



**TIOGA COUNTY PERSONNEL DEPARTMENT
APPLICATION FOR EXAMINATION OR EMPLOYMENT**
56 Main St., Owego, NY 13827 www.tiogacountyny.com
Phone: (607)687-8494
Fax: (607) 223-7074 – Attn.: Civil Service

Title of position or exam applying for, exam # if applicable

I am interested in Full-time and/or Part-time Employment

General Information

1. NAME AND ADDRESS: Immediate written notice should be given of any change in mailing address, legal residence address, email address, or name change by requesting a "Change of Information" Form from the Tioga County Personnel Dept. Failure to do so may jeopardize your status on an eligible list.

Last Name _____ First Name _____ Initial _____ Social Security # _____

Legal Address:	Mailing Address (if different from legal):
No., Street _____	No., Street _____
City/Village _____	City/Village _____
State _____ Zip _____	State _____ Zip _____

How long have you resided here? (Years/months) ____ / ____

Home Phone # _____ **School District of:** _____

Cellular Phone # _____ **County of:** _____

E-Mail Address _____ **Town of:** _____ **Village of:** _____

Are you 18 years of age or older? YES NO If you answered no, or if maximum and/or minimum age limits are established for the position applied for, please enter date of birth here: ____/____/____

2. WAR TIME VETERANS' CREDIT – Complete this section ONLY if you wish to claim War Time Veterans' Credits and you have NOT used veterans' credits for appointment to a position in NY State or Local Government. Your answers must be "YES" to be eligible for additional credits to be added to a passing examination score.

- | | Yes | No | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------|-------------------------------|--------------------|--------------------|--------------------------------|---------------------|---------------------|--------------------------------|--|---------------------|--|--|--|--|
| A) I expect to receive or have already received a discharge that was honorable or release under honorable circumstances from 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, and the National Guard when in service for the United States. Service must be on a full-time active duty basis other than active duty for training purposes. | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| B) I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods. | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><u>In the Armed Forces:</u></td> <td><u>or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:</u></td> <td><u>or in the US Public Health Service:</u></td> </tr> <tr> <td>*8/2/90 to the date when the Persian Gulf hostilities end;</td> <td>*(Panama) 12/20/89 – 01/31/90</td> <td>*6/27/50 – 7/03/52</td> </tr> <tr> <td>*2/28/61 – 5/7/75;</td> <td>*(Lebanon) 06/01/83 – 12/01/87</td> <td>*7/29/45 – 12/31/46</td> </tr> <tr> <td>*6/27/50 – 1/31/55;</td> <td>*(Grenada) 10/23/83 – 11/21/83</td> <td></td> </tr> <tr> <td>*12/7/41 – 12/31/46</td> <td></td> <td></td> </tr> </table> | <u>In the Armed Forces:</u> | <u>or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:</u> | <u>or in the US Public Health Service:</u> | *8/2/90 to the date when the Persian Gulf hostilities end; | *(Panama) 12/20/89 – 01/31/90 | *6/27/50 – 7/03/52 | *2/28/61 – 5/7/75; | *(Lebanon) 06/01/83 – 12/01/87 | *7/29/45 – 12/31/46 | *6/27/50 – 1/31/55; | *(Grenada) 10/23/83 – 11/21/83 | | *12/7/41 – 12/31/46 | | | | |
| <u>In the Armed Forces:</u> | <u>or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:</u> | <u>or in the US Public Health Service:</u> | | | | | | | | | | | | | | | |
| *8/2/90 to the date when the Persian Gulf hostilities end; | *(Panama) 12/20/89 – 01/31/90 | *6/27/50 – 7/03/52 | | | | | | | | | | | | | | | |
| *2/28/61 – 5/7/75; | *(Lebanon) 06/01/83 – 12/01/87 | *7/29/45 – 12/31/46 | | | | | | | | | | | | | | | |
| *6/27/50 – 1/31/55; | *(Grenada) 10/23/83 – 11/21/83 | | | | | | | | | | | | | | | | |
| *12/7/41 – 12/31/46 | | | | | | | | | | | | | | | | | |
| C) I am a New York State resident. | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |

To claim additional credits as a Disabled Veteran, you must also answer "YES" to this question:
I am certified by the federal Department of Veterans Affairs for a service connected disability rated at 10% or more incurred during a "Time of War" period listed above.

Yes No

A completed and notarized Application for Veterans' Credits along with a copy of your DD214 must be received in this office prior to the establishment of the eligible list. Forms are available at the Tioga County Personnel Office, online, or you may request a form be mailed to you by making a check mark here.

[] Please send an "Application for Veterans' Credits."

