

# CHAUTAUQUA COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

MAIL OR DELIVER TO:

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 review 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.

Exact Job Title or Exam Title: \_\_\_\_\_ Exam Number: \_\_\_\_\_  
Number Listed on Examination Announcement

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 Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_  
Optional

1. 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:	
Town of:	County of:	State of:

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

2. Examination Application Fee – Exam applicants only: Please read information regarding examination Application Fee/Waiver on Page 4.

**Check One**

I have enclosed the fee (Enclose a check or money order payable to Director of Finance).

**No Fee is Due Because**

I am unemployed **and** primarily responsible for the support of a household.

I am receiving public assistance as described on page 4 under Examination Application Fee/Waiver.

3. 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 #20 on the last page of this form. After you review that information, please complete section 3 below.

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.

4. 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.

5. Have you applied to take an exam with New York State, or any other County, Town, or City that will be held on the same date?  Yes  No

If yes, please attach the Cross-file Application and list all examinations. The form can be found on our website under the Quick Links area, select Form and Procedures. If you need a form mailed to you, please call our office.

**FOR OFFICE USE ONLY**

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

6. Are you **under** 18 years of age?  Yes  No If yes, enter your date of birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_
7. **ONLY** if applying for **Deputy Sheriff/Police Officer** or **Correction Officer**, please indicate date of birth: **Month** \_\_\_\_ **Day** \_\_\_\_ **Year** \_\_\_\_ and answer if you are a United States citizen?  Yes  No
8. Do you have the legal right to accept employment in the United States? Proof of legal right to work will be required.  Yes  No

**Education**

9. Have you graduated from senior high school?  Yes  No If yes, list: Name: \_\_\_\_\_ Location: \_\_\_\_\_
10. Do you have a high school equivalency diploma?  Yes  No If yes, indicate issuing authority: \_\_\_\_\_
11. 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.

12. 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

13. 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

14. 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:

Driver's License (all applicants must complete)

15. 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
16. Class \_\_\_\_\_ I.D. Number \_\_\_\_\_ Do you have 5 or more years of driving experience?  Yes  No  
Please list all current license certifications. \_\_\_\_\_  
Please list any driving restrictions. \_\_\_\_\_

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

19. 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 \$	<b>Check if this job included:</b> <input type="checkbox"/> Supervision of Employees <input type="checkbox"/> Typing/Computer Data Entry <b>FULLY</b> 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 \$	<b>Check if this job included:</b> <input type="checkbox"/> Supervision of Employees <input type="checkbox"/> Typing/Computer Data Entry <b>FULLY</b> 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 \$	<b>Check if this job included:</b> <input type="checkbox"/> Supervision of Employees <input type="checkbox"/> Typing/Computer Data Entry <b>FULLY</b> 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 \$	<b>Check if this job included:</b> <input type="checkbox"/> Supervision of Employees <input type="checkbox"/> Typing/Computer Data Entry <b>FULLY</b> describe your duties: _____ _____ _____ _____
Your Exact Title		
Type of Business		
Supervisor's Name & Title		

\*\*\*Print your name \_\_\_\_\_

**BE SURE TO SIGN THE AFFIRMATION AT THE BOTTOM OF THIS PAGE  
UNSIGNED APPLICATIONS WILL BE DECLARED INELIGIBLE**

**20. EXTRA EXAM CREDITS FOR WAR TIME VETERANS. All of your answers must be "Yes" to claim additional credits.**

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

Yes  No I expect to receive or already have received a discharge that was honorable or release under honorable circumstances from the Armed Forces of the United States. The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a full-time active duty basis other than active duty for training purposes.

Yes  No I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

**In the Armed Forces:**

Dec. 7, 1941 to Dec. 31, 1946  
June 27, 1950 to Jan. 31, 1955  
Feb. 28, 1961 to May 7, 1975  
Aug. 2, 1990 to the date when the Persian Gulf hostilities end

**Or earned the armed forces, Navy, or Marine Corps expeditionary medal for service in:**

Lebanon – June 1, 1983 to Dec. 1, 1987  
Granada – Oct. 23, 1983 to Nov. 21, 1983  
Panama – Dec. 20, 1989 to Jan. 31, 1990

**Or in the U.S. Public Health Service:**

July 29, 1945 to Sept. 2, 1945  
June 26, 1950 to July 3, 1952

Yes  No I am a United States citizen or an alien lawfully admitted for permanent residence.

