

**CHAUTAUQUA COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT**

MAIL OR DELIVER TO:

COUNTY OF CHAUTAUQUA DEPARTMENT OF HUMAN RESOURCES • 3 N. ERIE STREET • ROOM 144 • GERACE OFFICE BUILDING • MAYVILLE, NEW YORK 14757-1007

Phone: (716) 753-4237 • Internet: www.co.chautauqua.ny.us • E-MAIL: cchrs@co.chautauqua.ny.us

Candidates for examination are instructed to avail themselves of the appropriate exam announcement prepared by, and available from the Chautauqua County Department of Human Resources. This application is part of your examination. Answer all questions fully and carefully in blue or black ink. Please indicate the specific title for which you are applying. Attach additional sheets if necessary in order to give complete and detailed information. Check to insure that all questions have been answered. An incomplete application may result in your disqualification. Make sure to complete all sections of this form. All statements are subject to verification. If you need assistance in completing this application, or reasonable accommodation to participate in the application process, please contact our office.

1. Exact Job Title or Exam Title and Number: \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Residence Address (If different than mailing address): \_\_\_\_\_  
Street (P.O. Box will not be accepted, must use current home address) City State Zip Code

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

3. Are you under 18 years of age?  Yes  No If yes, enter your date of birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

4. **ONLY** if applying for examination for Deputy Sheriff/Police Officer or Correction Officer, please indicate date of birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

5. Residency: State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **IMPORTANT** this section will determine what resident list from examination (if applicable) your name will be certified to for employment.

School District:	City or Village of:	State of:
Town of:	County of:	

How long have you resided at the address listed above? Years \_\_\_\_\_ Months \_\_\_\_\_

**Veteran's Credits – Exam applicants only** - If you are serving, or have served in the armed forces of the United States on a full-time, active duty basis during wartime, you may be eligible to receive credits as a disabled or non-disabled veteran. **To determine if you are eligible to claim veteran's credits, you must review the information listed under section #22 on the last page of this form. After you review that information, please complete section 6 below.**

6. Check the appropriate boxes below.

- No, I do not wish to claim veteran's credits
- Yes, I wish to claim credits as a **non-disabled** veteran.
- Yes, I wish to claim conditional veteran's credits (I am currently on active duty in the Armed Forces)
- Yes, I wish to claim credits as a **disabled** veteran.

7. Check appropriate box to the right of each question.

- A. Were you ever discharged from any employment for reason other than lack of work or funds?  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)?  Yes  No
- D. Have you ever been convicted of any motor vehicle violations in the past five years? (Including speeding tickets)  Yes  No

If you answered "Yes" to any of A thru D above, please give specifics in the **remarks section on the last page of this form**. If you elect not to provide specifics or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

8. Only candidates for competitive examinations must answer items A and B below:

- A. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation that are currently outstanding?  Yes  No
- B. If so, are you presently in default on any such loan?  Yes  No

9. Do you have the legal right to accept employment in the United States? Proof of legal right to work will be required.  Yes  No

10. If you are applying for exams to be held on the same date with agencies other than Chautauqua County, please indicate below.

Number \_\_\_\_\_ Title \_\_\_\_\_ Civil Service Agency \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application #	Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No CC: _____	Veterans Credits: <input type="checkbox"/> On File <input type="checkbox"/> Form Sent	
Check/MO #	ED Sent <input type="checkbox"/> Revised ED Sent <input type="checkbox"/>	Review Disposition: <input type="checkbox"/> VC <input type="checkbox"/> DVC	
Juris. Class: _____	<input type="checkbox"/> Pending Transcript <input type="checkbox"/> Pending Other (see determination notes)	Admn Ltr #1 Sent <input type="checkbox"/>	Ranking Test: <input type="checkbox"/> Appeared <input type="checkbox"/> Absent
	Determination Notes:	Admn Ltr #2 Sent <input type="checkbox"/>	Sr. Date: _____
		Qualifying Test: <input type="checkbox"/> Appeared _____ <input type="checkbox"/> Waived <input type="checkbox"/> Absent	Sr. Credits: _____
			Veteran's Credits: _____
			Final Rating: _____

**Education**

11. Have you graduated from senior high school?  Yes  No If yes, list: Name: \_\_\_\_\_ Location: \_\_\_\_\_
12. Do you have a high school equivalency diploma?  Yes  No If yes, indicate issuing authority: \_\_\_\_\_
13. If you did not graduate high school, please indicate highest grade completed: \_\_\_\_\_

**Education above high school level**

If the examination announcement asks for specific course work, on an attached sheet, list the courses that you have completed. If you claim credit for a partially completed college curriculum, attach a list of completed courses and credit or semester hours. Indicate how many credit hours or courses are required for graduation. Do NOT send a transcript unless requested on the examination announcement.

