



**APPLICATION FOR  
 EXAMINATION OR EMPLOYMENT**  
 FOR COUNTY, TOWNS, VILLAGES and SCHOOL DISTRICTS

Leave this space blank

Application	
Approved	<input type="checkbox"/>
Conditional	<input type="checkbox"/>
Disapproved	<input type="checkbox"/>

Insert above, Title of Position Applying for \_\_\_\_\_

Exam No. # \_\_\_\_\_

This application is part of your examination. *ANSWER ALL QUESTIONS FULLY AND CAREFULLY*. Print or type clearly.  
 Attach additional sheets if necessary in order to give complete and detailed information. A resume may not be substituted.

1. NAME AND RESIDENCE

Last Name	First Name	Initial
Street Address or RD		Phone Number
City	State	Zip Code

*Immediate notice should be given of any changes in Post Office address before or after examination*

2. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. A. Are you under 18 or over 70 years of age? Yes  No

B. If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your birth date here. Check exam announcement. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. State your actual permanent legal residence for the month prior to and including date of this examination.

School District \_\_\_\_\_

Village or City of \_\_\_\_\_

Town of \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

5. Check appropriate box to 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 convicted of any crime (felony or misdemeanor)?

C. Are you now under charges for any crime?

If yes, give particulars and disposition of each charge on separate sheet and attach same.

A conviction is not an automatic bar to employment. Each case is considered on its own individual merits.

*NONE OF THE ABOVECIRCUMSTANCES REPRESENTS AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED AND EVALUATED ON INDIVIDUAL MERITS IN RELATION TO THE DUTIES AND RESPONSIBILITIES OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.*

6. A. Are you currently a U. S. citizen? (Citizenship is no longer a requirement for employment except for public officer positions.) Yes  No

B. If not, do you have the legal right to accept employment in the United States? Please give alien registration number: \_\_\_\_\_

C. Are you an emempt volunteer fireman?

7. A. If the position requires the operation of a motor vehicle, do you have a valid license to operate a motor vehicle in New York State? Yes  No

B. If yes, give the following:  
 Class: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Date of Expiration: \_\_\_\_\_

8. Have you ever served in the Armed Forces of the United States on a full time active duty basis other than active duty for training purposes? Yes  No

If not, omit 9-12

9. 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? Yes  No

10. Did you ever served on active duty in the Armed Forces of the United States during any of the following periods? Yes  No

a. December 7, 1941 to December 31, 1946  
 b. June 27, 1950 to January 31, 1955  
 c. February 28, 1961 to May 7, 1975  
 d. U. S. Public Health Services: July 29, 1945 to September 2, 1945 or June 26, 1950 to July 3, 1952  
 e. August 2, 1990 to the date upon which such hostilities end  
 f. Hostilities in Lebanon - June 1, 1983 to December 1, 1987 \*  
 g. Hostilities in Grenada - October 23, 1983 to November 21, 1983 \*  
 h. Hostilities in Panama - December 20, 1989 to January 31, 1991 \*

\* Must have received the armed forces, navy, or marine corps expeditionary medal.

11. Veterans Credits. Do you claim additional credits on this examination as an honorably discharged veteran? Yes  No

12. Since January 1, 1951, have you ever used additional credits for appointment to any position in the public employment of New York State or any of its civil divisions? Yes  No

**Background Investigation:** Applicants may be required to undergo a State and 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.

\*\* It is the policy of Washington County to provide accommodations in testing to individuals with disabilities and religious observers and to provide for and promote equal opportunity in employment. compensation and other terms and conditions of employment, without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, or military status.

Contact the Washington County Personnel Department if a reasonable accommodation is needed.

REMARKS:

13. EDUCATION:	Yes	No	
Have you graduated from high school?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, give name and location of high school _____
If no, give highest grade completed	_____		

If you have a high school equivalency diploma, indicate issuing Government Authority: \_\_\_\_\_ Number and/or 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	Year You Graduated	Type of Course or Major Subject	No. of College Credits	Degree Received	Date of Degree
College, University										
Professional or Technical School										
Other Schools or Special Courses										

14 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(s) for which you are applying, complete the following. 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	To

15. EXPERIENCE: Describe under the heading given below any employment or occupation you ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including war service. Begin with your most recent employment and work back consecutively to your first one.  
*Applicants may be required to furnish satisfactory proof of experience claimed.*

Length of Employment	Firm Name	Address	City and State
From: Mo. Yr.			
To: Mo. Yr.	Type of Business	Your title	Name and Title of Immediate Supervisor
Total: Yrs. Mos.	DUTIES: Describe the nature of the work personally performed by you, with estimated percentage of times on each type of work.		
Monthly Salary	State size and kind of work force, if any, supervised by you and extent of such supervision.		
Min. Max. Last			
Total hrs. per WEEK:			
Reason for Leaving			

Length of Employment	Firm Name	Address	City and State
From: Mo. Yr.			
To: Mo. Yr.	Type of Business	Your title	Name and Title of Immediate Supervisor
Total: Yrs. Mos.	DUTIES: Describe the nature of the work personally performed by you, with estimated percentage of times on each type of work.		
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Min. Max. Last			
Total hrs. per WEEK:			
Reason for Leaving			

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER. ATTACH SUCH SHEETS AT TOP OF PAGE.

**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. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local rules and regulations and/or collective bargaining agreements. For positions subject to the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment, a pre-employment controlled substance test will be required and must be passed.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

State any other name you have used in education or employment: \_\_\_\_\_