Yes  No I am a New York State Resident.

To claim additional credits as a Disabled Veteran, you must also answer "Yes" to this question:

Yes  No I am currently receiving payments from the U.S. Dept. of Veterans Affairs for a service-connected disability rated at 10% or more incurred during a "Time of War" period listed above.

**\*If you have answered yes to all the questions, please attach a Veterans Credit Application form. The form can be found on our website under the Quick Links area, select Form and Procedures. If you need a form mailed to you, please call our office.**

21. Remarks: (Use this space to provide any additional information, as necessary. If more space is required attach additional 8 1/2 x 11 sheet(s))

**Waivers for Qualifying Tests**

**Waiver of Information Technology PC Administered Tests:** If you have applied for an exam that requires this test (see the exam announcement), the Chautauqua County Department of Human Resources reserves the right to waive the qualifying test under specific conditions. Please check the appropriate box below if you are requesting a waiver.

I am a candidate who holds or has held permanent or contingent permanent competitive status in a title which required an IT Qualifying Test with the same or higher test plan.

I am providing proof (submit with this application) of a previously passed IT Qualifying Test which was prepared by the New York State Department of Civil Service and used the same or higher test plan. Acceptable proof consists of a photocopy of official notice of the results of an IT Qualifying Test administered by the NYS Department of Civil Service or local civil service agency.

**Waiver of Typing Performance Test:** If you have applied for an exam that requires this test (see the exam announcement), the Chautauqua County Department of Human Resources reserves the right to waive the qualifying performance test under specific conditions. Please check the appropriate box below if you are requesting a waiver.

I am a candidate who currently holds, or, within four (4) years of the written test, has held permanent or contingent permanent competitive class status in a title which required such a performance test at the same or higher rate of speed.

I am providing proof (submit with this application) that, within the last four (4) years of the written test, I have been successful on a performance test in typing at the same or higher rate of speed that was administered by the NYS Department of Civil Service or a local civil service agency. Acceptable proof consists of a copy of official notice of the results from the testing agency.

**General information for Candidates**

**Change of Address** - You are responsible to notify this office of address changes. A change of address form is available from our website, [www.co.chautauqua.ny.us](http://www.co.chautauqua.ny.us) (click on "Civil Service"), and our Mayville office. Failure to do so may delay or prevent our ability to send you important notices concerning an examination. We cannot make allowances for notices to candidates not received on a timely basis due to an improper or changed address.

**Examination Application Fee/Waiver** – Refer to the front of the exam announcement for the required application fee. You must submit the required fee for each separate examination. Send check or money order payable to the Director of Finance and write the examination number, title and your name (if not already listed) on your check or money order. We cannot accept cash. Check the box "I have enclosed the fee."

No fee is due if you are unemployed and primarily responsible for the support of a household. Do not enclose any payment with your application. Check the box "I am unemployed and primarily responsible for the support of a household."

No fee is due if you are determined eligible for Medicaid, or receiving Supplemental Social Security payments, or Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) or are certified Job Training Partnership Act/Workforce Investment Act eligible through a state or local social service agency. Do not enclose any payment with your application. Check the box "I am receiving public assistance."

Claims may be investigated and you may be disqualified from the civil service examination if you make a false statement regarding your eligibility for application fee waiver.

**Background Investigation** - Applicants may 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.

**How did you hear about this job?**

Posted Notice  Newspaper (name) \_\_\_\_\_  County Website  NYS Employment Office  
 Private Employment Office  Community Organization  College/School  Other \_\_\_\_\_

\*\*\*\*\*THIS AFFIRMATION MUST BE COMPLETED\*\*\*\*\*

I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

Chautauqua County is an Equal Opportunity Employer