

# ERIE COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

NUMBER AND EXACT TITLE OF EXAMINATION OR TITLE OF POSITION APPLYING FOR

EXAM NUMBER	TITLE	DATE OF EXAM

NOTE: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH EXAMINATION YOU WISH TO TAKE.

You must attach a check or money order (payable to the Erie County Department of Personnel) for each examination. Consult the exam announcement for the correct filing fee. **There are NO refunds.**

This application is part of your examination. Answer all questions fully and carefully. Print in ink or use a typewriter. Attach additional sheets if necessary in order to give complete and detailed information.

## 1. NAME, MAILING ADDRESS AND PHONE (Please Print)

Last Name First M.I.

Street Address

City or Post Office State Zip Code

Phone (Including Area Code) Home Business

## 2. SOCIAL SECURITY NUMBER

-	-	-
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3. Are you 18 years of age or older?  Yes  No

If minimum and/or maximum age requirements are established for this position, enter your birth date:

MO.: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

4. If you wish to apply for veteran's credits on this examination, check this box and refer to page 4 of this application.

5. If your religion forbids you from taking this examination on a Saturday, check this box.

6. If you need special arrangements to participate in this examination because you are a handicapped person, check this box:

If you checked the above box, describe the type of assistance you require.

7. Are you a citizen of the United States?  Yes  No

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-Citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)

DO NOT WRITE IN THIS SPACE

Number \_\_\_\_\_ Approved \_\_\_\_\_

Conditional \_\_\_\_\_ Disapproved \_\_\_\_\_

8. Check appropriate box to the right of each question.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?  Yes  No
- B. Did you ever resign from any employment rather than face dismissal?  Yes  No
- C. Did you ever receive a Dishonorable Discharge from the armed forces of the United States?  Yes  No
- D. Have you ever been convicted of a crime? (felony or misdemeanor)  Yes  No
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?  Yes  No

If you answered "YES" to any of the Questions 8 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 of the position for which you are applying.

9. 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	MOS.
School District:			
Village of:			
Town of:			
County of:			
State of:			

**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. Applicants may be required to pay a fee for the investigation.

**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. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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

Indicate any other name(s) by which you have been known that is necessary to verify former employment and/or education. (Please Print)

FOR OFFICIAL USE ONLY

APPROVED DISAPPROVED DATE

VC

DVC

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**NOTE: When completing the application, make sure that all appropriate questions have been answered. An incomplete application may result in disapproval.**

10. EDUCATION  
If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment.

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 Government Authority. Number Date of Issue

	NAME OF SCHOOL AND CITY IN WHICH LOCATED	DATES OF ATTENDANCE (MONTH AND YEAR)		FULL OR PART TIME	NO. OF YEARS CREDITED	WERE YOU GRADUATED?	TYPE OF COURSE OR MAJOR SUBJECT	NUMBER OF COLLEGE CREDITS RECEIVED	TYPE OF DEGREE	DATE DEGREE RECEIVED OR EXPECTED
		FROM	TO							
COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL										
OTHER SCHOOLS OR SPECIAL COURSES										
LIST TYPING & STENO COURSES HERE										

11. LICENSES: If a license, certificate or the authorization to practice a trade or profession is listed as a requirement of the examination for which you are applying, complete the following questions: If not currently licensed, check this box.

NAME OF TRADE OR PROFESSION	LICENSE #	GRANTED BY (LICENSING AGENCY)	CITY OR STATE OF
SPECIALTY	DATE LICENSE FIRST ISSUED	REGISTERED FROM: (MO./YR.)	TO: (MO./YR.)

12. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State?  YES  NO

13. DESCRIBE EXPERIENCE: Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for: Describe volunteer or unpaid experience in the same way as paid work, showing its volunteer nature in the "Earnings" box. Relevant volunteer/unpaid experience will be considered if verified and fully documented. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission or vagueness will NOT be interpreted in your favor. If you have military service which includes pertinent experience, describe such experience as a separate employment. If your title or duties changed materially in any one organization, indicate such change clearly and as separate employment. (If more space is needed, attach 8 1/2" x 11" sheets of paper.) Under "DUTIES" for each employment describe the nature of 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.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ WK/MO/YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (excluding overtime)			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ WK/MO/YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (excluding overtime)			

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LENGTH OF EMPLOYMENT		FIRM NAME		ADDRESS		CITY AND STATE	
MO.	YR.	MO.	YR.				
FROM	/	TO	/				
\$	EARNINGS (Circle One)		DESCRIBE DUTIES BELOW:				
		WK/MO/YR					
TYPE OF BUSINESS							
YOUR EXACT TITLE							
NAME OF YOUR SUPERVISOR							
SUPERVISOR'S TITLE							
No. of hours worked per week (excluding overtime)							
LENGTH OF EMPLOYMENT		FIRM NAME		ADDRESS		CITY AND STATE	
MO.	YR.	MO.	YR.				
FROM	/	TO	/				
\$	EARNINGS (Circle One)		DESCRIBE DUTIES BELOW:				
		WK/MO/YR					
TYPE OF BUSINESS							
YOUR EXACT TITLE							
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MO.	YR.	MO.	YR.				
FROM	/	TO	/				
\$	EARNINGS (Circle One)		DESCRIBE DUTIES BELOW:				
		WK/MO/YR					
TYPE OF BUSINESS							
YOUR EXACT TITLE							
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MO.	YR.	MO.	YR.				
FROM	/	TO	/				
\$	EARNINGS (Circle One)		DESCRIBE DUTIES BELOW:				
		WK/MO/YR					
TYPE OF BUSINESS							
YOUR EXACT TITLE							
NAME OF YOUR SUPERVISOR							
SUPERVISOR'S TITLE							
No. of hours worked per week (excluding overtime)							

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

VETERAN'S CREDITS INSTRUCTIONS AND INFORMATION

According to Civil Service Law, additional credits in examinations are granted to successful candidates who have claimed and established status as disabled or non-disabled veterans.

