Department of **Human Resources**

Monroe County, New York

Adam J. Bello
County Executive

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Director

Employment/Civil Service Exam Application

Rev. 7/2019

For Office Use Only

Check/Money Order # _____ **Waiver** ☐ **Waiver-e** ☐ **No Fee** ☐

Position applying for: _____ Examination #: _____

Name: _____ Examination date: _____
Last First Middle

State any other name, assumed name or nickname, by which you are/have been known: _____

Mailing Address: _____
Street City State Zip Code

Residence Address: _____
Street (P.O. Box will not be accepted, must use current home address) City State Zip Code County

Have you been a resident of Monroe County for the past four months? **Yes** ☐ **No** ☐

Main Telephone Number: _____ Social Security Number: _____

Alt. Telephone Number: _____ E-mail address: _____

If applying for Police Officer, Deputy Sheriff or Firefighter position, please indicate date of birth: _____

Have you served in the Armed Forces of the U.S.A.? Yes ☐ No ☐ Dates of active service: From _____ To _____

Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must submit a form VC-1 and/or form VC-4 and a copy of their discharge papers (form DD-214) with our office.

Have you ever been permanently appointed or promoted in the service of NY State or any of its civil divisions from an eligible list as a result of additional veterans credits granted you on such list? Yes ☐ No ☐ If yes, name agency that established the eligible list: _____

	Yes	No		Yes	No
Are you a citizen of the United States?	☐	☐	If no, do you have a legal right to work in the U.S.?	☐	☐
Do you have a valid New York State Driver's License?	☐	☐	If yes, what class _____		
Will you accept part-time work?	☐	☐	Will you accept temporary work?	☐	☐

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
Have you ever been convicted of any violation of law other than a minor traffic violation?*	☐	☐
Do you currently have any criminal charges pending against you?	☐	☐
Have you ever been dismissed from employment other than reduction in staff?	☐	☐
Have you ever resigned from employment rather than face discipline or dismissal?	☐	☐

* This question refers to all crimes, violations or offenses in any jurisdiction, including Federal and military offenses, except minor traffic infractions. It also includes Juvenile Offender status convictions. You do not need to include adjudications of Juvenile Delinquency or Youthful Offender status or arrests that did not lead to a conviction.

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Any false statements made may result in termination of employment or removal from Civil Service eligibility. I further understand, and will otherwise submit thereto, that in accordance with the County's pre-employment drug testing policy, I may be required to submit to a urinalysis test as a condition for employment. Applicants may also be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

_____ _____
Signature Date

License/Certification

Do you have a license, certification, or other authorization to practice a trade or profession? Yes ☐ No ☐ Is this certification permanent? Yes ☐ No ☐

Name of trade or profession: _____ License/Certificate Number: _____

Licensing Agency: _____ Licensed from: _____ to: _____

Education

Have you received a High School Diploma? Yes ☐ No ☐ If no, have you received a General Equivalency Diploma (G.E.D.)? Yes ☐ No ☐

Check the highest grade completed 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

Education above high school level

Name of School	State or Country	Major	Credits Completed Sem. Hrs.	Credits Completed Qtr. Hrs.	Type of Degree	Graduated? Yes	Graduated? No
						☐	☐
						☐	☐
						☐	☐

Training

Other training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received:

Course/Program	Hours

Work Experience

Describe your employment, including military experience, beginning with your current or most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average number of hours in the workweek, reason for leaving, specific job duties, your job title, etc. must be shown.

Starting Date: _____ Month/Day/Year Ending date: _____ Month/Day/Year

Name & address of current or most recent employer: _____

_____

Hours worked per week: _____ Was the position ☐ Paid or ☐ Volunteer?

Reason(s) for leaving: _____

_____

Your job title _____

Immediate Supervisor's name: _____ Title: _____ Phone: _____

Description of duties: _____

_____

_____

_____

_____

Work Experience (continued)

Starting Date: _____ Ending date: _____
Month/Day/Year Month/Day/Year

Name & address of employer: _____

_____

Hours worked per week: _____ Was the position ☐ Paid or ☐ Volunteer?

Reason(s) for leaving: _____

_____

Your job title: _____

Immediate Supervisor's name: _____ Title: _____ Phone: _____

Description of duties: _____

_____

_____

_____

_____

_____

Starting Date: _____ Ending date: _____
Month/Day/Year Month/Day/Year

Name & address of employer: _____

_____

Hours worked per week: _____ Was the position ☐ Paid or ☐ Volunteer?

Reason(s) for leaving: _____

_____

Your job title: _____

Immediate Supervisor's name: _____ Title: _____ Phone: _____

Description of duties: _____

_____

_____

_____

_____

_____

If you have additional work experience, please copy this page and attach additional sheets as needed. Be sure to include your name and social security number on all attachments. Volunteer experience must be documented by statement of verification from the agency representative regarding number of hours worked per week and activities performed.

ATTENTION: This Page is for Examination Applications Only

Special Arrangements for Examination

If you need special arrangements because you are a Religious Observer [for religious reasons, cannot be tested on date of examination(s)], or if you have a disability that requires you to have special accommodations or assistance for the completion of this application or for you to participate in an examination, you must notify this Department at 585-753-1700 or 585-753-1091 (TDD) no later than the last date of filing for this (these) examination(s). Your request must include examination number(s) and title(s) and the type of special arrangements required accompanied by all supporting documentation.

Monroe County, as an employer, does not discriminate on the basis of a disability and will make reasonable accommodations for employees with special needs, due to a disability. It is the responsibility of the applicant or employee to voluntarily disclose that they require an accommodation based on their disability.

Application Fee for Examination

If the examination announcement indicates that an application fee is required for the examination(s) for which you are applying, **you must submit the required fee for each separate examination**. The required fee amount for each examination will be listed on the announcement. Enclose a check or money order payable to the Monroe County Director of Finance with this application. **WE DO NOT ACCEPT CASH**.

Your application fee will not be refunded if you do not meet the requirements for admission to the examination. Compare your qualifications carefully to the requirements stated on the announcement and file only for those examinations for which you are clearly qualified.

Application Fee Waiver Request and Certification

Civil Service Law Section 50.5(b): "…fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for support of a household, or are receiving public assistance."

- ☐ I am requesting that my application fee(s) be waived in accordance with Section 50.5(b) of the State Civil Service Law for the following reason(s): (check all that apply)
  - ☐ I am totally unemployed **and** I am primarily responsible for the support of my household. **NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for the application fee waiver as head of household.**
  - ☐ I am currently eligible for Medicaid
  - ☐ I am currently receiving Supplemental Security Income (SSI) payments
  - ☐ I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) Public Assistance Case Number: _____
  - ☐ I am currently certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency (e.g. Rochester Works!)
- ☐ I am a full-time employee of Monroe County represented by CSEA Local 828, Unit 7400 at pay group 10 or below.

  Job title and grade: _____
- ☐ I am represented by the Federation of Social Workers. I am employed at group 52 or below or this exam is in my career path.

  Job title and grade: _____

All Fee Waiver Requests are Subject to Verification by Submission of Documentation

********** **Affirmation** **********

I affirm that the information given above is true and correct and that I qualify to receive an application fee waiver for the reasons indicated above. I understand that my claim for an application fee waiver may be investigated and I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility for application fee waiver.

_____ _____

Candidate's First and Last Name (Please Print) Candidate's Social Security Number

_____ _____

Candidate's Signature Date

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