MADISON COUNTY CIVIL SERVICE
EMPLOYMENT & EXAM APPLICATION

County Office Building #4
138 North Court Street, P.O. Box 636
Wampsville, New York 13163
Phone: (315) 366-2341
www.madisoncounty.ny.gov

FOR CIVIL SERVICE USE ONLY
Approved: _____
Conditioned: _____
Disapproved: _____

Position or Exam Title: _____ **Exam Number:** _____ *(If applicable)*

IMPORTANT INSTRUCTIONS: Type or print clearly in ink. You must complete the entire application, even if you include a resume. If signing up for a Civil Service exam, you must read the exam announcement for additional instructions. Answer all questions accurately and thoroughly. All statements are subject to verification. Incomplete applications may be disapproved. Please notify our office immediately of any changes in name or address.

SECTION 1 (Contact Information)

Applicant Name: _____ (Last Name) _____ (First Name) _____ (M.I.) Soc. Sec. # _____ (Provide Full Number)

Legal Address: _____ (Must be a Street Address) _____ (City) _____ (State) _____ (Zip Code)

Mailing Address: (If different than legal) _____ (Can be a P.O. Box or Street Address) _____ (City) _____ (State) _____ (Zip Code)

Phone Numbers: _____ (Home) _____ (Work) _____ (Cell)

E-Mail Address: _____

Your actual current permanent **LEGAL RESIDENCE** is located in the:		
	County of	School District of
	Town of	Village of
	State of	

SECTION 2 (Veteran Status/Cross-Filing & Accommodations)

War-Time Veterans' Credit - Complete this question **ONLY** if you wish to claim War-Time Veterans' credits and you have **NOT** used veterans' credits for appointment to a position in New York State or Local Government.

☐ YES ☐ NO 1. **Are you a war-time veteran or on active duty in the U.S. Armed Forces?** If yes, you must submit the required Veteran Application for Credit and applicable forms by the date of the exam. Forms can be downloaded at https://www.madisoncounty.ny.gov/DocumentCenter/View/495/Application-and-Instructions-for-Veterans-Credit-PDF or call (315) 366-2341. Include a copy of your DD-214 Member 4 copy.

☐ YES ☐ NO 2. **Are you cross-filing?** If you are applying for additional civil service exams (other than Madison County exams) which are scheduled on the same date, you must include a CROSS-FILING FORM with your application. Form can be downloaded at https://www.madisoncounty.ny.gov/DocumentCenter/View/9757/Cross-Filer-Form or call (315) 366-2341.

☐ YES ☐ NO 3. **Do you require a reasonable accommodation as part of the testing process?** If so, please contact the Madison County Department of Personnel/Civil Service at (315) 366-2341.

SECTION 3 (Affirmation)

AFFIRMATION: By signing this application, I affirm under penalties of perjury that all statements made on this application (including any attachments) are true. I understand that all statements made by me in connection with the application are subject to investigation and verification, including that I may be subject to pre-employment drug testing and/or background investigation, and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. **AN UNSIGNED APPLICATION WILL RESULT IN ITS DISAPPROVAL.**

X
Signature of Applicant
Date
Print all other names by which you are or have been known

CIVIL SERVICE USE ONLY	
___ Waiver (form)	___ Emp. Waiver
___ Money Order	___ Credit Card
___ No Fee	___ Unpaid

Name: _____ _____ _____
(Last Name) (First Name) (MI)

SECTION 4

An answer of "YES" to any of the following questions does not represent 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.

	Yes		No	A.	Were you ever dismissed or discharged from any employment for reasons other than lack of work, lack of funds, disability or medical condition?
	Yes		No	B.	Did you ever resign from any employment rather than face dismissal?
	Yes		No	C.	Have you ever been convicted of any crime (felony or misdemeanor)? For purposes of this application, convictions which have been sealed, resulted in a youthful offender adjudication or were dismissed are not considered reportable convictions.
	Yes		No	D.	Are you now pending any charges or arrests?
	Yes		No	E.	Did you ever receive a dishonorable discharge from the Armed Forces of the United States?

If you answered "yes" to any of the above questions, please explain: *(Attach additional sheets, if necessary.)*

SECTION 5 (Driver's License)

Instructions: Complete this section only if a driver's license is required for the position.

Do you have a current, valid New York State Driver's License?		Yes		No	If yes, provide expiration date:

If yes, indicate class: ___A ___B ___CDL-C ___Non-CDLC ___D ___DJ ___E ___M ___MJ Endorsements: ___ P *(Passenger)* ___ S *(School Bus)*

SECTION 6 (High School Education/GED)

Do you have a High School Diploma? ☐ Yes ☐ No _____ (High School Name) _____ (City) _____ (State)

If not, do you have a General Equivalency Diploma? ☐ Yes ☐ No _____ (GED Number) _____ (Name of Issuing Governmental Authority)

SECTION 7 (Additional Education)

College, University, Professional or Technical School *(Print name and address of school)*	# Credits Received	Type of Degree Received	Major Subject or Type of Course	Did you Graduate?	If no degree yet, when do you expect to receive it?
				___ Yes ___ No	____/____ Month Year
				___ Yes ___ No	____/____ Month Year

SECTION 8 (Certifications or Other Licenses)

Instructions: Complete this section only if a license, certificate or authorization to practice a trade or profession is required for the position.

