

## Wayne County Human Resources

# Employment/Civil Service Exam Application Chris Kalinski, Human Resource Director

Qualified: □Yes □ No □ Conditional  Reviewer's Initials	Position Applying For: Examination #			
Name: Last	First Middle			
Mailing Address: Street	City State Zip			
Social Security Number:				
Date of Birth if applying for Deputy/Police Officer or Correction	on Officer:			
Contact phone number:	Work Telephone number:			
E-mail address:				
Have you been a resident of Wayne County for at least of	one month? Yes No School District:			
	ions does not represent an automatic bar to employment. Each case is es and responsibilities of the position for which you are applying.			
	nent? Or resign rather than face dismissal?			
	may give specifics under "remarks" on page 3 of this application. If you anation is insufficient you may be required to submit further information.			
	sh to claim additional credit as an Honorable discharge veteran, complete pplication. You must also complete the Application for Veteran Credit, before eligible list is established.			
Have you objection to this department making Your former employers         Your present employer       □Yes       □No         Your present employer       □Yes       □No	ng inquiry regarding your character and qualifications from:			
I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and accurate. Any false statements made may result in termination of employment. Applicants may also 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.				
Signature	Date			

Are you a Citizen of the United  Do you have a valid New York	States?  Yes  No If no State Driver's License?  Yes	, do you have a legal right to v  No If yes, what class	work in the U.S.: UYes No
	you have a license, certification or other	-	e or profession: □Yes □No ute Number;
Licensing Agency:		Licensed from:	to:
<b>EDUCATION</b>			
Have you received a High School	ol Diploma: □Yes □No If i	no, have you received a General E	Equivalency Diploma (G.E.D.)
Name of High School		Check the highest grade of	completed 8 9 10 11 12
EDUCATION above high scho	ool level		
Name of School	Location (State) Course/	Major Credits Completed	1 Type of Degree Date Degree Recei
TRAINING Other Training yo	ou received (i.e., work training program	ms, Armed Forces training). Plea	se estimate training hours received.
Course/Program			Hours
relieve you of the responsibility for To receive credit for a job, basic em	completing all sections of this applicaployment information such as addres	ation. The resume is a suppleme s, name and title of supervisor, av	employment. Submission of a resume does nt to the application, and not a substitute foverage # of hours in the workweek, final sal nany people and nature of such supervision.
Describe your employment, includi relieve you of the responsibility for To receive credit for a job, basic em	completing all sections of this applic apployment information such as addres duties, your job title, etc. must be show	ation. The resume is a suppleme s, name and title of supervisor, av	nt to the application, and not a substitute for verage # of hours in the workweek, final sal
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Describe your employment, including military exper relieve you of the responsibility for completing all se To receive credit for a job, basic employment informand reason for leaving, specific job duties, your job ti	ections of this application. The ation such as address, name and	resume is a supplement to the application, an title of supervisor, average # of hours in the	d not a substitute for i workweek, final salary
Name & Address of employer			
Starting Date:Month/Year	Ending Date:	Month/Year	_
Hours worked per week:			
Reason for leaving:			
Your job title:			
Immediate Supervisor's name:	Title:	Phone:	
Description of duties:			
Name & Address of employer			
Starting Date:	Ending Date:		_
Month/Year		Month/Year	
Hours worked per week:			
Reason for leaving:			
Your job title:			
Immediate Supervisor's name:	Title:	Phone:	
Description of duties:			

WORK EXPERIENCE (continued)

Remarks:

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION: The information which you are providing on this application is being requested pursuant to Section 50.3 of the NYS Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivision (b)(e) and (f). Failure to provide this information may result in disapproval of the application. For further information, relating only to the Personal Privacy Protection Law, call (518)457-9375.

#### ANNOUNCEMENT OF EXAMINATION

Before filling out the application, read carefully the announcement for this examination. When completing your application be sure to enter the title of position/examination applying for. YOU MUST SUBMIT A SEPARATE APPLICATION FOR EACH POSITION YOU ARE APPLYING FOR.

FINGERPRINTING and Background checks may be required to determine suitability for employment for all positions.

#### 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, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the applicant. 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 disqualifications.

Please call the Personnel Office immediately if you do not receive an admission notice within three days of the date of examination.

#### APPLICATION FEE FOR EXAMINATION

If the examination announcement indicates that an application fee is required for the examination for which you are applying, you must submit the required fee for each separate examination. The required fee amount for each examination will be listed on the announcement. Cash/Check/money orders will be accepted. Your application fee will not be refunded if you do not meet the requirements for admission to the examination. Compare your qualifications carefully to the requirements stated on the announcement and file only for those examinations for which you are clearly qualified.

#### CHANGE OF ADDRESS

You must send written notification to this office of address chance. Please include phone number, examination or eligible list you wish to update.

#### SPECIAL ARRANGEMENTS FOR EXAMINATIONS

If you need special arrangements because you are a Religious Observer (for religious reasons, cannot be tested on date of examination, or if you have a disability that requires you to have special accommodations or assistance for the completion of this application or for you to participate in an examination, you must notify this Department at 315-946-7483 no later than the last date of filing for this examination. Your request must include examination numbers and titles and the type of special arrangements required accompanied by all supporting documentation.

Wayne County, as an employer, does not discriminate on the basis of a disability and will make reasonable accommodations for employees with special needs, due to a disability. It is the responsibility of the applicant or employee to voluntarily disclose that they require an accommodation based on their disability.

APPLICATION FEE WAIVER: A waiver of application fee will be allowed if you are unemployed and primarily responsible for the support of household. In addition, a waiver of application fee will be allowed if you are determined eligible for Medicaid, or receiving Supplemental Security Income payments, or Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) or are certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency. All claims for application fee waiver are subject to verification. If you can verify eligibility for application fee waiver, complete a "Request for Application Fee Waiver and Certification" form and submit it with your application by the close of business on the Application Deadline as listed on the Examination Announcement. The form is available on our web site co.wayne.ny.us

YOU MUST ALSO SUBMIT A VETERAN CREDIT APPLICATION - form available online

### VETERAN CREDITS Please submit a copy of your DD214 verifying the character of your discharge and dates of service. If you are claiming credits as a disabled war veteran, you must in addition to meeting the requirements as indicated by a "YES" answer to questions 10A-C and a "NO" answer to question 10D, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at ten(10) percent or more, incurred during a "Time of War" as indicated in question C. Check the appropriate box. Failure to do so, accurately and completely may result in denial of your claim. Disabled War Veteran П Non-Disabled War Veteran All claims and grants of veteran's 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 or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointments on which you have been granted additional credits as a result of such material misstatement or fraud. a. Have you ever served in 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 basis other than b. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? NO c. Are you currently a resident of New York State? $\square$ YES $\square$ NO Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any