

DO NOT WRITE IN THIS SPACE

Rated by: Training and Experience

Checked by:

10. EDUCATION - If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school: YES NO If YES, indicate name and location of high school. Year Graduated

If you have a high school equivalency diploma, indicate issuing governmental authority Number Date of Issue

	Name of School City in which located	Dates of Attendance (Month & Year)		Day or Night	Full or Part Time	No. of Years Credited	Were You Grad- uated?	Type of Course or Major Subject	No. of College Credits Received	Type of Degree	Date Degree Received or Expected
		From	To								
College University Professional or Technical School											
Other Schools or Special Courses											

11. LICENSES - If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination for which you are applying, complete the following questions. If not currently licensed, check this box

Name of Trade or Profession License Number Granted by (Licensing Agency) City or State of

Specialty Date License First Issued Registered From: (Mo./Yr.) To: (Mo./Yr.)

12. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES NO Class: _____

13. DESCRIPTION OF EXPERIENCE: Starting with your most recent job first, describe in detail ALL your work experience below. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work showing its volunteer nature in the "Earnings" box. Relevant volunteer (unpaid) experience will be considered if verified and fully documented. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service which includes experience pertinent to the position, describe such experience as a separate employment. If your title changed in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8 1/2" x 11" sheets of paper). Under "Duties" for each employment, describe in detail the nature of work personally performed by you and indicate estimated percentage of time spent on each type of work. State size and kind of work force, if any, supervised by you and the extent of such supervision. The employment section of this application must be completed in detail. A resume may not serve as a substitute, but may be included with the application.

FIRM NAME	ADDRESS	CITY AND STATE	PHONE NUMBER
LENGTH OF EMPLOYMENT From: Mo / Yr To: Mo / Yr	DESCRIBE DUTIES:		
EARNINGS (Circle One) \$ Wk/Mo/Yr			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (Exclusive of overtime)	REASON FOR LEAVING:		

FIRM NAME	ADDRESS	CITY AND STATE	PHONE NUMBER
LENGTH OF EMPLOYMENT From: Mo / Yr To: Mo / Yr	DESCRIBE DUTIES:		
EARNINGS (Circle One) \$ Wk/Mo/Yr			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (Exclusive of overtime)	REASON FOR LEAVING:		

FIRM NAME	ADDRESS	CITY AND STATE	PHONE NUMBER
LENGTH OF EMPLOYMENT From: Mo / Yr To: Mo / Yr	DESCRIBE DUTIES:		
EARNINGS (Circle One) Wk/Mo/Yr			
\$ YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (Exclusive of overtime)	REASON FOR LEAVING:		
FIRM NAME	ADDRESS	CITY AND STATE	PHONE NUMBER
LENGTH OF EMPLOYMENT From: Mo / Yr To: Mo / Yr	DESCRIBE DUTIES:		
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\$ YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (Exclusive of overtime)	REASON FOR LEAVING:		

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

MAIL OR DELIVER TO: Chenango County Personnel/Civil Service Office
Chenango County Office Building
5 Court Street, Norwich, N. Y. 13815

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application, be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test may NOT be notified of their score.

Call this agency immediately if you do not receive a notice within three days of examination informing you whether or not you are to be admitted to the examination.

C. CHANGE OF ADDRESS

Notify this agency immediately of any change of address. When writing give the number and title of examinations.

D. SPECIAL ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination), or a Handicapped Person (require special arrangements in order to participate in the examination), you must EITHER:

1. Check the appropriate box in question 5 and indicate the special arrangements you require in the remarks section below or:
2. Write to this agency no later than the last date of filing for this examination. Your request must include examination number and title and the special type of arrangements required.

E. VETERANS CREDIT

If you are making a claim for veterans credit with this application, be sure you read the following information very carefully.

Any claim for additional credit as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans' credit, you must check the appropriate category in question 4 and answer all questions 9 A-E. Failure to do so accurately and completely, may result in a denial of your claim.

If you are claiming credit as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions 9 A-D and a "NO" answer to question 9 E, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at 10 (10%) percent or more incurred during a "Time of War or Hostilities" as indicated in question 9 C.

Persons claiming credit as disabled war veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veterans credit are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement of fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment from any eligible list on which you have been granted additional credit as a result of such misstatement or fraud.

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, disability, marital status, or criminal record in connection with employment.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8½" x 11" sheets).