



LIVINGSTON COUNTY

APPLICATION FOR EXAMINATION OR EMPLOYMENT

INSTRUCTIONS: Complete all sections of this application form fully. Print or type all responses clearly. If more space is needed than is provided on this form, attach additional sheets. Place your name on the bottom of each page. Submit the completed application to Livingston County Personnel Office at Room 206, 6 Court Street, Geneseo, New York 14454. If you have questions regarding the application, call 585-243-7570.

POSITIONS OF INTEREST: I would like this application considered for the following jobs or exam [one application must be completed for each exam]:

	Do not mark in this area	Initials
1 _____	1 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Conditional	_____
2 _____	2 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Conditional	_____
3 _____	3 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Conditional	_____

1. Name:

a. My full legal name is: _____

b. I have have not been known by other names. [If you have not been known by other names, proceed to item 2.]

c. The other names I have been known by are: _____

2. Permanent Legal Residence Address & Daytime Telephone Number:

a. My permanent residence is located at:

Number Street/Road

City State Zip Code

b. My contact telephone number is (with area code): _____

c. My e-mail address is: _____

You may may not use my e-mail address for communications.

d. I have have not lived at this residence address for at least the four months immediately preceding the filing of this application.

e. My permanent residence is located in the [complete all parts]:

_____ School District

_____ City/Village

_____ Town

_____ County

_____ State

Applicant's Name: _____ 1

3. Mailing Address: My mailing address is the same as different from my permanent legal residence address. [If your mailing address is the same, proceed to item 4. If your mailing address is different, continue.]
a. My mailing address is:

4. Right to Work in United States: I do do not have the legal right to accept employment in the United States.

5. Age: I am am not at least 18 years of age. [If you are under 18 years of age or if the position you are applying for has age requirements, continue; otherwise proceed to item 6.]

a. My date of birth is: _____
[If you are 18 years of age or older, proceed to item 6; otherwise continue.]

b. I do do not have New York State working papers that allow me to do the type of work for which I have applied. [If you do, proceed to the next item. If you do not, continue.]

c. I am am not currently eligible for New York State working papers that will allow me to do the type of work for which I have applied.

6. Exam Information: I am am not applying for a Civil Service exam. [If you are applying for a Civil Service exam, you must complete this section. If you are not applying for an exam, proceed to item 7.]

a. Veterans' Credits: I do do not wish to apply for veterans' credits for this exam. [If you wish to apply, you must complete the veterans' credits form on page 9.]

b. Special Arrangements: I do do not need to make special arrangements for the examination due to my religious observance or disability. [If you need special arrangements: (1) for religious observance, you must submit a written request explaining the special arrangements you need and providing a full explanation of why the arrangements are needed, or (2) for disability, you must submit a fully completed Exam Accommodation Request form. All requests must be submitted no later than two weeks prior to the exam date.]

c. Exam taking history: I have have not taken this exam within the last 6 months.

7. Background Information [Answer each part of this section. If you answer yes to any part, attach a statement detailing the circumstances of such actions.]

a. Employment discharge: Have you ever been discharged from employment for reasons other than lack of work? Yes No

b. Resignation in lieu of termination: Have you ever resigned from employment to avoid discharge or other disciplinary action? Yes No

c. Discharge from military: If you have served in the U.S. Armed Forces, have you been dishonorably discharged? Yes No Never served

d. Conviction of a crime/Findings of abuse: Have you ever been:

i. Convicted of a misdemeanor and/or felony crime? Yes No.

ii. Been found guilty of resident or patient abuse? Yes No.

(If you answered "yes" to either or both question(s) in part d, request a "Sworn Statement" form, complete & attach to this application.)

e. Forfeiting bail bond: Have you ever forfeited bail bond posted to guarantee your appearance in court to answer a criminal charge? Yes No.

Applicant's Name: _____

8. Education

a. High School:

i. I did did not graduate from high school. [If you did not graduate from high school proceed to item ii.] The name of the high school I graduated from was:

_____ High School Name

It was located in: _____
City State

[Proceed to item b.]

ii. I do do not have a high school equivalency diploma.

b. **Typing/Keyboarding course.** I have have not completed a typing/keyboarding course.

c. **Undergraduate Studies:** I have completed the following undergraduate studies:

Name of College/University	
Location of College/ University	
Major	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

Name of College/University	
Location of College/ University	
Major	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

d. **Graduate Studies:** I have completed the following graduate studies:

Name of University	
Location of University	
Subject of Study	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

Name of University	
Location of University	
Subject of Study	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

e. **Other schools or special courses:** I have completed the following studies or special courses at other schools:

Name of School	
Location of School	
Subject of Study	
Degree or Certification Received	

9. Licenses: [If a driver's license or professional license is required for the position, please complete the appropriate parts of this section. If no license is required, proceed to item 10.] I currently hold the following licenses:

a. Driver's Licenses

I do do not have a New York State Driver's license.

