

COMPLETE ONLY IF APPLYING FOR BUS DRIVER POSITION

CLASS OF DRIVER'S LICENSE: _____ EXP. DATE: _____

MOTORIST IDENTIFICATION NUMBER: _____

D.O.B.: _____ STATE OF LICENSE: _____

HAVE YOU HAD ANY ACCIDENTS WHILE DRIVING DURING THE PAST FIVE YEARS?:

YES _____ NO _____. IF YES, DESCRIBE EXTENT OF ACCIDENT(S): _____

HAVE YOU BEEN CONVICTED OF ANY MOVING TRAFFIC VIOLATIONS (RECKLESS DRIVING, SPEEDING, ETC.) IN THE PAST FIVE (5) YEARS? YES ___ NO ___

IF YES, GIVE THE FOLLOWING INFORMATION:

DATE	CHARGE	COURT AND LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE ANY PHYSICAL HANDICAPS? YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____

ACTIVE DRIVING EXPERIENCE: _____ YEARS

LIGHT TRUCK OR STATION WAGON: _____ YEARS

PASSENGER BUS OR HEAVY TRUCK: _____ YEARS

DO YOU USE INTOXICANTS/DRUGS? _____ FREQUENTLY, _____ SELDOM, _____ NEVER

SIGNED: _____

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

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: _____

CLINTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

LAST NAME: _____	FIRST NAME: _____	MI: _____	POSITION TITLE: _____	EXAM #: _____
SOCIAL SECURITY #: _____			IF APPLYING FOR AN EXAM: SUBMIT APPLICATION TO DEPT. OF PERSONNEL 137 MARGARET ST., ROOM 212, PLATTSBURGH, NY 12901 PHONE: (518) 565-4676 EXAM LINE: (518) 565-4455 WEBSITE: www.clintoncountygov.com IF APPLYING FOR A VACANCY: SUBMIT APPLICATION DIRECTLY TO AGENCY WITH VACANCY COMPLETING THIS APPLICATION CORRECTLY IS CONSIDERED PART OF YOUR EXAM AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL – PRINT IN INK OR TYPE ALL STATEMENTS ARE SUBJECT TO VERIFICATION - KEEP A COPY FOR YOUR RECORDS	
STREET/CITY/ZIP: _____				
LEGAL RESIDENCE IF DIFFERENT THAN ABOVE: _____				
HOME PHONE: _____	BUSINESS: _____	CELL: _____		
E-MAIL ADDRESS: _____			Are you under 18 ? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth (MM/DD/YYYY): _____ If under 18, do you possess the appropriate Student General Employment Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/> (attach a copy if required for the position)	
Has your permanent, legal residence been in Clinton County 30 continuous days up to and including the exam/appointment date? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, indicate below the county of your permanent, legal residence: COUNTY: _____			Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, do you have the legal right to accept employment in the US? YES <input type="checkbox"/> NO <input type="checkbox"/> Non-citizens will be required to provide proof establishing identity and eligibility for employment in the US.	
STUDENT LOANS: Section 50-b of the NYS Civil Service Law requires that ALL APPLICANTS for exam be asked the following: Have you any loans guaranteed by the NYS Higher Education Services Corp which are currently outstanding? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, are you presently in default on such loan? YES <input type="checkbox"/> NO <input type="checkbox"/>			VETERAN INFORMATION	
ARE YOU AN EXEMPT VOLUNTEER FIREFIGHTER? YES <input type="checkbox"/> NO <input type="checkbox"/> Dates served: _____ to _____			Are you a veteran ? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you wish to claim war time veterans' credits for this exam? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, you MUST complete an Application for Veterans' Credits.	
SPECIAL ARRANGEMENTS FOR CIVIL SERVICE EXAM: <input type="checkbox"/> I require special arrangements to take this exam. (See Back Page)			ADDITIONAL QUESTIONS	
CONFLICTING EXAMS: I have applied for a NYS Civil Service Exam or another Local Exam being offered on the same day YES <input type="checkbox"/> NO <input type="checkbox"/> (See Back Page-Indicate titles in Remarks Section)			Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES <input type="checkbox"/> NO <input type="checkbox"/> Did you ever resign from any employment rather than face dismissal? YES <input type="checkbox"/> NO <input type="checkbox"/> Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever been convicted of any crime (felony or misdemeanor)? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you now under charges for any crime? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES <input type="checkbox"/> NO <input type="checkbox"/>	
THE FILING FEE WILL NOT BE REFUNDED IF YOUR APPLICATION IS DISAPPROVED.			If you answered YES to any of these questions, provide details in REMARKS on the back page. Your failure to answer any of these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position.	
FOR CIVIL SERVICE USE ONLY: FEE: PAID <input type="checkbox"/> WAIVED <input type="checkbox"/> RECEIPT #: _____ DATE RECEIVED: _____ RECEIVED BY: _____ APPROVED <input type="checkbox"/> CONDITIONAL <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>			THIS AFFIRMATION MUST BE SIGNED: I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury. SIGNATURE OF APPLICANT: _____ DATE: _____ (An original signature and current date are required on all applications.)	
			LIST ANY OTHER LAST NAME(S) BY WHICH YOU HAVE BEEN KNOWN: _____	

EDUCATION: Read the exam announcement for specific educational requirements. 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 completed.

