# CHENANGO COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

			8. Ch	eck Appropriate Box:		
Pos	ition Title	Examination Number		Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?		
				☐ YES ☐ NO		
<b>NOTE:</b> A separate application must be completed for each separately numbered examination you wish to take, and for each separately titled				Did you ever resign from any employment rather than		
position you apply for. When filling out your application form, check to make				face dismissal?		
sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.				Did you ever receive discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?		
ALL STA	TEMENTS ARE SUBJECT TO	VERIFICATION		☐ YES ☐ NO		
1. NAME and L	EGAL RESIDENCE (Please Pri	nt)	D.	Have you ever been convicted of any crime (felony or misdemeanor)?		
Las	t First	MI	E.	Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?		
	Oliverat Adalas as an Bast Office	D	-	☐ YES ☐ NO		
	Street Address or Post Office	Box	F.	Are you now under charges for any crime?  YES NO		
	Dity Stat	te Zip Code	G.	Are you an exempt volunteer firefighter?		
	•		If you ar	nswered "YES" to any of the questions 8 A-G above, you may		
Phone Number (II	nclude Area Code)			cifics under "Remarks" on page 4 of this application. If you elect		
Home/Cell:	Busines:	s:		rovide specifics, however, or if such explanation is insufficient, be required to submit further information.		
Email Address:				f the above circumstances represents an automatic bar to		
			employment. Each case is considered and evaluated on individu			
			merits in relation to the duties and responsibilities of the position which you are applying.			
SHERIFF A	the positions such as POLIC ND CORRECTION OFFICER ge limits are established for the p birth here:	or if minimum and/or	9. Ple sur Cre	ase answer the following questions for Veterans' Credits. Be e that you read Instruction E on Page 4 relating to Veterans' edits.		
			Α.	Are you a Veteran? ☐ YES ☐ NO		
MONTH:	DAY:	YEAR:		COMPLETE 9.B.i-iii IF YES TO 9A		
			. i.	Are you: A Disabled Veteran		
4. Are you unde	er 18 years of age?	☐ YES ☐ NO	☐ A Nondisabled Veteran			
(Optional: Se	ESTING ARRANGEMENTS are Instruction D on page 4) atturday religious observer and catheduled test date.		ii.	Have you received or do you expect to receive a discharge which 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, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by		
6. Are you auth	orized to work in the United Stat	tes? 🗆 YES 🗆 NO	Law on a full-time active duty basis other than active duty training purposes.)  III. Have you ever used additional credits as a disabled or n disabled veteran for appointment to any position in the pullemployment of New York State or any of its civil divisions?			
	ppointment you will be required ish your identity and your eligibiles.					
you have res	State your actual permanent legal residence and indicate how long you have resided there continually, up to and including the date of the			YES NO you a United States Citizen or an alien lawfully admitted for		
application.				manent residence?		
	Name	Years Months	<b>11.</b> Are	you currently a resident of New York State?		
School District:		inc.inc	1	☐ YES ☐ NO		
Village of:				THIS AFFIRMATION MUST BE COMPLETED		
Town of:			11	necking this box, I affirm, subject to the penalties of perjury, that		
County of:				ments made in this application and any supplemental papers are		
			application	derstand that all statements made by me in connection with this on are subject to investigation and verification and that a material		
State of:	<u> </u>		misstater	ment or fraud may disqualify me from appointment or		
Application:	DO NOT WRITE IN THIS SP		examination and/or lead to revocation of my appointment, and I he authorize investigation of all matters contained in this application. I ful agree that this is equivalent to my original signature and that I may required to sign this application form at a future date.			
☐ Approved _	Disapproved	☐ Conditional		Date:		
Exam Fee:	_		Please p	rint below any other last name by which you are or have been		
☐ Collected	☐ Not submitted	☐ Waived	11			

12.	2. EDUCATION If college coursework or a college degree is required for appointment or examination a candidate <u>must</u> submit proof of education. Normally a college transcript will satisfy this requirement. Filing of applications should not be delayed while obtaining transcripts.									
	A. Have you graduated from High School?									
	If yes, indicated name and location of High School:									
	B. If you have a high school equivalency diploma, indicate issuing governmental authority:									
	Number:  C. APPLICANTS CLAIMING COLLEGE CREDITS MUST SUBMIT A COPY OF THEIR COLLEGE TRANSCRIPTS BY									
	C.			EDITS MUSTS	SUBMIT A COP	Y OF THEIR	COLLEGE	TRANSCRIPTS	SBY	
	EMAIL TO: vgnewberlin@stny.rr.com									
	☐ Transcripts emailed to vgnewberlin@stny.rr.com  Transcripts requested from college									
			Name of School & City in which	located	Were you graduated?	Type of or Major		Number of credits received	Type of Degree	Date degree received or expected
	College									
Pro	ofessio Techn	onal,								
	Schoo									
	Snoois	a l								
	Specia Course									
13.	PRC	DFESS	IONAL LICENSE OR CERTIFICAT	ION						
	Com	nplete	the following if a license, certificate,	or other author		ce a trade or	r profession	is required for e	examination	or appointment
	to th	ne posi	tion sought. If not currently licensed	l, check this bo	рх: 🗆					
			Name of Trade or Profession		ense Number	Crantod h	by (Licensing /		City or St	ato of
		1	value of Frage of Fragession	Lice	ense Number	Granted L	by (Licensing /	Agency)	City of St	ale of
			Specialty	Date Licer	nse First Issued		Registe	red From: (Mo./Y	r.) To: (Mo./	Yr.)
14.		_	LICENSE sitions require possession of a valid	New York Sta	ta Drivers Licen	se at time of	annointmen	at If required fo	r the positio	n vou are
			or, do you have a valid New York Sta				CLASS:		i ilic positio	in you are
15.	DES	CRIP	TION OF EXPERIENCE				_			
		٠.	th your most recent job first, describeted in detail, a resume may not se	_						
	state	es that	volunteer or unpaid experience is a ience Type" box. Qualifying voluntee	cceptable as	qualifying, desc	ribe it in the	same way a	s paid work sh	owing its vo	olunteer nature in
	for s	submitt	ing an accurate, adequate, and clear	description of	your experience	. Omissions	s or vaguen	ess will NOT b	e interpret	ed in your favor.
			e had military service which includes ed in the course of your service in ar							
			tach 8 $\frac{1}{2}$ "x11" sheets of paper). Unc							
			by you and the extent of such supe		e or time spen	- Con each ty	ype or worr	. State Size at	IG KING OF W	TOIR IOICE, II ally,
Firm Name:		Address:			City & State	e:	Phone	Number:		
Length of Employment (MM/YYYY)		yment (MM/YYYY)	Describe Dut	ies:						
TO:  FROM:			FROM:							
Experience Type:			e: 🗌 Paid 🔲 Volunteer							
Your exact title:										
Name of Supervisor:			isor:							
Supervisor's title:										
Number hours worked per week:(Exclusive of Overtime)				Paggan for L	ooving:					

Firm Name:	Address:	City & State:	Phone Number:			
Length of Employment (MM/YYYY)	Describe Duties:					
TO:  FROM:						
Experience Type:  Paid  Volunteer						
Your exact title:						
Name of Supervisor:						
Supervisor's title:						
Number hours worked per week:						
(Exclusive of Overtime)	Reason for Leaving:					
Firm Name:	Address:	City & State:	Phone Number:			
Length of Employment (MM/YYYY)	Describe Duties:					
TO:  FROM:						
Experience Type:						
Your exact title:						
Name of Supervisor:						
Supervisor's title:						
Number hours worked per week:						
(Exclusive of Overtime)	Reason for Leaving:					
Firm Name:	Address:	City & State:	Phone Number:			
Firm Name:	Address:	City & State:	Phone Number:			
Firm Name:  Length of Employment (MM/YYYY)	Address:  Describe Duties:	City & State:	Phone Number:			
		City & State:	Phone Number:			
Length of Employment (MM/YYYY)		City & State:	Phone Number:			
Length of Employment (MM/YYYY)  TO:  FROM:		City & State:	Phone Number:			
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:		City & State:	Phone Number:			
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:		City & State:	Phone Number:			
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:	Describe Duties:	City & State:	Phone Number:			
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:		City & State:	Phone Number:			
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:	Describe Duties:	City & State:	Phone Number:  Phone Number:			
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:	Describe Duties:  Reason for Leaving:  Address:					
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:	Describe Duties:  Reason for Leaving:					
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:	Describe Duties:  Reason for Leaving:  Address:					
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:	Describe Duties:  Reason for Leaving:  Address:					
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:	Describe Duties:  Reason for Leaving:  Address:					
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:	Describe Duties:  Reason for Leaving:  Address:					
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:	Describe Duties:  Reason for Leaving:  Address:					
Length of Employment (MM/YYYY)  TO:   FROM:    Experience Type:	Describe Duties:  Reason for Leaving:  Address:					

#### **MAIL OR DELIVER TO:**

Village of New Berlin PO Box 280 13 South Main Street New Berlin, NY 13411 vgnewberlin@stny.rr.com

### **INSTRUCTIONS AND INFORMATION**

### A. ANNOUNCEMENTOF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application, be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

### **B. ADMISSION TO EXAMINATION**

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test may NOT be notified of their score.

Call this agency immediately if you do not receive a notice within three days of examination informing you whether or not you are to be admitted to the examination.

### C. CHANGE OF ADDRESS or PHONE NUMBER

Notify this agency immediately of any change of address or phone number. When writing give the number and title of examinations.

## D. SPECIAL TESTING ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination), or if you require reasonable accommodations in order to participate in the examination, you must EITHER:

1. Check the appropriate box in question 5 and indicate the special arrangements you require in the remarks section below

OR

Write to this agency no later than the last date of filing for this examination. Your request must include examination number and title and the special type of arrangements required.

#### E. VETERANS' CREDITS

If you are making a claim for veterans' credits with this application, be sure you read the following information very carefully.

Any claim for additional credit as a disabled or non-disabled veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check the appropriate category in question 9A and answer all questions 9.A-B.i-iii. Failure to do so accurately and completely may result in a denial of your claim.

If you are claiming credits as a disabled veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions 9.A and 9.B, and a "NO" answer to question 9.B.iii, be certified by the veterans' administration as being entitled to receive payments for a service-connected disability rated at 10 percent (10%).

Persons claiming credit as disabled veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veterans' credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment from any eligible list on which you have been granted additional credit as a result of such misstatement or fraud.

Chenango County is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of one's race, including hairstyles or traits associated with race, creed, color, national origin, age, sex, religion, disability, sexual orientation, gender identity or expression, marital status, military status, familial status, domestic violence victim status, predisposing genetic characteristics, prior arrest or conviction record, reproductive health decision making, or any other status protected by State or Federal Law. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to race, including hairstyles or traits associated with race, creed, color, national origin, age, sex, religion, disability, sexual orientation, gender identity or expression, marital status, military status, familial status, domestic violence victim status, predisposing genetic characteristics, prior arrest or conviction record, reproductive health decision making, or any other status protected by State or Federal Law.

Sig	nature:			Date:		
ı	REMARKS: (Use thi	is space to provide any	additional information, as	necessary. If more space	ce is required, attach addi	tional 8 1/2"x11" sheets).