

**APPLICATION FOR EMPLOYMENT  
AND/OR EXAMINATION**

**Schuyler County Civil Service**

105 Ninth St., Unit 21, Watkins Glen, NY 14891  
(607) 535-8190 website www.schuylercounty.us



**Note:** Submit an application by mail, email, fax or use the drop box outside of the County building or the Civil Service Office. An application is required for each title along with non-refundable examination fee (if applicable), (cash, money order, or check payable to Schuyler County Treasurer). Print clearly and answer all questions completely. Carefully read the announcement for this position to review the minimum qualifications.

Civil Service Office Use	
Fee	C MO CK W Date _____
Approved	_____
Transcript/Degree	_____
Disapproved	Exp Edu Fee Inc # _____
_____	
Vet App Sent	_____ DD214 _____
Approved	V _____ DV _____ Disapproved _____
_____	Crossfile Site _____

<b>1. Position or Examination Title:</b>	
<b>Exam Number (if applicable):</b>	<b>Social Security Number:</b>

**2. Name and Legal Address: (You must notify this office of any changes in your name or address)**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

Post Office Box (Mailing Address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email : \_\_\_\_\_

Indicate any other names by which you have been known \_\_\_\_\_

<b>3. Residence:</b> Fill in the names of the city or village, town, county, and school district of which you are <b>currently a legal resident</b> . Show how long you have continuously lived in each immediately preceding the date of this application.		Name	Years	Months
	City or Village			
	Town			
	County			
	School District			

**4. Veteran Status** (check one):  None  Veteran  War-time Vet  Disabled Vet  Current Member of Armed Forces

If you are claiming veteran's credits for this examination, submit a DD214 and Veteran's Credit Application. If you are currently in the armed forces and cannot take the exam on the scheduled date, contact the Civil Service office at 607-535-8190.

**5.** \_\_\_\_\_ Check here and submit a **crossfiling** form if you are taking an examination with another jurisdiction on the same day. For more information, see Crossfiling section in General Instructions for Examinations on examination announcement.

<b>6.</b> Indicate your answer by placing an "X" in the appropriate space:	Yes	No	* <b>If you answer "Yes" to C, D, E, F, or G:</b> <i>Please give a full explanation on the back of this page including date and outcome.</i> A "yes" answer to a question will not necessarily disqualify you. Each case is evaluated on an individual basis in relation to the position for which you have applied.
A. Are you legally able to accept employment in the US?	A. _____	_____	
B. Are you an exempt volunteer firefighter?	B. _____	_____	
C. Do you require testing accommodations (Saturday religious observer or disability)?*	C. _____	_____	
D. Were you ever dismissed from any employment for reasons other than lack of work?*	D. _____	_____	
E. Have you ever resigned from employment rather than face discharge?*	E. _____	_____	
F. Have you ever been convicted of any crime (felony or misdemeanor)? You may omit traffic and parking violations.*	F. _____	_____	
G. Are you now under charges for any crime?*	G. _____	_____	

**7. If you are applying for a law enforcement position, a position requiring a commercial driver's license, or if you are under the age of 18, enter your date of birth here:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Schuyler County does not discriminate in employment on the basis of race, creed, color, religion, gender, sexual orientation, gender identity and or expression thereof, national origin, citizenship status, age, disability, marital status, or military status.



Length of Employment	Firm Name	Address	
From: Mo. Yr.			
To: Mo. Yr.	Type of Business	Phone Number	Name of Your Supervisor
Total: Yrs. Mo.			
Your Title	Duties		
Number of Hours Worked Per Week:			
Considered FT/PT/ or On-Call / Substitute:			

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Total: Yrs. Mo.			
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Number of Hours Worked Per Week:			
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Total: Yrs. Mo.			
Your Title	Duties		
Number of Hours Worked Per Week:			
Considered FT/PT/ or On-Call / Substitute:			

**12. AFFIRMATION AND RELEASE:** I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury and that a material misstatement or fraud may disqualify me from appointment. I authorize the Personnel Officer of Schuyler County or his/her representatives to obtain from all persons, schools, companies, corporations, Department of Motor Vehicles, credit bureaus and law enforcement agencies any records, documents and other information relative to my suitability to perform the duties of the position and I further release all parties supplying said information from all liability and responsibility arising from their supplying said information. When required, I agree to take all physical examinations, drug screen testing, and finger imaging for background checks and authorize the release of these confidential examinations and test results to Schuyler County Civil Service and its representatives.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_