Trade or Profession	License or Certificate Number	Issued By: (Name of Licensing Agency, City & State)

Are you currently licensed? ☐ Yes ☐ No License or Registration Dates From ____/____ Month Year to ____/____ Month Year Date License First Issued ____/____/____ D M Y

SECTION 9

	Yes		No	A.	Are you registered with the County Clerk as an exempt Volunteer Firefighter? *(Proof will be required at time of hire.)*
	Yes		No	B.	Are you <u>under</u> the age of 18? If yes, please provide date of birth: ____/____/____
	Yes		No	C.	Are you applying for a Police Officer or Deputy Sheriff position? If yes, please provide date of birth: ____/____/____
	Yes		No	D.	Are you applying for a Corrections Officer position? If yes, please provide date of birth: ____/____/____
	Yes		No	E.	Are you a citizen of the United States? (If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the U.S.)
	Yes		No	F.	If you are not a citizen of the U.S., do you have the legal right to accept employment in the U.S.? *(You <u>MUST</u> submit a copy of the document(s) allowing you to work in the United States.)*

NAME: _____ _____ _____
(Last Name) (First Name) (M.I.)

SECTION 10 (Employment History)

You must complete this section, even if you include a resume. To receive credit for employment experience, this section MUST be completed thoroughly. List all employment or military service that shows you meet the minimum qualifications. Be sure to include specific dates, hours per week and earnings. Begin with your most recent employment. Describe in detail any employment that qualifies you for the position. Volunteer experience should be documented. Under DESCRIPTION OF DUTIES, describe the nature of the work you performed, with an estimated percentage of time spent on each type of activity. If you were a supervisor, state how many people you supervised and the nature of the supervision. Unless otherwise specified, experience will be interpreted to mean "PAID EXPERIENCE" only. Part-time paid work experience will be accepted based on its full-time equivalent. Omissions or vagueness will NOT be resolved in your favor.

DATES OF EMPLOYMENT		
FROM: ____ / ____ (Month / Year) TO: ____ / ____ (Month / Year) APPROXIMATE HOURS/WEEK (exclusive of overtime)	BUSINESS NAME *STREET ADDRESS* CITY STATE	YOUR EXACT TITLE NAME OF YOUR SUPERVISOR TITLE OF YOUR SUPERVISOR

DESCRIPTION OF DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT		
FROM: ____ / ____ (Month / Year) TO: ____ / ____ (Month / Year) APPROXIMATE HOURS/WEEK (exclusive of overtime)	BUSINESS NAME *STREET ADDRESS* CITY STATE	YOUR EXACT TITLE NAME OF YOUR SUPERVISOR TITLE OF YOUR SUPERVISOR

DESCRIPTION OF DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT		
FROM: ____ / ____ (Month / Year) TO: ____ / ____ (Month / Year) APPROXIMATE HOURS/WEEK (exclusive of overtime)	BUSINESS NAME *STREET ADDRESS* CITY STATE	YOUR EXACT TITLE NAME OF YOUR SUPERVISOR TITLE OF YOUR SUPERVISOR

DESCRIPTION OF DUTIES:

REASON FOR LEAVING:

NAME: _____ _____ _____
(Last Name) (First Name) (M.I.)

DATES OF EMPLOYMENT		
FROM: ____ / ____ Month Year TO: ____ / ____ Month Year APPROXIMATE HOURS/WEEK (exclusive of overtime)	BUSINESS NAME	YOUR EXACT TITLE
	STREET ADDRESS	NAME OF YOUR SUPERVISOR
	CITY STATE	TITLE OF YOUR SUPERVISOR
DESCRIPTION OF DUTIES:		
REASON FOR LEAVING:		

DATES OF EMPLOYMENT		
FROM: ____ / ____ Month Year TO: ____ / ____ Month Year APPROXIMATE HOURS/WEEK (exclusive of overtime)	BUSINESS NAME	YOUR EXACT TITLE
	STREET ADDRESS	NAME OF YOUR SUPERVISOR
	CITY STATE	TITLE OF YOUR SUPERVISOR
DESCRIPTION OF DUTIES:		
REASON FOR LEAVING:		

If you have additional work experience, please attach additional 8½ x 11 sheets. Be sure to include your name on all attachments. Sheets must contain all information as requested on this form.

Do you have any objections to our contacting your previous or current employers? ____ Yes ____ No

If yes, please explain:

The County of Madison will not discriminate against any employee or applicant for employment because of race, creed, religion, color, sex, national origin, sexual orientation, gender identity or expression, familial status, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status and shall also follow the requirements of the New York State Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest; will undertake or continue existing Equal Employment Opportunity programs to ensure that minority group members, women, and other protected group members are afforded equal employment opportunities without unlawful discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members, women, and other protected members in its work force.

The County of Madison shall comply with the provisions of the New York State Human Rights Law, and all other State and Federal statutory and constitutional non-discrimination provisions as related to employment.

Eligibility for Employment – You must be legally eligible to work in the United States at time of appointment and throughout your employment with Madison County. If appointed, you must provide documents that establish your identity and eligibility to work in the United States, as required by the Federal Immigration Reform and Control Act of 1986 and the Immigration and Nationality Act.