

**CORTLAND COUNTY
PERSONNEL/CIVIL SERVICE**

COUNTY OFFICE BUILDING
60 Central Avenue * Cortland, NY 13045-2746
Telephone 607 753-5076 * FAX 607 758-5517
TTY Users: 1-800-662-1220
Website: www.cortland-co.org

FOR P/CS USE ONLY

Approved _____
Disapproved _____
Conditional _____
App. Amended _____

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Cortland County City of Cortland Towns
Villages School Districts
Cortland Housing Authority Soil & Water Conservation District

Fee _____ Paid _____ Voucher _____
Receipt No _____ Received _____
Vet AP Sent AP Recd Approved V DV Disapproved
NYS Loan Balance Yes No

THIS APPLICATION IS PART OF YOUR EXAMINATION. ANSWER ALL QUESTIONS FULLY AND CAREFULLY.
Type or print in ink. You may attach additional information if necessary.

1. VACANCY/EXAMINATION TITLE APPLYING FOR _____ EXAM NUMBER : _____

2. NAME:
LAST _____ FIRST _____ MI _____
SOCIAL SECURITY NUMBER - - -

3. **VETERANS CREDIT** (check one): No Current Member of Armed Forces Veteran Disabled Veteran
A. If you are a Veteran, submit DD214 and Veterans Application with this application.
B. If you are currently in the armed forces, acceptable proof may include a Military I.D. card, military orders or other official military documents that substantiate active military service at the time of the examination.

4. Law enforcement, Firefighters, Highway, DPW, Youth Bureau positions and positions requiring a commercial drivers license have minimum age restrictions. If you are applying for one of these positions OR if you are under the age of 18, enter your date of birth here: ___/___/___.

5. INDICATE YOUR ANSWER BY PLACING AN "X" IN THE APPROPRIATE SPACE

	YES	NO
A. Are you an American citizen or, if not, do you have the legal right to accept employment in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
B. Do you now, or have you ever worked for an agency under Cortland County's jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
C. Are you an exempt volunteer firefighter	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you require special arrangements for examination (Saturday Sabbath observer or disability)?	* <input type="checkbox"/>	<input type="checkbox"/>
E. Were you ever dismissed from any employment for reasons other than lack of work?	* <input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever forfeited a bail bond posted to guarantee your appearance in court?	* <input type="checkbox"/>	<input type="checkbox"/>
G. Have you ever been convicted of a felony or misdemeanor? Also list sealed and youthful offender records when applying for law enforcement and/or mental health positions. If yes, court documentation & written explanation must be provided. You may omit traffic violations.	* <input type="checkbox"/>	<input type="checkbox"/>
H. Are you presently in default on any loan made or guaranteed by the New York State Higher Education Services Corporation?	* <input type="checkbox"/>	<input type="checkbox"/>

*If yes, please use the space below to give a full explanation. A "yes" answer to D,E,F,G or H will not necessarily disqualify you. Each case is evaluated on an individual basis in relation to the duties and responsibilities of the position for which you have applied.

6. How did you hear about this vacancy/exam? Web page Newspaper Posting _____ Other _____
(where)

REMARKS. Use this space to provide any information, as necessary. If more space is required, attach additional 8 1/2" by 11" sheets.

YOU MUST THOROUGHLY COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS OFFICIAL APPLICATION FORM WHETHER YOU SUBMIT A RESUME OR NOT.

7. TITLE, YOUR NAME, LEGAL ADDRESS, ETC.: (Those interviewing will see only the following pages and any attachments.)

Title of Position Applying For:	Final Approval:
Applicant's Name:	Conditional:

STREET _____

CITY _____

STATE _____

ZIP CODE _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE _____

VILLAGE _____

Years and/or Months There _____ / _____

TOWN _____

Years and/or Months There _____ / _____

COUNTY _____

Years and/or Months There _____ / _____

SCHOOL DISTRICT _____

Years and/or Months There _____ / _____

HOME TELEPHONE _____

BUSINESS TELEPHONE _____

NOTE: You must keep your address and telephone numbers current

DRIVER'S LICENSE NUMBER _____

CLASS _____

ENDORSEMENTS _____

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

Applicants must submit a transcript if applying for a vacancy or exam that requires a college degree or specific number of credit hours

Type of School	Name and Address of School	Type of Course or Major Subject	Total College Credits Received	Type of Degree Received	Have you received degree?
High School		N/A	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	N/A
GED		GED #	State:	N/A	
Accredited College or University					<input type="checkbox"/> Yes <input type="checkbox"/> No
Accredited College or University					<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional/ Technical School					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other School or Special Coursework					<input type="checkbox"/> Yes <input type="checkbox"/> No

9. LICENSES: List below any licenses, certifications or authorizations to practice a trade or profession.

Name of Trade or Profession:	License Number:	Granted by:
Specialty:	Date License First Issued:	Current Registration Date : Expiration Date:
Name of Trade or Profession:	License Number:	Granted by:
Specialty:	Date License First Issued:	Current Registration Date: Expiration Date:

THE COUNTY DOES NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF SEX, RACE, OR HANDICAP IN VIOLATION OF TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, OR S504 OF THE REHABILITATION ACT OF 1973.

10. EXPERIENCE;

On the following pages, list a consecutive history of all employment or occupations that you have ever had, including military experience. **Start with your current or most recent employment first and work your way backward.** Include any verifiable volunteer experience that you feel is relevant. Applicants may be required to furnish satisfactory proof of experience claimed. If unemployed at any time write "unemployed" in the space for firm name and give the reason for unemployment. The "DUTIES" section should contain only the work personally performed by you with estimated percentages of time for each type of work. State the size and kind of work force, if any, supervised by you and the extent of such supervision. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission, vagueness or fabrications will not be interpreted in your favor. Attach additional sheets as necessary. You must use the same format as that provided below.

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:	Duties:		
LAST SALARY PER /WK			
WHY DID YOU LEAVE?			

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:	Duties:		
LAST SALARY PER/WK			
WHY DID YOU LEAVE?			

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:	Duties:		
LAST SALARY PER/WK			
WHY DID YOU LEAVE?			

10. EXPERIENCE CONTINUED

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:	Duties:		
LAST SALARY PER/WK			
WHY DID YOU LEAVE?			

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr.	Type of Business:	Your Title:	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:	Duties:		
LAST SALARY PER/WK			
WHY DID YOU LEAVE?			

Nepotism Policy- The County shall employ no person in any position that places such person under supervision of another employee to whom such person is a relative. Definition of a relative- includes individuals who are related by blood, marriage or adoption including the following: parent, child, spouse, brother, sister, grandparent, grandchild, adopted or foster child, in-laws and step-relationships. A person may not be offered a position if employment would create either an actual conflict of interest or the appearance of a conflict of interest. Exceptions can be made; see the Cortland County Policy.

Do you have a relative or relatives as defined above working directly for Cortland County?
 Yes No

If you answered yes, please list first and last names, relationship and department (if known). Use back of form if more space is needed.

Name	Relationship	Department(s)[if known]
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**FAILURE TO SIGN APPLICATION WILL RESULT IN DISAPPROVAL.
 CONSTITUTIONAL OATH**

(Signing the constitutional oath is required)

I do hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York, and I will faithfully discharge the duties of the position specified on this application according to the best of my ability.

AFFIRMATION AND RELEASE

I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury. I authorize the Personnel Officer of Cortland County, or his/her representatives, to obtain from all persons, schools, companies, corporations, credit bureaus and law enforcement agencies any records, documents and other information relative to my suitability to perform the duties of the position and further release all parties supplying said information from all liability and responsibility arising from their supplying said information.

SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____