



TIOGA COUNTY PERSONNEL OFFICE
APPLICATION FOR EXAMINATION OR EMPLOYMENT

56 Main St., Owego, NY 13827 www.tiogacountyny.com

Phone: (607) 687-8494 or 687-8207

Fax: (607) 223-7074 - Attn.: Civil Service

Title of position or exam applying for, exam # if applicable

I am interested in [] Full-time and/or [] Part-time Employment

General Information

1. NAME AND ADDRESS: Immediate written notice should be given of any change in Post Office address or legal residence, by requesting a "Change of Address" Form from the Tioga County Personnel Dept.

Last Name First Name Initial Social Security #

Legal Address: Mailing Address (if different from legal):
No., Street
City/Village
State Zip

How long have you resided here? (years/months) /

Home Phone #

Cellular Phone #

E-Mail Address

School District of:

County of:

Town of: Village of:

Are you 18 years of age or older? YES [] NO [] If you answered no, or if maximum and/or minimum age limits are established for the position applied for, please enter date of birth here: / /

2. WAR TIME VETERANS' CREDIT - Complete this section ONLY if you wish to claim War Time Veterans' Credits and you have NOT used veterans' credits for appointment to a position in NY State or Local Government. Your answers must be "YES" to be eligible for additional credits to be added to a passing examination score.

A) I expect to receive or have already 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, and the National Guard when in service for the United States. Service must be on a full-time active duty basis other than active duty for training purposes. Yes [] No []
B) 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. In the Armed Forces: or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in: or in the US Public Health Service:
*8/2/90 to the date when the Persian Gulf hostilities end; *2/28/61 - 5/7/75; *6/27/50 - 1/31/55; *12/7/41 - 12/31/46
*(Panama) 12/20/89 - 01/31/90
*(Lebanon) 06/01/83 - 12/01/87
*(Grenada) 10/23/83 - 11/21/83
*6/27/50 - 7/03/52
*7/29/45 - 12/31/46
C) I am a New York State resident. Yes [] No []

To claim additional credits as a Disabled Veteran, you must also answer "YES" to this question:

I am certified by the federal Department of Veterans Affairs for a service connected disability rated at 10% or more incurred during a "Time of War" period listed above. Yes [] No []

A completed and notarized Application for Veterans' Credits along with a copy of your DD214 must be received in this office prior to the establishment of the eligible list. Forms are available at the Tioga County Personnel Office, online, or you may request a form be mailed to you by making a check mark here.

[] Please send an "Application for Veterans' Credits."

For Administrative Use Only

Payment Date: Receipt #:

Type: Cash / MO # / CK #: Fee Waiver - Date rcvd.:

Approved: Conditional; pending:

Disapproved (reason):

Receipt Stamp-Office Use Only

3. Place an "X" in the appropriate space: (None of the below circumstances represent an automatic bar to employment.)

- | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Are you an American citizen or, if not, do you have the legal right to accept employment in the US? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are you a veteran of the Armed Forces of the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are you an exempt volunteer firefighter (5 years of continuous service)? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do you require special arrangements for examination (religious accommodation or disability)? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are you the child of a firefighter or police officer killed in the line of duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you ever been convicted of a crime (felony or misdemeanor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Do you now, or have you ever, worked for any agency under Tioga County's jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Are you presently in default on any loan made or guaranteed by the New York State Higher Education Svcs. Corp.? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to question E and this application is for a Civil Service examination, additional information may be required to determine eligibility for additional credits. If you answered "YES" to any of the questions F-I, you may give specifics under "Comments" on the last page of this application. If you elect not to provide specifics, or if such explanation is insufficient, a confidential investigation inquiry may be sent to you.

Education and Training

4. Have you graduated from high school? YES NO

5. EDUCATION: (If more space is required, attach additional sheets in the same format.)

Type of School	Name and Address of School	Type of Course or Major Subject	Total College Credits Received	Type of Degree Received
High School or GED		GED #	STATE:	
Accredited College or University				
Accredited College or University				
Professional/ Technical School				
Other School or Special Coursework				

6. LICENSES: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination/position(s) for which you are applying, complete the following:

Name of Trade or Profession:	License Number:	Granted by: (licensing agency)
Specialty:	Date License First Issued:	Current Registration Date: (month/year) From: ____/____/____ To: ____/____/____
Name of Trade or Profession:	License Number:	Granted by: (licensing agency)
Specialty:	Date License First Issued:	Current Registration Date: (month/year) From: ____/____/____ To: ____/____/____

7. DRIVER LICENSE:

Do you have a valid license to operate a motor vehicle in New York State? YES Class: _____ NO

Driver License # _____

Employment History

8. EXPERIENCE: Provide the following information of your past and current employers, starting with the most recent. **Duties:** Describe the nature of the work personally performed by you, with estimate of percentages 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. Explain any gaps in employment in the **Comments** section at the end of the application. You are responsible for submitting an accurate, adequate and clear description of your experience. **Vagueness will not be resolved in your favor.**

Length of Employment (month/year):	Firm Name	Address	City and State
From: / To: /			
Firm Phone #:	Your Exact Title:	Name/Title of Supervisor:	
Hours worked per week:	Annual Earnings:	Reason for Leaving:	Type of Business:
Duties (See directions above.):			

Length of Employment (month/year):	Firm Name	Address	City and State
From: / To: /			
Firm Phone #:	Your Exact Title:	Name /Title of Supervisor:	
Hours worked per week:	Annual Earnings:	Reason for Leaving:	Type of Business:
Duties (See directions above.):			

Length of Employment (month/year):	Firm Name	Address	City and State
From: / To: /			
Firm Phone #:	Your Exact Title:	Name /Title of Supervisor:	
Hours worked per week:	Annual Earnings:	Reason for Leaving:	Type of Business:
Duties (See directions above.):			

Length of Employment (month/year):	Firm Name	Address	City and State
From: / To: /			
Firm Phone #:	Your Exact Title:	Name /Title of Supervisor:	
Hours worked per week:	Annual Earnings:	Reason for Leaving:	Type of Business:
Duties (See directions above.):			

I hereby authorize Tioga County to make reference checks on any of my present or past employers. (If for any reason you do not wish us to contact your present or past employers, please give specifics here):

Is additional information relative to change of name or use of an assumed name or nickname necessary to enable a check on your work record? YES NO

If yes, explain: _____

COMMENTS including explanation of any gaps in employment: _____

How did you hear about us?

- | | | |
|------------------------------------------|--------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Government Employee |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Tioga Employment Center | <input type="checkbox"/> NYS Employment Office |
| <input type="checkbox"/> Vacancy Posting | <input type="checkbox"/> Exam Announcement | <input type="checkbox"/> Other _____ |

If via a Vacancy Posting or Exam Announcement, what location did you see it posted?

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status or marital status. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status or marital status in connection with employment in the municipal service of the County of Tioga.

I declare, subject to penalties of perjury, that the statements made on this Application and any attached documentations have been examined by me and to the best of my knowledge and belief are true and correct. I understand that all statements made by me in connection with the civil service application for examination or employment are subject to investigation and verification. Additionally, any material misstatement or fraud may disqualify me from appointment and/or lead to revocation of appointment. In addition, false statements are punishable as a Class A misdemeanor under Section 210.4S of the Penal Law.

Signature of Applicant

Date