

FRANKLIN COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

FRANKLIN COUNTY PERSONNEL/CIVIL SERVICE DEPARTMENT, 355 W. MAIN STREET, SUITE 311, MALONE, NY 12953
 PHONE: (518) 481-1677 / 1665 FAX: (518) 483-2340 WEBSITE: <http://franklincony.org>

This application is part of your examination. Type or print answers in ink completely. Keep a copy for your records.
 A separate application is required for each examination or position for which you are applying.

For an Examination: Submit application to the County Personnel Department. For a Vacancy: Submit application directly to respective agency.

POSITION OR EXAMINATION TITLE _____ EXAM # (if applicable) _____

~ SECTION 1 ~

 Last Name First Name M.I. Social Security Number

 Legal Address Mailing Address (if different from Legal Address)

 City, State Zip City, State Zip

 Phone Number (w/area code) Alternate Phone Number Email Address

~ SECTION 2 ~

1. WAR-TIME VETERAN or on ACTIVE DUTY in the U.S. Armed Forces: YES NO If yes, check one: Disabled Non-Disabled
You must submit the required Veteran Credit forms and a copy of your DD-214 by the date of the exam. Active duty personnel shall supply a military ID card, military orders or other official military documentation to substantiate active military service at the time of the examination.
2. LAW ENFORCEMENT APPLICANTS or APPLICANTS UNDER THE AGE OF 18 must enter date of birth: ____/____/____
3. Are you currently a U.S. CITIZEN? YES NO If NO, do you have legal right to accept employment in the U.S.? YES NO
4. Are you an EXEMPT VOLUNTEER FIREFIGHTER per General Municipal Law §200 (proof will be required at time of hire.)? YES NO
5. *Do you require SPECIAL ARRANGEMENTS FOR EXAMINATION, i.e. religious observance or disability? YES NO
6. *Do you now, or have you ever, WORKED FOR A FRANKLIN COUNTY AGENCY? YES NO
7. *Were you ever DISMISSED OR DISCHARGED from any employment for reasons other than lack of work or funds? YES NO
8. *Did you ever RESIGN FROM ANY EMPLOYMENT rather than face dismissal? YES NO
9. *Did you ever receive a DISHONORABLE DISCHARGE from the Armed Forces of the U.S.? YES NO
10. *Have you ever been CONVICTED OF A FELONY OR MISDEMEANOR? If applying for law enforcement positions or exams, list sealed and youthful offender records. If yes, court documentation and/or written explanation must be provided. You may omit traffic violations. YES NO
11. *Are you NOW UNDER CHARGES FOR ANY CRIME? YES NO
12. *Have you ever FORFEITED A BAIL BOND POSTED to guarantee your appearance in court? YES NO

*If you answered YES to 5 – 12 above please use this SPACE TO PROVIDE ADDITIONAL INFORMATION for Section 2 as necessary or attach an 8 ½" by 11" sheet.

FOR PERSONNEL / CIVIL SERVICE USE ONLY

FEE: PAID _____ Check/MO#: _____ WAIVED _____	Date Received: _____	APPROVED BY: _____ DISAPPROVED BY: _____	Raw Score: _____ Sr. Credits: _____ Vet. Credits: _____ Final Score: _____
Veterans Credits: <input type="checkbox"/> On File <input type="checkbox"/> Gave Form Review of Forms: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Approved For: <input type="checkbox"/> VC <input type="checkbox"/> DVC		NOTES: _____	

**THE FOLLOWING SECTIONS MUST BE THOROUGHLY COMPLETED.
A RESUME IS NOT A SUBSTITUTE BUT MAY BE INCLUDED.**

The NYS Human Rights Law makes it illegal for an employer to discriminate against an employee or job seeker because of his or her age, creed, race, color, sex, sexual orientation, national origin, marital status, disability, military status, domestic violence victim status, criminal or arrest record, or predisposing genetic characteristics. Accordingly, nothing in this application form should be viewed as expressing directly or indirectly any limitation, specification, or discrimination as outlined in the NYS Human Rights Law, or criminal record in connection with employment by the State of New York.

~ SECTION 3 ~

EDUCATION: (If more space is required, attach additional sheets in the same format.)

Do you have a high school diploma? YES NO Name and Location of High School: _____

Or a high school equivalency (GED) diploma? YES NO GED #: _____ (Number required or provide a copy)

Higher Education*	Name and Address of College, Trade School, etc.	Type of Course or Major Subject	Total College Credits	Type of Degree	Date of Degree/Certificate
Accredited College or University					
Professional/ Technical School					
Other School or Special Coursework					

* A transcript copy will be required if vacancy or exam requires a college degree or specific number of credit hours.

