CLINTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

LAST NAME: **FIRST NAME:** **MI:**

SOCIAL SECURITY #:

STREET/CITY/ZIP:

LEGAL RESIDENCE IF DIFFERENT THAN ABOVE:

HOME PHONE: ( ) **CELL:** ( )

E-MAIL ADDRESS:

Has your permanent, legal residence been in Clinton County 30 continuous days (up to exam/appointment date)? YES ☐ NO☐

If NO, indicate the county of your permanent, legal residence:

SPECIAL ARRANGEMENTS FOR CIVIL SERVICE EXAM:
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 below or in 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: I have applied for a NYS Civil Service Exam or another Local Exam being offered on the same day
YES ☐ NO ☐ (See Back Page) Indicate conflict here:

FOR CIVIL SERVICE USE ONLY:

APPROVED ☐ DISAPPROVED ☐

POSITION TITLE: **EXAM #:**

ONCE APPLICATION IS COMPLETE: SUBMIT APPLICATION TO DEPT. OF PERSONNEL
137 MARGARET ST., ROOM 212, PLATTSBURGH, NY 12901 PHONE: (518) 565-4676
WEBSITE: www.clintoncountygov.com

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

Are you **under 18**? YES ☐ NO ☐ 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 ☐ NO ☐ (attach a copy if required for the position)

Are you a **citizen** of the United States? YES ☐ NO ☐
If NO, do you have the legal right to accept employment in the US? YES ☐ NO ☐
Non-citizens will be required to provide proof establishing identity and eligibility for employment in the US.

ARE YOU AN **EXEMPT VOLUNTEER FIREFIGHTER?**
YES ☐ NO ☐ Dates served: to (MM/DD/YYYY)

VETERAN INFORMATION

Are you a **veteran**? YES ☐ NO ☐
Do you wish to claim war time veterans' credits for this exam? YES ☐ NO ☐
If YES, you MUST complete an Application for Veterans' Credits.

ADDITIONAL QUESTIONS

Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES ☐ NO ☐
Did you ever resign from any employment rather than face dismissal? YES ☐ NO ☐
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 ☐ NO ☐
Have you ever been convicted of any crime (felony or misdemeanor)? YES ☐ NO ☐
Are you now under charges for any crime? YES ☐ NO ☐
Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES ☐ NO ☐

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.

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: _____

LIST ANY **OTHER NAME(S)** BY WHICH YOU HAVE BEEN KNOWN:_____

HOW DID YOU LEARN ABOUT THIS POSTION/EXAM? _____

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 of 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. If you supervised, state how many people and the nature of such supervision. **A resume will not be accepted as substitute for providing the below information.**

1. DATES WORKED MO/YR TO MO/YR	**CHECK ONE: PAID☐ VOLUNTEER☐**	**HOURS WORKED PER WEEK (NO OVERTIME):**	**YOUR TITLE**	**SUPERVISOR'S NAME/TITLE**
FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE				
DUTIES:				

2. DATES WORKED MO/YR TO MO/YR	**CHECK ONE: PAID☐ VOLUNTEER☐**	**HOURS WORKED PER WEEK (NO OVERTIME):**	**YOUR TITLE**	**SUPERVISOR'S NAME/TITLE**
FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE				
DUTIES:				

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

3. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID ☐ VOLUNTEER ☐	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE				
DUTIES:				

4. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID ☐ VOLUNTEER ☐	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE				
DUTIES:				

DO YOU HAVE ANY OBJECTION TO THE PERSONNEL OFFICE OR MUNICIPALITY/DEPARTMENT CONTACTING PAST OR PRESENT EMPLOYERS TO VERIFY THE ABOVE INFORMATION? IF SO, PLEASE EXPLAIN:

_____

_____

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

EQUAL OPPORTUNITY: The New York State Human Rights Law prohibits discrimination in employment because of age, creed, color, national origin, sex, sexual orientation, disability, genetic predisposition or carrier status, marital status, or criminal record. Accordingly, nothing in this application should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, color, national origin, sex, sexual orientation, disability, genetic predisposition or carrier status, marital status, criminal record, or any other characteristic protected by the New York State Human Rights Law or other applicable federal and state laws and regulations in connection with employment by Clinton County. Clinton County is an equal opportunity employer.

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.

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, you must make arrangements 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. Indicate 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 518-565-4676 no later than 2 weeks prior to the exam date to confirm that arrangements have been made for you to take all 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 of 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

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, you may be eligible for extra credits added to the passing score of an exam. For detailed information, refer to the manual Clinton County Veterans' Rights for Exams available in our office or on our website: http://www.clintoncountygov.com/employment

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 **REVISED 06/2022**

REMARKS: (Use this space to provide additional information)