**14. Undergraduate/Graduate Studies from College, University, Professional or Technical School**

Name of School and State/City Located	Attendance Dates (Month/Year) From To	Number of Credits Received to Date	Did You Graduate?	Type of Degree Earned	Major Subject or Course of Study Please completely describe your major, minor and specialization if applicable	Date Degree Received or Expected
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/>		Month / Year
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/>		Month / Year
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/>		Month / Year
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/>		Month / Year

**15. Other Schools or Special Courses**

Name of School and State/City Located	Attendance Dates (Month/Year) From To	Number of Credits Received to Date	Were You Graduated?	Type of Degree or Certificate Earned	Major Subject or Course of Study Please completely describe your major, minor and specialization if applicable	Date Degree Received or Expected
			<input type="checkbox"/> Yes <input type="checkbox"/> No			Month / Year
			<input type="checkbox"/> Yes <input type="checkbox"/> No			Month / Year

**Driver's License (all applicants must complete)**

16. Do you have a current New York State Driver's License?  Yes  No  
Do you have a current driver's license from any state?  Yes  No  
NAME OF STATE \_\_\_\_\_
17. Class \_\_\_\_\_ I.D. Number \_\_\_\_\_ Do you have 5 or more years of driving experience?  Yes  No

18. Professional or Trade Licenses: Complete the following questions if a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the examination announcement. If not currently licensed, check this box

Name of Trade or Profession	License Number	Granted by (Licensing agency)	City or State
Specialty		Registered From:	To:

19. Have you any objections to this Department or an appointing authority making inquiry regarding your character and qualifications from your present employer?  Yes  No

20. Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work record?  Yes  No If "Yes", state name and dates.

\*\*\*Print your name \_\_\_\_\_ Social Security # \_\_\_\_\_

21. DESCRIPTION OF EXPERIENCE: You are responsible for submitting an accurate, adequate and clear description of your experience including volunteer and military service. Omissions or vagueness will NOT be interpreted in your favor. If your title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate experience. If more space is needed, attach an additional copy of this page. This section MUST be completed fully even if a resume is attached. When applicable, part-time experience may be pro-rated.

*Begin with your most recent experience and work backward consecutively to your first one. We will not refer to resumes or other applications on file.*

Length of Employment MO YR MO YR From / To /	Firm Name	Address
Total Hrs. Per Week	Earnings \$	FULLY describe your duties: _____ _____ _____ _____
Your Exact Title		
Type of Business		
Supervisor's Name & Title		
Length of Employment MO YR MO YR From / To /	Firm Name	Address
Total Hrs. Per Week	Earnings \$	FULLY describe your duties: _____ _____ _____ _____
Your Exact Title		
Type of Business		
Supervisor's Name & Title		
Length of Employment MO YR MO YR From / To /	Firm Name	Address
Total Hrs. Per Week	Earnings \$	FULLY describe your duties: _____ _____ _____ _____
Your Exact Title		
Type of Business		
Supervisor's Name & Title		
Length of Employment MO YR MO YR From / To /	Firm Name	Address
Total Hrs. Per Week	Earnings \$	FULLY describe your duties: _____ _____ _____ _____
Your Exact Title		
Type of Business		
Supervisor's Name & Title		
Length of Employment MO YR MO YR From / To /	Firm Name	Address
Total Hrs. Per Week	Earnings \$	FULLY describe your duties: _____ _____ _____ _____
Your Exact Title		
Type of Business		
Supervisor's Name & Title		

\*\*\*Print your name \_\_\_\_\_ Social Security # \_\_\_\_\_