LICENSES: List below any licenses, certifications or authorizations to practice a trade or profession.*

Name of Trade or Profession:	License Number:	Granted by:
Specialty:	Date License First Issued:	Current Registration Date: Expiration Date:

*A copy of the license and/or certification will be required as noted on employment or examination announcement.

~ SECTION 4 ~

EMPLOYMENT EXPERIENCE: *This section **MUST** be completed fully even if a resume is attached.* You are responsible for submitting an accurate, adequate, clear description of your experience. Omissions or vagueness will not be interpreted in your favor. If more space is needed, attach 8 1/2" x 11" sheets of paper using the same format.

Order: List *most recent* employment first.

What to List: Any and all employment pertinent to the position or examination for which you are applying.

Professional Experience: Indicate whether or not professional experience occurred after your professional degree or coursework.

Volunteer/Unpaid Work: List volunteer or unpaid experience only if noted as qualifying experience on the examination announcement. Describe volunteer/unpaid work the same way as paid work and check "Volunteer". College credit internships cannot apply.

Military Experience: If you have had military service that included experience pertinent to the position, list that experience.

Changes in Status: If your title or duties changed significantly during your service in any one organization, list such changed status separately.

Duties: In the "Duties" section, describe nature of work personally performed by you, listing most primary duties first.

Supervisory Experience: For any supervisory role, state size and type of workforce supervised, as well as the extent of supervision by you.

Dates of Employment Month/Day/Year	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
<input type="checkbox"/> Paid Position <input type="checkbox"/> Volunteer		Reason for Leaving:	
Job Duties:			

Dates of Employment Month/Day/Year	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
<input type="checkbox"/> Paid Position <input type="checkbox"/> Volunteer		Reason for Leaving:	
Job Duties:			

Dates of Employment Month/Day/Year	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
<input type="checkbox"/> Paid Position <input type="checkbox"/> Volunteer		Reason for Leaving:	
Job Duties:			

Dates of Employment Month/Day/Year	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
<input type="checkbox"/> Paid Position <input type="checkbox"/> Volunteer		Reason for Leaving:	
Job Duties:			

Dates of Employment Month/Day/Year	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
<input type="checkbox"/> Paid Position <input type="checkbox"/> Volunteer		Reason for Leaving:	
Job Duties:			

Name of Applicant: _____

~ SECTION 5 ~

RESIDENCY: Please indicate below the municipality/district in which you have been a legal resident for a minimum of 30 days at time of submission of this application.

	Name of District	Years	Months
School District:			
Village or City:			
Township:			
County:			
State:			

Driver's License #:	Issuing State:	Class:	Endorsements:
If announcement indicates driver's license is required, include a copy of both sides with application.			

~ SECTION 6 ~

FAILURE TO SIGN APPLICATION WILL RESULT IN DISAPPROVAL

BACKGROUND INVESTIGATIONS, FINGERPRINTS AND FEES

Fingerprinting is sometimes required at the time of appointment. If so, you may be required to pay the processing fee. 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.

PHYSICALS:

In accordance with Franklin County's Local Law of the Workers' Compensation, Self-Insurance Plan specific positions shall require medical physicals prior to employment, which may include a drug test.

CHANGE OF ADDRESS:

Provide immediate notice to the Franklin County Personnel Office of any changes in your contact details to ensure you receive updated information regarding the examination and/or position.

FILING FEE FOR EXAMINATIONS:

There is a non-refundable filing fee for examinations as outlined on the examination announcement, which may be waived as described on the examination announcement. The fee is non-refundable even if your application is disqualified.

AFFIRMATION AND RELEASE OF PERSONAL INFORMATION

By my signature below, I hereby authorize the Franklin County Personnel Department, the County of Franklin, and/or its respective departments, offices or agencies, and/or any municipality within Franklin County to request verbal or written verification or records of any or all information contained herein. By signing this authorization, I give my consent for full and complete disclosure and review of all records concerning me, whether said records are of a public, private or confidential nature. Further, I hereby release the Franklin County Personnel Department, Franklin County and/or its respective departments, offices or agencies, and/or any municipality within Franklin County, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. By signing this authorization, I give my consent for a photocopy of the Application for Examination and/or Employment containing this release to be valid as an original thereof, even though said photocopy will not contain an original writing of my signature.

I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. My signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information."

Signature of Applicant: _____ Date: _____

Print any other last name(s) by which you are/or have been known.

~ SECTION 7 ~

Optional: Please indicate how you learned about this examination or vacancy:

<input type="checkbox"/> Ad in _____	<input type="checkbox"/> Facebook	<input type="checkbox"/> Website: _____	<input type="checkbox"/> Other: _____
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FRANKLIN COUNTY IS AN EQUAL OPPORTUNITY- AFFIRMATIVE ACTION EMPLOYER.