↑ ***Staple Above*** ↑

Date Stamp Recv'd_____

Filing Fee: ___Yes ___ No ___Waived
(CS use only) ____ Initial

Application for Examination or Employment
HERKIMER COUNTY PERSONNEL
109 Mary Street, Suite 1304, Herkimer, New York 13350
315-867-1115 www.herkimercounty.org

____ Approved
____ Conditional
____ Disapproved
By _____

THIS APPLICATION IS PART OF YOUR EXAMINATION. Answer ALL questions fully in ink or on typewriter.

Position Title _____

Examination # _____

Name _____
Printed Last First M

Residence Address _____
House # and Street or RD

_____
City or Village or Town State Zip Code

Telephone #s: Home _____ Work _____
Cell_____
SOCIAL SECURITY NUMBER _____

Are you under 18 years of age? _____YES _____NO
If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your **Date of Birth here _____/_____/_____**

Are you a citizen of the United States? ____ YES ____ NO

Filing Fee: ____ I have enclosed the fee. **NO PERSONAL CHECKS**

Filing Fee Waiver: ____ I have attached completed waiver form.

SPECIAL ARRANGEMENTS: (See Instruction **"E"**)
____ Religious Accommodation ___ Military ___ Disability

State your **CURRENT PERMANENT LEGAL RESIDENCE**, as listed in the address above, and indicate for how long you have resided there continually, up to and including the date of this application:

NAME OF YEARS / MONTHS

City or Village _____

Town _____

County _____

State _____

School District _____

Have you ever taken any other examinations given by this department?

_____YES _____NO

Give titles and dates:

_____

_____

_____

E-mail address: _____

Check appropriate response to each question: **YES** **NO**

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work, funds, disability or medical condition? ____ ____

B. Did you ever resign from any employment rather than face dismissal? ____ ____

C. 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 circumstances? ____ ____

D. Have you ever been convicted of any crime (felony or misdemeanor)? ____ ____

E. Are you now under charges for any crime? ____ ____

If you answered **YES** to any of the above questions, you may give specifics under Remarks on page 3 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(s) for which you are applying.

VETERANS CREDITS (See Instruction **"F"**)
If you wish to claim additional credits as an honorably discharged veteran, **check all** appropriate responses below.
Attach copy of your Honorable Discharge Form (DD-214, Member-4)

☐ **Disabled War Veteran** **OR** ☐ **Non-Disabled War Veteran**

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 active duty basis other than for training purposes.) _____YES _____NO

B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? _____YES _____NO

C. Did you serve in the Armed Forces of the United States during any of the following periods? WW II, 12/7/41-12/31/46; Korean Conflict, 6/27/50-1/31/55; Viet Nam Conflict, 02/28/61-5/7/75; Persian Gulf Conflict, 8/2/90-?; Lebanon*, 6/1/83-12/1/87; Grenada*, 10/23/83-11/21/83; Panama*, 12/20/89-1/31/90; US Public Health Service, 7/29/45-12/31/46 and 6/27/50-7/3/52. *credits limited to veterans who received the armed forces, navy, or marine corps. expeditionary medal. _____YES _____NO

D. Since January 1, 1951, have you received a permanent appointment using your veterans' credits? ____YES ____NO
If YES, Date credits were used _____.

E. Are you currently serving on ACTIVE DUTY in the armed forces and wish to apply for veterans' credits? _____YES _____NO

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.

_____
Signature of Applicant (in ink) Date

_____
State any other name, assumed name, or nickname by which you are/have been known. (please print)

EDUCATION: Read examination announcement for educational requirements, if any. If specialized coursework is required, attach a transcript or list of the required courses and semester credit hours you completed.