These credits are granted on the following basis:

DISABLED VETERANS: 10 points for Open-Competitive Exams
5 points for Promotional Exams

NON-DISABLED VETERANS: 5 points for Open-Competitive Exams
2.5 points for Promotional Exams

These additional credits, which are added to the final test score, may be granted to PASSING CANDIDATES only, when the eligible list is established. Candidates are permitted a minimum period of 60 days from the last filing date to submit veterans credits forms for a particular examination. These forms will be accepted until such time as the eligible list is established. It is the responsibility of the candidate to insure that all required forms are filed timely.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veteran, you must:

- 1.) Have served on ACTIVE DUTY with the Armed Forces of the United States in time of war. War times are defined as follows in accordance with New York State Law:
• World War II - December 7, 1941 to and including December 31, 1946
• Korean War - June 27, 1950 to and including January 31, 1955
• Vietnam - February 28, 1961 to and including May 7, 1975
• U.S. Public Health Service: - July 29, 1945 to December 31, 1946 or June 27, 1950 to July 3, 1952
• \*Lebanon - June 1, 1983 - December 1, 1987
• \*Grenada - October 23, 1983 - November 21, 1983
• \*Panama - December 20, 1989 - January 31, 1990
• Persian Gulf - August 2, 1990 to the end of such hostilities (not yet determined)

\*Credit for Lebanon, Grenada and Panama will be limited to those who received the Armed Forces Expeditionary Medal, The Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal. Your DD-214 must indicate that you were awarded the Expeditionary Medal.

- 2.) Have been honorably discharged or released under honorable conditions from such service. Active duty personnel may apply, but may not be appointed using credits until discharged.
3.) Submit a legible photocopy of separation papers each time you apply for an examination (i.e. FORM DD-214 or NAVPERS-553) from the Armed Forces of the United States. DO NOT SEND ORIGINAL.

DISABLED VETERANS

In order to be eligible for additional credits as a disabled veteran, in addition to meeting the requirements of items 1, 2, & 3 listed above, you must also complete, FOR EACH TITLE, Form PO-26 (Authorization For Disability Record), in duplicate and forward BOTH copies immediately to the Regional Office of the United States Veterans Administration where your application for disability pension is on file. Form PO-26 will be mailed to you after the examination. The Veterans Administration will retain a copy for its files and will return a copy to this department for processing. Disabled veterans must have a war-incurred disability of at least ten percent (10%) certified by the Veterans Administration at the time of application for additional credits.

ERIE COUNTY • AN EQUAL OPPORTUNITY EMPLOYER

CIVIL SERVICE LAW LIMITS THE USE OF VETERANS' CREDITS TO ONE PERMANENT COMPETITIVE CLASS APPOINTMENT WITHIN NEW YORK STATE.

- 14. A. Do you claim additional credits as an honorably discharged war veteran for this examination?
1. YES, AS A NON-DISABLED VETERAN
2. YES, AS A DISABLED VETERAN
3. YES, ON ACTIVE DUTY
4. NO

If you checked YES, complete 14B, C, D, and E.

- B. Have you attached a copy of your separation papers to this application?
YES NO

- C. Have you previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State?
YES NO

- D. With the exception of the federal service, have you ever been employed by a governmental agency other than Erie County, (e.g., Buffalo, New York State, Office of Court Administration, or another municipality within New York State)?
YES NO

If you checked YES, complete the following:

GOVERNMENT NAME: \_\_\_\_\_

LENGTH OF EMPLOYMENT FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

YOUR OFFICIAL TITLE(S): \_\_\_\_\_

- E. Please print your name here: \_\_\_\_\_

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 THIS 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 1/2" x 11" sheets.

**ERIE COUNTY DEPARTMENT OF PERSONNEL  
METHODS RESEARCH QUESTIONNAIRE**

The County of Erie is an Equal Opportunity Employer. The attached information is required by State and Federal Regulations for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately and is sent to our EEO Office. This information is maintained confidentially and is not available to any employing agency.

EXAM: Announcement Number \_\_\_\_\_ EXAM DATE \_\_\_\_\_

Title of Position: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(ZipCode)

Sex: (Circle):      Male      Female

Race: (Circle):      White      Hispanic      Black      American Indian      Asian American

Other (please specify) \_\_\_\_\_

Do you have a Disability? (Circle):      Yes      No

Are you a Vietnam era Veteran? (Circle):      Yes      No

Recruitment Source: (Check how you became aware of the position)

\_\_\_ Erie County Personnel Department

\_\_\_ Newspaper

\_\_\_ New York State Employment Office

\_\_\_ Relative or Friend

\_\_\_ Private Employment Office

\_\_\_ Government Employee

\_\_\_ Social & Fraternal Organizations

\_\_\_ Radio and T.V.

Other (please specify) : \_\_\_\_\_