I do do not have a New York State commercial motor vehicle driver's license. [If you do not have a commercial motor vehicle driver's license, proceed to item b.]

I have the following endorsements on my commercial motor vehicle driver's license:

Hazardous Materials

Tank

Other, please describe: _____

b. Professional Licenses:

Name of Trade/Profession	
Specialty, if any	
License Number	
Date License First Issued	
Date License Expires	
Agency Issuing License	
State of Agency	

10. Relevant Work Experience: Please describe all work experience that is relevant to the position for which you are applying.

Employer's Name		
Employer's Address		
Employer's Telephone Number		
Your Job Title(s)		
Date you began employment	Month of	Year of
Date you left employment	Month of	Year of
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.	
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]		
Name of Your Supervisor		
Describe your principle job duties		
Number of hours worked per week, not including overtime		
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour, <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year, exclusive of overtime.	

Applicant's Name: _____

Employer's Name	
Employer's Address	
Employer's Telephone Number	
Your Job Title(s)	
Date you began employment	Month of _____ Year of _____
Date you left employment	Month of _____ Year of _____
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]	
Name of Your Supervisor	
Describe your principle job duties	
Number of hours worked per week, not including overtime	
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour, <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year, exclusive of overtime.

Employer's Name	
Employer's Address	
Employer's Telephone Number	
Your Job Title(s)	
Date you began employment	Month of _____ Year of _____
Date you left employment	Month of _____ Year of _____
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]	
Name of Your Supervisor	
Describe your principle job duties	
Number of hours worked per week, not including overtime	
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour, <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year, exclusive of overtime.

[If there is other relevant work experience, please request additional pages.]

Applicant's Name: _____

11. All Work Experience. List ALL jobs you have held in the last 5 years.

Employer Name	Employer Address	Your Job Title	Start Date	End Date

[If there is insufficient space for all of your jobs, list other positions on an additional sheet and attach to this application.]

12. All Residences. List EVERY address at which you have lived in the last 5 years. (All addresses should be street addresses, not post office boxes.)

Street Address	Town/Village	County	State	Country	Start Date	End Date

[If there is insufficient space for all of your residences, list other residences on an additional sheet and attach to this application.]

13. Professional References. Provide at least 3 *professional* references.

Name	Mailing Address	Telephone Number	How do they know you? (E.g. work, professional association, etc.)

14. Affirmation and Signature: I affirm that the statements made on this application, including any attached papers, are true under penalties of perjury. I understand that any misrepresentations may result in my disqualification for examination/appointment or my removal from employment following appointment.

Date

Signature of Applicant

NEW YORK AND FEDERAL LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, NON-DISQUALIFYING DISABILITY, MARITAL STATUS, RELIGION OR GENETIC INFORMATION. ACCORDINGLY, NOTHING IN THIS APPLICATION SHOULD BE VIEWED AS EXPRESSING ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO THESE PROTECTED CLASSIFICATIONS OR ANY OTHERS, IN CONNECTION WITH EMPLOYMENT BY LIVINGSTON COUNTY MUNICIPALITIES.

Do not mark in this area. Reserved for use by Livingston County Personnel.

Date Received: _____

Fee Received: _____

By: _____

Reasons for disapproval or conditional approval:

1. _____

2. _____

3. _____

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Applicant's Name: _____

**AUTHORIZATION FOR SEARCH AND
EXCHANGE OF INFORMATION
Criminal History Record Checks**

I, _____ [Name of applicant for employment], hereby authorize Livingston County to submit a request to the Livingston County Sheriff's Department, Livingston County Sheriff, any other law enforcement agency or official and/or any court to conduct a search of any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize and direct the Livingston County Sheriff's Department, Livingston County Sheriff, any other law enforcement agency or official and/or any court that receives such a request to provide all criminal conviction information it possesses about me to Livingston County, and I hereby release such entities from any and all possible liability associated with the provision of such information and waive any and all rights I may have to bring any legal or equitable cause(s) of action against such persons/entities relating in any way to the provision of information, authorized by this release. This information may be used only by Livingston County for the purpose of determining my suitability for employment in the position(s) for which I have submitted an application for employment or examination. A copy of this authorization may be accepted as an original.

