*	☐	☐

* If answer to "B" is "YES", describe on additional sheet of paper and attach.

	Month	Day	Year
Date of entry into active service			
Date released from active service			
Service Serial Number			

- C. Veterans' Credits: To claim veterans' credits in accordance with NYS Law, you must:
- Be a citizen of the United States or an alien lawfully admitted for permanent residence in the United States at the time of application for appointment or promotion;
 - Not have used veterans' credits for any appointment to a New York State or a local government job since January 1, 1951, unless you have established a war time disability since use of credits;
 1. Have served in the United States Armed Forces during one of the following periods and received a discharge under honorable conditions:

World War II -	12/07/41 to 12/31/46
Korean Conflict -	06/27/50 to 01/31/55
Southeast Asia Hostilities -	2/28/61 to 05/07/75
Persian Gulf War -	08/02/90 to end OR;

2. Have been awarded in Expeditionary Medal for service in at least one of the following:

Lebanon -	06/01/83 to 12/01/87
Granada -	10/23/83 to 11/21/83
Panama -	12/20/89 to 01/31/90
- d. Do you claim additional credits on this examination as a veteran? If "YES", please request and fill out separate form for disabled or non-disabled veterans' credits. (See instructions on page 4)
- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| | ☐ | ☐ |

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

Signature of Applicant

Date

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

(Please Print)

CCCS 11/2019

8. Have you ever taken any other examination given by this department? If “YES” give titles and dates.

YES

NO

☐

☐

Titles of Examinations

Dates

DO NOT WRITE IN THIS SPACE

Training & Experience

Rated By: _____

Checked By: _____

9. **Education** If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? ☐ YES ☐ NO

If “YES”, Name and Location of High School _____

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

	Name of School and City in which located	Dates of Attendance (Month and Year) From To	Day or Night	Full or Part Time	No. of Years Credited	Did you Graduate?	Type of Course or Major Subject	College Credits Received	Type of Degree	Date Degree Rec'd or Expected
College University, Professional or Technical School										

10. **Licenses** If a license, certificate of other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following question. If not currently licensed, check this box ☐

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered FROM: (Mo./Yr.) To (Mo./Yr.)	

11. **Drivers License** If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES ☐ NO ☐
Class: _____ Identification Number _____ Expiration Date: _____

12. **Description of Experience** (Answer this question if the announcement specifies minimum experience requirements.) Beginning with the most recent, describe 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. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service, which includes experience pertinent to the position(s), describe such experience as a 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 a separate employment (if more space is needed, attach 8 ½” 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.

DO NOT WRITE IN THIS COLUMN

Length of Employment		Firm Name	Address	City and State
Mo/Yr	Mo/Yr	Describe Duties:		
(Check ONE Box)				
Paid Experience	Not Paid Intern/Volunteer			
☐	☐			
Type of Business				
Your Exact Title				
Name of Supervisor				
Supervisor's Title				
No. of hours worked per week (Exclusive of overtime)				

DO NOT
WRITE IN
THIS
COLUMN

Length of Employment Mo/Yr Mo/Yr From / To /		Firm Name	Address	City and State
(Check ONE Box)		Describe Duties:		
Paid Experience ☐	Not Paid Intern/Volunteer ☐			
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
(Check ONE Box)		Describe Duties:		
Paid Experience ☐	Not Paid Intern/Volunteer ☐			
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
(Check ONE Box)		Describe Duties:		
Paid Experience ☐	Not Paid Intern/Volunteer ☐			
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
(Check ONE Box)		Describe Duties:		
Paid Experience ☐	Not Paid Intern/Volunteer ☐			
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
(Check ONE Box)		Describe Duties:		
Paid Experience ☐	Not Paid Intern/Volunteer ☐			
Type of Business				
Your Exact Title				
Name of Supervisor				
Supervisor's Title				
No. of hours worked per week (Exclusive of overtime)				

Instructions and Information

A. Announcement of Examination

Before filing out your application, read carefully the announcement for this examination.

B. Admission to Examination

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applications may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time, those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score.

Call or write the agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

C. Change of Address

Notify this agency immediately of any change of address. When writing give the number and title of the examination.

D. Special Arrangements

If you need special arrangements because you are a Religious Observer (for religious reason, cannot be tested on date of examination(s), or a Handicapped Person (require special arrangements in order to participate in the examination(s), you must write to the agency no later than the last date of filing for this examination. Your request must include examination number and title and the type of special arrangements required.

When completing your application, be sure to enter, at the top of page 1, the examination number which identified the examination for which you are filing.

E. Veterans' Credits

If you are making a claim for veterans' credits with the application, be sure you read the following information very carefully.

Any claim for additional credits as a disabled or non-disabled was veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check (±) the appropriate category in questions 7 and answer all questions A-C. Failure to do so, accurately and completely may result in a denial of your claim.

All claims and grants of veterans' credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement of fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

War-time Veterans who previously used non-disabled veterans credits for appointment or promotion and are subsequently certified by the Veteran's Administration as disabled veterans may be again be eligible for additional exam credits. If this may apply to you, please contact us, or request review in the remarks section below.

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 THE 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 ½" x 11" sheets.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

PROFESSIONAL REFERENCES (Must be current and/or the most recent supervisors)

NAME	ADDRESS	TELEPHONE
		Home
		Business
NAME	ADDRESS	TELEPHONE
		Home
		Business

PERSONAL REFERENCES (Non-relatives willing to give a complete reference)

NAME	ADDRESS	TELEPHONE
		Home
		Business
NAME	ADDRESS	TELEPHONE
		Home
		Business

1. Any material misrepresentation or deliberate omission of facts in my application or interview(s) may be justification for refusal of, or if employed, termination of employment.
2. It is my understanding the school district will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, and oral interviews. I authorize such investigation and the giving and receiving of any information requested by the school district, and release from liability, any person giving or receiving such information.
3. I further understand this is an application for employment and that no employment contract is being offered.
4. Can the Olean City School District contact your current employer? ☐ YES ☐ NO

APPLICANT'S SIGNATURE

DATE

The Olean City School District hereby advises students, parents, employees, prospective employees and applicants that it offers employment, educational opportunities, including vocational educational opportunities, regardless of race, color, creed, religion, gender, national origin, political affiliation, sexual orientation and gender identity or expression, genetic information and testing, family and medical leave act, age, marital status, veteran status or disability. Inquiries regarding this non-discrimination policy may be directed to the Director of Human Resources.

OLEAN CITY SCHOOL DISTRICT

**410 West Sullivan Street
Olean, NY 14760**

ADDENDUM TO EMPLOYMENT APPLICATION

Please read the following statements carefully as they constitute conditions for employment.

- 1. The information that I have provided on this application is accurate and true to the best of my knowledge.**
- 2. I affirm that I have read this completed application and I have not withheld any information or response to any questions and that the information I have furnished is true and correct. I understand that any misrepresentation or omission of a fact on my application or during the interview process regardless of when such misrepresentation or omission is discovered may result in the refusal of employment, or if employed, immediate termination.**
- 3. The school, current and prior employers, references, and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide the District with information that may be requested by it to arrive at an employment decision. I agree that a photocopy of this authorization may be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release the District from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.**
- 4. I understand that the District reserves the right to verify information pursuant to a background check of convictions at this time or any time during the course of employment. I additionally understand that discovery of any misrepresentation or omission by me in this regard may lead to the denial of employment or, if I am hired, the termination thereof at any time that the misrepresentation or omission is noticed by the District. I authorize the District to verify the information which I have presented regarding criminal convictions or the lack thereof to the full extent permitted by law, and I further agree that a photocopy of this authorization may be accepted with the same authority as the original.**
- 5. I affirm that I will be able, if hired, to certify that I am authorized to work in the United States or America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.**
- 6. I authorize a Consumer Credit Report and/or a Background Report on me. This authorization is valid for purposes of verifying information given pursuant to employment purposes or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)**

Signature of Applicant

Date