



Department of Human Resources

Maggie Brooks, County Executive

Brayton M. Connard, SPHR, Director

Employment/Civil Service Exam Application

Rev. 2/2009

For Office Use Only

Qualifying Title: _____

Qualifying Date: _____

Qualifying Dept./Jurisdiction: _____

Seniority Date: _____

Qualified Yes

No

Reviewer's Initials _____

Check # and Bank _____

Waiver Waiver-e

No Fee

Exam Series _____

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

Home Telephone Number: _____ Social Security Number: _____

Work Telephone Number: _____ E-mail address: _____
(Optional)

If applying for Police Officer, Deputy Sheriff or Firefighter positions, 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, since January 1, 1951, 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: _____

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:

Were you ever convicted of any violation of law other than a minor traffic violation? Yes No

Were you ever removed from any type of employment? Yes No

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. 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

210 County Office Building * 39 West Main Street * Rochester, NY 14614-1471
Phone: (585) 753-1700 * TTY: (585) 753-1091 * WEB SITE: www.monroecounty.gov

Print Form

Monroe County government prohibits discrimination in employment, program activities, procurement and contracting against any person due to such person's age, marital status, disability, genetic predisposition or carrier status, race, color, creed, sexual orientation or national origin.

An Equal Opportunity Employer

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

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	Location (State)	Course or Major	Credits Completed <small>Sem. Hrs. Qtr. Hrs.</small>	Type of Degree/Certificate Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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, final salary, reason for leaving, specific job duties, your job title, etc. must be shown.

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

Name & address of current or most recent employer _____

Salary _____ Hours worked per week _____

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 _____

Salary _____ Hours worked per week _____

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 _____

Salary _____ Hours worked per week _____

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.



TOWN OF PARMA

P.O. Box 728
1300 Hilton-Parma Road
Hilton, New York 14468
(585) 392-9461
Fax (585) 392-6659

VERIFICATION CHECK

I, the undersigned, _____ hereby authorize the release to the Town of Parma, any and all records that relate to my background, experience and qualifications for the position of _____ and that reflect upon my merit and fitness for public service, including but not limited to a license and criminal record check, and records and reports of: education, personal employment military services, credit bureaus, local/state and federal bureaus, welfare and unemployment services, hospitals and institutions, medical, physical and psychological histories.

Driver's License # _____ Birth date _____

I authorize that inquiry may be made of my past employer(s) _____ (initial)

I authorize that inquiry may be made of my present employer(s) _____ (initial)

Please note if you do not want your present employer contacted and why _____

If you wish to receive copies of the information we receive, please notify the Town.

Signature _____ Date _____

Subscribed and sworn to be
before me this _____ day of

Notary Signature _____

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 – please read exam announcement for information

I am requesting that the application fee be waived because (check all that apply):

- I am totally unemployed and primarily responsible for the support of my household.
- I am receiving public assistance from the Monroe County Department of Human and Health Services.
Indicate type of assistance.
- Safety Net
- Family Assistance

Case Number _____

- I am receiving Supplemental Security Income (SSI)
- I am WIA eligible. Indicate name of caseworker _____
Phone number _____

- I am a full-time employee represented by the Monroe County unit of CSEA. I am employed in a Monroe County Department at grade 10 or below.

Job title and grade _____

- I am represented by the Federation of Social Workers. I am employed at grade 52 or below or this exam is in my career path.

Job title and grade _____

I affirm that the information given above is true and correct. I understand that my claim for waiver is subject to verification and, if not supported by appropriate documentation, is grounds for barring appointment.

X

Signature of applicant

Date

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An Equal Opportunity Employer

Application for Examination Supplement

(To be filled in only if you are applying for a Civil Service Exam.)

Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

1. Do you have any loans made or guaranteed by the New York State Higher Education Services Corporation, which are currently outstanding?

Yes No

2. If so, are you presently in default on any such loans?

Yes No

Name: _____
(Last name, first name, middle initial)

Legal Address: _____

City, State, Zip: _____

Examination Title and Number: _____

This affirmation must be completed:

I affirm under penalties of perjury that all statements made on this application supplement are true.

Signature

Date