Full Legal Name [Print]
Date: _____

Signature

All Other Names I Am/Have been Known By: _____

EMPLOYMENT REFERENCE LIABILITY RELEASE

I hereby authorize and direct my current and former employer(s) to release to Livingston County information regarding my employment. Such information may include: job titles held, dates of employment, wages/salary earned, benefits received, performance evaluations, supervisor opinions regarding my job performance, disciplinary records, attendance information, drug & alcohol test results, and any other information requested concerning my employment.

I hereby release my current and former employer(s) from any and all possible liability associated with the provision of information regarding my employment. I waive any and all rights I may have to bring any legal or equitable cause(s) of action against such employer(s) relating in any way to the provision of information, authorized by this release. I acknowledge that I have executed this release freely and that I have had the opportunity to consult with legal counsel before execution of this release.

Date: _____

Signature: _____

Print Full Legal Name: _____

APPLICATION FOR VETERANS CREDITS

Name of Applicant (please print clearly): _____

DO NOT COMPLETE THIS SECTION UNLESS YOU:

1. Wish to claim War Time Veterans Credits, AND
2. Have NOT used veterans credits for appointment to a position in New York State or Local Government employment.

INSTRUCTIONS: Answering these questions means that you are requesting the extra credits. Do not answer the questions if you are not a wartime active duty member of the armed forces or a wartime veteran or if you do not want to request extra credits.

If you are currently in the Armed Forces on full-time active duty (other than for training) or if you are a War Time Veteran or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have these extra credits added to your exam score, you must answer the questions now, and submit proof of eligibility (i.e. discharge papers and disability certification from the U.S. Veterans' Administration, if applicable. You can waive the extra credits later if you wish.

YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS.

Yes No I received, or expect to receive, a discharge which 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 served, or am serving, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods. (Check all that apply.)

In the Armed Forces:	Or earned the armed forces, navy, or marine corps expeditionary medal for service in:	Or in the U.S. Public Health Service:
Aug. 2, 1990 to the date when the Persian Gulf hostilities end.	(Panama) Dec. 20, 1989 to Jan. 31, 1990.	June 26, 1950 to July 3, 1952.
Feb. 28, 1961 to May 7, 1975.	(Lebanon) June 1, 1983 to Dec. 1, 1987.	July 29, 1945 to Sept. 2, 1945.
June 27, 1950 to Jan. 31, 1955.	(Grenada) Oct. 23, 1983 to Nov. 21, 1983.	
Dec. 7, 1941 to Dec. 31, 1946.		

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.

Yes No I was honorably discharged or released under honorable circumstances from the Armed Forces of the U.S., **or** I am still engaged in active service.

Yes No Since January 1, 1951, I have *never* been appointed through the use of Veterans Credits to any position in the State Civil Service or any City, County or other Civil Division of New York State.

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

Yes No I was disabled during the actual performance of duty during a "Time of War" period listed above, and my disability is certified by the U.S. Dept. of Veterans Affairs to be rated at 10% or more and in existence at the time of this application. (Provide a copy of the U.S. Dept. of Veterans Affairs certification with this application.)

[Application continued on following page.]

Applicant's Name: _____

Name of applicant (please print clearly): _____

List all of your public service employments since January 1, 1951:

Start Date	End Date	Employer Name & Address	Title of Position Held	Veterans' Credits Used?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

(Attach additional sheets if necessary.)

I DECLARE, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS MADE ON THIS TWO PAGE VETERANS CREDITS APPLICATION ARE TRUE AND CORRECT.

Signature: _____ Date: _____

DO NOT WRITE IN THIS SPACE

Veterans Credits Yes No

Disabled Veterans Credits Yes No

Reviewer: _____

Date: _____



LIVINGSTON COUNTY GOVERNMENT CENTER
PERSONNEL & CIVIL SERVICE - Rm 206
6 COURT STREET
GENESEO, NEW YORK 14454
585-243-7570

Tish E. Lynn
Personnel Officer

Lauraine M. Beach
Personnel Assistant

APPLICATION FOR EXAMINATION SUPPLEMENT

(You must return this supplement with your application)

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

1. Have you 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 loan?
_____Yes _____No

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

Address: _____

City, State, Zip: _____

Examination Number and Title: _____

THIS AFFIRMATION MUST BE COMPLETED: I affirm under penalties of perjury that all statements made on this application supplement are true.

Signature: _____

Date: _____