

WARREN COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

Warren County Department of Civil Service Administration

1340 State Route 9 Lake George, New York 12845

Phone: (518) 761-6440 Fax: (518) 761-6509

Web: www.warrencountyny.gov/civilservice

Submit an original application for each title along with a non-refundable examination fee (if applicable). Make check or money order payable to Warren County Treasurer (no cash accepted). Carefully read announcements for minimum qualification requirements. (You must sign the affirmation at the bottom of page 4).

EXAM Title or Position: _____ Exam Number: (if applicable): _____

NAME AND LEGAL RESIDENCE: (Please notify Warren County Civil Service immediately of any information changes)

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

MAILING ADDRESS: (if different from above) STREET CITY STATE ZIP

PHONE NUMBER: () Home () Business () Cell

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ PLEASE LEAVE BLANK _____

SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:

I currently reside (indicate one of the three) in the: (1) City of _____

OR (2) Town of _____, OR (3) Village of _____

in the School District of _____ located in the County of _____ in the

State of _____. Have you lived in your current County for at least four months? _____.

VETERANS CREDITS:

Veterans of the Armed Forces wishing to claim additional credits as a Veteran or Disabled Veteran must also submit a separate "Application for Veteran's Credit" form and supporting documentation.

Check appropriate box if claiming additional credits: Non-Disabled Wartime Veteran or Disabled Wartime Veteran

TESTING ACCOMMODATIONS:

Warren County Civil Service provides reasonable accommodations in testing for reasons of disability, religious observance or military service. If you require special arrangements, a written request must be attached or submitted no later than the last filing date for the exam. Yes, I am requesting testing accommodations for: Disability Religious Observance Military Service.

EXAMS IN OTHER JURISDICTIONS:

Yes, No Have you applied for any other examinations to be held on the same date with NYS or other jurisdictions?

(If yes, please attach a completed cross filer form available at Warren County Civil Service Office or online at:

https://www.warrencountyny.gov/civilservice/docs/exams/cross_filer_app.pdf

OTHER PERSONAL INFORMATION:

Are you 18 years of age or older? YES NO If no, you must supply a work permit.

Are you legally eligible to work in the United States? YES NO In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Are you a retiree from New York State or any civil division thereof? YES NO

If minimum or maximum age limits are established for the position applied for (including uniformed services or peace officers), enter date of birth here: _____.

If Citizenship is required for exam or appointment (including uniformed services or peace officers), are you a Citizen? YES NO

NAME: _____
LAST FIRST MIDDLE

EDUCATION:

Do you have a **High School diploma?** YES NO
 If YES, NAME AND LOCATION OF HIGH SCHOOL: _____

Or, a **High School Equivalency Diploma (GED)?** YES NO
 If YES, **GOVERNMENT AUTHORITY (GED) NUMBER:** _____

EDUCATION: (beyond high school)

Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.

INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL or TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU GRADUATE	DEGREE EXPECTED
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
Address (City, State):					

IF REQUIRED FOR POSITION, LIST MOST RELEVANT COURSE WORK (see announcement minimum qualifications):

NAME OF COURSE	DIVISION	CREDIT HRS.	NAME OF COURSE	DIVISION	CREDIT HRS.

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:

Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

Driver's License (Complete only if the position for which you are applying requires one.) Number: _____ State: _____
 Date of Expiration: _____ Class of License: _____ Endorsements: _____ Restrictions: _____

NAME: _____
LAST FIRST MIDDLE

EXPERIENCE: Carefully read the minimum qualifications for the position/exam for which you are applying. Fee(s) will not be refunded if you do not meet the minimum qualifications. List below all relevant work experience. A resume is not a substitute. Be more specific in describing your work experiences relating to the minimum qualifications. You are responsible for submitting an accurate, adequate and clear description of your experience. Paid part-time experience will be prorated unless otherwise stated on the announcement. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job posting or exam announcement. If more space is needed, attach 8 1/2 x 11 sheets of paper. Sheets must contain **all** information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc.)

LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK		DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK		DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK		DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK		DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

COMPLETE ALL QUESTIONS:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever resign from any employment rather than face discharge?
<p><i>If you answered (YES) to any of these questions, you may provide details on a separate 8 1/2 x 11 sheet of paper attached to this application.</i> Note : None of the above is an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position to which you are applying.</p>		

BACKGROUND INVESTIGATION:
<p>Applicants for certain positions may be required to undergo a State and national criminal history background investigation, which may include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.</p>

COMPLETE THIS SECTION ONLY IF YOU QUALIFY TO HAVE THE EXAM FEE WAIVED:
<p>Section 50.5(b) of the NYS Civil Service Law allows exam fees to be waived for candidates who certify that they are currently in one of the following categories. Please check box that applies to you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unemployed and primarily responsible for support of a household <input type="checkbox"/> Eligible to receive Medicaid <input type="checkbox"/> Receiving Supplemental Security Income (SSI) <input type="checkbox"/> Receiving Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> A certified eligible under the Workforce Investment Act (WIA) <p>I certify that I am qualified to receive an exam fee waiver because of my current status indicated above. I understand that my waiver claim may be investigated and that I may be disqualified from the civil service exam(s) if I make a false statement regarding my eligibility for the exam fee waiver.</p> <p>Signature (if eligible) _____ Date _____</p>

ALTERNATE TEST DATE:
<p>If you cannot take the test on the announced test date, it may be possible for arrangements to be made for you to take the test on an alternate test date. If applicable, check the box below and attach supporting documentation with this application. In case of emergency, please notify this office the NEXT business day following the exam date. You will be required to submit documentation of your emergency.</p> <p><input type="checkbox"/> Yes, I need an alternate test date and have attached a Request for Alternate Test Date form.</p>

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:
<p>The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. This information will be maintained by the Warren County Department of Civil Service.</p>

STATEMENT:
<p>I affirm under penalties of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction 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. I authorize Warren County to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application for employment by Warren County does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.</p> <p>Signature _____ Date _____</p>

WARREN COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
<p>It is the policy of Warren County to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, color, religion, disability, national origin, gender, sex, sexual orientation, marital status, veteran or military service status, domestic violence victim status, genetic predisposition or carrier status, criminal or arrest record or any other category protected by law, unless based on a bona-fide occupational qualification or other exception.</p>