For Administrative Use Only **Dept. Receipt Stamp**

Payment / Fee Waiver Date: _____ Ck. # _____ Receipt #: _____

Approved: _____ Disapproved: _____ Conditional pending: _____ CBC: _____

Comments: _____

3. Place an "X" in the appropriate space. An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying:

- | | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. Are you an American citizen or, if not, do you have the legal right to accept employment in the US? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do you require special accommodations for examination (see examination announcement)? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are you the child of a firefighter or police officer killed in the line of duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do you now, or have you ever, worked for any agency under Tioga County's jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have you ever been convicted of a crime (felony or misdemeanor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Are you now under any charges for any crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Did you ever receive a discharge from the Armed Forces of the United States that was other than "Honorable", or which was issued under other than honorable conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds, disability or medical conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Did you ever resign from any employment rather than face dismissal? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to question C and this application is for a Civil Service examination, additional information may be required to determine eligibility for additional credits. If you answered "YES" to any of the questions E-I, you may give specifics under "Comments" on the last page of this application. If you elect not to provide specifics, or if such explanation is insufficient, a confidential investigation inquiry may be sent to you.

Education and Training

4. Have you graduated from high school? YES NO

5. EDUCATION: (If more space is required, attach additional sheets in the same format.)

Type of School	Name and Address of School	Type of Course or Major Subject	Total College Credits Received	Type of Degree Received
High School or GED		GED #	STATE:	
Accredited College or University				
Accredited College or University				
Professional/ Technical School				
Other School or Special Coursework				

6. LICENSES: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination/position(s) for which you are applying, complete the following:

Name of Trade or Profession:	License Number:	Granted by: (licensing agency)
Specialty:	Date License First Issued:	Current Registration Date: (month/year) From: ____/____ To: ____/____
Name of Trade or Profession:	License Number:	Granted by: (licensing agency)
Specialty:	Date License First Issued:	Current Registration Date: (month/year) From: ____/____ To: ____/____

7. DRIVER LICENSE:

Do you have a valid license to operate a motor vehicle in New York State? YES Class: _____ NO

Driver License # _____

Work History

8. EXPERIENCE: Provide the following information of your past and current employers, starting with the most recent. **Duties:** Describe the nature of the work personally performed by you, with estimate of percentages 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. Explain any gaps in employment in the **Comments** section at the end of the application. You are responsible for submitting an accurate, adequate and clear description of your experience. **Vagueness will not be resolved in your favor.**

Length of Employment (month/year): From: / To: /	Firm Name	Address	City and State
Firm Phone #:	Your Exact Title:		Name/Title of Supervisor:
Hours worked per week:	Reason for Leaving:		Type of Business:
Duties (See directions above.):			

Length of Employment (month/year): From: / To: /	Firm Name	Address	City and State
Firm Phone #:	Your Exact Title:		Name /Title of Supervisor:
Hours worked per week:	Reason for Leaving:		Type of Business:
Duties (See directions above.):			

Length of Employment (month/year): From: / To: /	Firm Name	Address	City and State
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Hours worked per week:	Reason for Leaving:		Type of Business:
Duties (See directions above.):			

Length of Employment (month/year): From: / To: /	Firm Name	Address	City and State
Firm Phone #:	Your Exact Title:		Name /Title of Supervisor:
Hours worked per week:	Reason for Leaving:		Type of Business:
Duties (See directions above.):			

I hereby authorize Tioga County to make reference checks on any of my present or past employers. (If for any reason you do not wish us to contact your present or past employers, please give specifics here):

Is additional information relative to change of name or use of an assumed name or nickname necessary to enable a check on your work record? YES NO

If yes, explain: _____

COMMENTS including explanation of any gaps in employment: _____

How did you hear about us?

- | | | |
|------------------------------------------|--------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Government Employee |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Tioga Employment Center | <input type="checkbox"/> NYS Employment Office |
| <input type="checkbox"/> Vacancy Posting | <input type="checkbox"/> Exam Announcement | <input type="checkbox"/> Other _____ |

If via a Vacancy Posting or Exam Announcement, what location did you see it posted?

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, domestic violence victim status, familial status, genetic predisposition or carrier status or marital status. 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, sexual orientation, military status, sex, disability, genetic predisposition or carrier status or marital status in connection with employment in the municipal service of the County of Tioga.

I declare, subject to penalties of perjury, that the statements made on this Application and any attached documentations have been examined by me and to the best of my knowledge and belief are true and correct. I understand that all statements made by me in connection with the civil service application for examination or employment are subject to investigation and verification. I further understand that I may be required to undergo a State and National criminal background investigation to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification. A record of disrespect for the requirement and process of law may be grounds for disqualification for examination or, after examination, for certification and appointment. Additionally, any material misstatement or fraud may disqualify me from appointment and/or lead to revocation of appointment. In addition, false statements are punishable as a Class A misdemeanor under Section 210.45 of the NYS Penal Law.

Signature of Applicant

Date

IF REVISED:
Applicant's Signature: _____

Date: _____