Have you graduated from high school? ___ YES ___ NO If YES, Name/Location of High School: Year Graduated:

If you have a high school equivalency diploma, indicate: Issuing Governmental Authority: Number: Date of Issue:

Name of School and Address College, University, Professional or Technical School; Other Schools or Special Courses.	Dates of Attendance (Month & Year) From To	Day or Night	Full or Part Time	No. of Years Credited	Were you Graduated?	Type of Course or Major Subject	# of College Credits Recv'd	Type of Degree Recv'd	Date Degree Received / Expected

License/Certification: Do you have a license, certification, or other authorization to practice a trade or profession? ____YES ____NO
Name of trade or profession: License/Certificate Number:
Licensing Agency: Licensed from: to:

IF required on the exam announcement*, do you have a valid **New York State Driver License**? _____YES _____NO

License ID #: Expires: Class: ***attach copy of license to this application if required.**

EXPERIENCE: Beginning with your most recent employment, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination(s). We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision.

COMPLETE THESE SECTIONS EVEN IF YOU ARE ATTACHING A RESUME OR OTHER DOCUMENTS.

Length of Employment (month/year) From : / To: /	Firm Name	Address	City and State
	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
# of hours worked per week (excluding overtime)			

Length of Employment (month/year) From : / To: /	Firm Name	Address	City and State
	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
# of hours worked per week (excluding overtime)			

Length of Employment (month/year) From : / To: /	Firm Name	Address	City and State
	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
# of hours worked per week (excluding overtime)			

Length of Employment (month/year) From : / To: /	Firm Name	Address	City and State
	Describe Duties:		
Type of Business			
Your Exact Title			
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# of hours worked per week (excluding overtime)			

Length of Employment (month/year) From : / To: /	Firm Name	Address	City and State
	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
# of hours worked per week (excluding overtime)			

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 inch sheets.)

Instructions and Information

A. Exam Application: Before filling out your application, read the announcement carefully. This application is part of your examination. Answer all questions fully and carefully. Resumes will NOT be accepted in lieu of application. Print in ink or use typewriter. Attach additional sheets, if necessary, to give complete and detailed information. An incomplete application may result in disapproval. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.
NO COPIES; originally signed (in ink) only.

B. Filing Fee: Refer to the front of the exam announcement for the required filing fee. Enclose a Money Order ONLY made payable to HERKIMER COUNTY TREASURER. Do NOT send cash or personal check. If your application is disapproved, the fee will NOT be refunded. Check the box on the front of the application. APPLICATION FEE WAIVER, begins with January 2007 exams; form must be submitted with application – available on our website or in our office.

C. Admission to Exam: We review your application before the exam to ensure you meet the minimum qualifications. If your application is disapproved, we will notify you of the reason. If you do not receive an admission form from us three days before the exam date, call us at 315-867-1115.

D. Change of Address: Notify this agency immediately of any change of address. When writing, give the number and title of the exam. Herkimer County Personnel is not responsible for undeliverable mail or postal delay. No attempt will be made to locate candidates who have moved. Change of Information form is available on our website.

E. Special Arrangements: If you need special arrangements because of a religious observance or practice, a disability, or are requesting a military make-up exam, you must, EITHER: (1) Check the appropriate box on the front of the application and indicate the special arrangements you require in the REMARKS section on Page 3; OR (2) Write to our office no later than the last filing date for this exam. Your request must include the exam number and title, and type of special arrangement required.

F. Veterans Credits: War Time Veterans and Disabled Veterans are eligible for extra credits added to their exam score, if they pass. If you want to have the extra credits added to your exam score, you must answer all the veterans' questions on the front of the application now. Application for Veterans' Credits will be mailed with the Admission Notice. You can waive the extra credits later if you wish. These credits may be claimed on each application for exam, UNTIL you receive a permanent appointment using your veterans' credits. Once a permanent appointment has been received, you can no longer claim veteran's credits on your application.
AMENDMENT January 1, 2014: If non-disabled credits were used to obtain appointment/promotion and subsequent to such use applicant has now been determined to be a qualified disabled veteran, entitlement to additional credits may be applicable on future exams.

CANDIDATE FITNESS: Inquires may be made as to character and ability of all candidates. All statements made by candidates are subject to verification. Falsification of any part of the "Application for Examination or Employment" may result in disqualification and possible legal action.

Federal and State Law prohibit discrimination because of age, race, creed, color, religion, national origin, gender, sexual orientation, disability, marital status, or arrest and/or criminal conviction record unless based upon a bona fide occupational qualification or other exception.

Herkimer County is an Equal Opportunity Employer
Affirmative Action