



OSWEGO COUNTY DEPARTMENT OF PERSONNEL
 COUNTY BUILDING, 46 EAST BRIDGE STREET, OSWEGO, NY 13126
 PHONE: (315) 349-8367 FAX: (315) 349-8254
WWW.OSWEGOCOUNTY.COM

APPLICATION FOR EXAMINATION OR EMPLOYMENT

PRINT IN BLACK INK OR TYPE

ANSWER ALL QUESTIONS

SOCIAL SECURITY NUMBER: _____ - _____ - _____

NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY STATE ZIP

MAILING ADDRESS _____
(if different from above) STREET CITY STATE ZIP

HOME PHONE:(_____) _____ - _____ WORK:(_____) _____ - _____ OTHER: _____ - _____

EMAIL ADDRESS: _____

LEGAL RESIDENCE	NAME	YEARS	MONTHS	PLEASE CHECK SCHOOL DISTRICT IN WHICH YOU RESIDE
COUNTY				<input type="checkbox"/> ALTMAR-PARISH-WILLIAMSTOWN <input type="checkbox"/> CENTRAL SQUARE <input type="checkbox"/> FULTON <input type="checkbox"/> HANNIBAL <input type="checkbox"/> MEXICO <input type="checkbox"/> OSWEGO <input type="checkbox"/> PHOENIX <input type="checkbox"/> PULASKI <input type="checkbox"/> SANDY CREEK <input type="checkbox"/> OTHER: _____
CITY				
VILLAGE				
TOWN				
STATE				

INDICATE POSITION TITLE (NO EXAM REQUIRED)	AND/OR	INDICATE EXAM TITLE (ANNOUNCED EXAM ONLY)	INDICATE EXAM NUMBER	FEE PAID (OFFICE USE ONLY)	STATUS (OFFICE USE ONLY)
					A D C
					A D C
					A D C
					A D C
					A D C

EMPLOYMENT PREFERENCES: Please circle the type of work you would be willing to accept.

Full time Part time Temporary

PLEASE CIRCLE THOSE AGENCIES IN WHICH YOU WOULD BE WILLING TO ACCEPT WORK.

County Towns Villages School Districts*

** Does not include City of Oswego or City of Fulton School Districts.*

LEVEL OF EDUCATION: Please circle highest level of education completed.

High School Associate Bachelor Master Doctorate

NAME: _____
LAST FIRST MIDDLE

EDUCATION: LIST NAME REQUESTED BELOW	FROM – TO (mo. & yr.)	MAJOR AND MINOR	TYPE OF DEGREE OR DIPLOMA	CREDITS RECEIVED	DATE EXPECTING DEGREE OR DIPLOMA
HIGH SCHOOL OR GED			(IF GED, INCLUDE NUMBER)		
COLLEGE					
GRADUATE SCHOOL OR OTHER EDUCATION					

PLEASE LIST MOST RELEVANT COURSE WORK:

NAME OF COURSE	DIVISION	CREDIT HRS.	NAME OF COURSE	DIVISION	CREDIT HRS.

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:

Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

DRIVER'S LICENSE INFORMATION:

NONE
 OUT OF STATE _____
(Indicate State)
 NEW YORK STATE
 MOTORIST I.D. # _____
 CLASS _____ RESTRICTIONS _____
 ENDORSEMENTS _____

HIGHER EDUCATION INFORMATION:

Section 50-b of NYS Civil Service Law requires that all applicants for examination be asked the following:

Do you have any outstanding NYS guaranteed student loan?

No Yes

If yes, are you currently in default of any such loan?

No Yes

Have you been convicted of a violation of law? *YES NO. (Omit parking or speeding violations assigned a fee of \$50 or less and any offense adjudicated in Juvenile Court or under a youthful offender law.) Convictions will not necessarily disqualify you from employment.

***IF YES, YOU MUST ATTACH A LIST OF VIOLATIONS WITH DATES AND PENALTIES ON A SEPARATE SHEET OF PAPER.**

Have you ever been discharged from employment for other than lack of work or funds? *YES NO

***IF YES, YOU MUST ATTACH AN EXPLANATION OF EACH DISCHARGE ON A SEPARATE SHEET OF PAPER.**

Are you under age 18? *Yes No. ***If yes, you will be required to supply a work permit.**

NAME: _____
LAST FIRST MIDDLE

WORK EXPERIENCE: DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. Complete all information requested. Describe in detail all duties performed which are relevant to the position for which you have applied. List most current employment first. A resume may be attached to supplement this information.

LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

ADDITIONAL SHEETS MAY BE ATTACHED. Sheets must contain ALL information as requested on this form. (e.g. Number of hours worked per week, etc.)

NAME: _____
LAST FIRST MIDDLE

WORK EXPERIENCE – CONTINUED

LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

VETERANS AND DISABLED VETERANS: If you have served in the Armed Forces of the USA, in a designated time of war, and wish to claim additional examination credits, you must file a separate "Application for Veteran's Credit" form and provide appropriate military papers within ten (10) days following the date of the examination. Forms will be available at the examination site or you may request a form be mailed to you by making a check mark here. [] Please send an "Application for Veteran's Credit."

VOLUNTEER FIREFIGHTER: Do you currently serve as an active volunteer firefighter? NO YES
 If yes, where? _____ Beginning date of service _____

SPECIAL TESTING ARRANGEMENTS: Check below if you require special testing arrangements due to:
 Religious Observance Disability Alternate Date Needed (Attach an explanation of your testing needs on a separate sheet.)

REFERENCES: List the names of three individuals familiar with your abilities.

NAME	ADDRESS	PHONE
1.		
2.		
3.		

OSWEGO COUNTY – AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Oswego County Personnel Office to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record.

STATEMENT:
 I declare that all my statements made in this application (and any accompanying attachments) are true and complete to the best of my knowledge. Any false statements made on this application or in subsequent interviews will result in immediate rejection or discharge from employment.
 I authorize Oswego County to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials.
 I understand that acceptance of this application for employment by Oswego County does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

DATE: _____ SIGNATURE: _____