Do you have a high school or equivalency diploma: YES NO

If YES, indicate the **name and address** of high school or issuing governmental authority:

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S):	TYPE OF DEGREE AWARDED	DID YOU GRADUATE? YES/NO	DEGREE EXPECTED MO/YR
Name:			
Address:			
Name:			
Address:			

LICENSE OR CERTIFICATION: Complete the following if a license, certificate or other authorization to practice a trade or profession is required on the exam announcement. If you are not currently licensed check here:

TRADE OR PROFESSION:	LICENSE NUMBER:	DATE LICENSE FIRST ISSUED:	REGISTRATION PERIOD: FROM (MO/YR) TO (MO/YR)
SPECIALTY:	LICENSING AGENCY NAME AND ADDRESS:		

DESCRIBE YOUR WORK EXPERIENCE: Beginning with the most recent, list all employment, military service, or volunteer experience that proves you meet the minimum qualifications for the exam. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. For DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. **DO NOT SUBMIT A RESUME.**

1. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			
% OF TIME ON EACH DUTY				

2. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			
% OF TIME ON EACH DUTY				

SUBMIT DOCUMENTATION TO PROVE MINIMUM QUALIFICATIONS LISTED ON THE EXAM ANNOUNCEMENT OR ON THE POSITION DESCRIPTION.

3. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

4. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

5. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

REFERENCES (List below two professional and one personal reference):

NAME	TITLE OR ASSOCIATION	ADDRESS	PHONE

ATTACH ADDITIONAL 8.5" x 11" SHEETS IF NECESSARY
INCLUDE EVERY DETAIL REQUIRED IN THE EXPERIENCE SECTION

INSTRUCTIONS AND INFORMATION

DISCRIMINATION POLICY STATEMENT: The County of Clinton is committed to maintaining a work environment that is free of discrimination. In keeping with this commitment, the County will not tolerate harassment of its employees by anyone, including any manager, supervisor, co-worker, vendor, service recipient or visitor of the County. Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as sex, color, race, ancestry, religion, national origin, age, physical or mental handicap/disability, medical condition, marital status, veteran status, citizenship status, or other characteristic protected by Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, or other applicable federal and state laws and regulations. The County will not tolerate harassing conduct that affects tangible job benefits, interferes unreasonably with a person's work performance or creates an intimidating, hostile or offensive work environment. All County employees are responsible to help assure that harassment is avoided. If a County employee experiences, witnesses or has information regarding possible harassment, they should notify their supervisor or the Personnel Director immediately. The County prohibits retaliation against anyone, who, in good faith, reports possible harassment, makes a harassment complaint, cooperates in a harassment complaint investigation or any related proceeding. The County will investigate all harassment complaints promptly and thoroughly. If an investigation confirms that harassment has occurred, the County Administrator will take corrective action, including, but not limited to, appropriate disciplinary action. Disciplinary action may include disciplinary proceedings and/or termination of employment consistent with applicable law and/or contractual obligations. The entire policy may be obtained upon request. Further, Clinton County shall provide special arrangements to employees with disabilities who, due to their disabilities, face obstacles in performing the essential job functions.

ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read the exam announcement carefully. Enter the exam title and number on the front page of this application.

ADMISSION TO EXAMINATION

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

Depending on the time available before an exam, applicants may be admitted to the exam 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 exam 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 will **NOT** be notified of their score.

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

SPECIAL ARRANGEMENTS

If you need special arrangements in order to participate in this exam, you must notify this agency by **EITHER** indicating the special arrangements you require in the **REMARKS** Section below **OR** writing to this agency no later than the last date of filing for this exam. Your request must include exam title and number and the type of special arrangements required. If your request involves a medical condition, provide documentation from your physician explaining the need for your request.

CONFLICTING EXAMS

If you have applied for any other civil service exam to be given on the same test date for employment with NYS or other local government jurisdictions, excluding NYC, arrangements must be made to take all the exams at one test site. Be sure to check "YES" in the Conflicting Exams Section on the first page of your application and include in the Remarks Section below the titles of the exams you are scheduled to take and whether they are offered by another Local agency or the State. If you are taking two Local exams, indicate in which county you want to take the exams. If you are taking a Local and a State exam, you must take the exams at the State site. Call our office at 565-4676 no later than 2 weeks prior to the exam date to confirm that arrangements have been made for you to take all the exams at one test site.

POLICE OFFICER OR FIREFIGHTER SURVIVOR CREDITS

Per Section 85-a of Civil Service Law, children of firefighters or police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive exam for which they qualify for original appointment in the same municipality in which his/her parent served. The parent is deemed to have "served" in a municipality if he/she was employed by or worked primarily in that municipality. If you qualify, inform this office when you submit your application for exam. A candidate claiming such credit has a minimum of 2 months from the application deadline to provide the necessary documentation to verify additional credit eligibility. No credit may be added after establishment of the eligible list.

VETERANS CREDITS

Completing the veteran information on the front page of this application means that you are requesting the extra credits. Do not answer the questions if you are not a war time active duty member of the armed forces or a War Time Veteran or if you do not want to request the 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, submit a copy of your DD214 indicating the character of your discharge and complete a separate Request for Veterans' Credit Form. You can waive the extra credits later if you wish.

All claims and grants of veterans' credits 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. 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 materials misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

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.

Fingerprints to be used in performing the background checks would be collected from applicants pursuant to regulations promulgated by the DCJS, which will perform the State background check. DCJS will also submit the fingerprints to the FBI for the completion of the national background check. Individuals found to have criminal histories that bar their appointment to the position sought would then be disqualified by the municipal civil service agency pursuant to Section 50(4) of the Civil Service Law.

CHANGE OF ADDRESS

Notify this agency immediately of any change of address.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION
MSD 330 REV. 11/2010

REMARKS: