

## CLINTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

LAST NAME:	FIRST NAME:	MI:
SOCIAL SECURITY #:		
MAILING ADDRESS:		
LEGAL RESIDENCE IF DIFFERENT THAN ABOVE:		
HOME PHONE:	BUSINESS:	CELL:
( ) ( ) ( )	( ) ( ) ( )	( ) ( ) ( )
Have you lived in Clinton County for 30 continuous days up to and including the exam date? YES <input type="checkbox"/> NO <input type="checkbox"/> Indicate below the information for your current address:		
SCHOOL DISTRICT: _____		
TOWN OR VILLAGE: _____		
CITY: _____		
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 any such loans? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU AN EXEMPT VOLUNTEER FIREFIGHTER? YES <input type="checkbox"/> NO <input type="checkbox"/> Dates served: _____ to _____		
SPECIAL ARRANGEMENTS FOR CIVIL SERVICE EXAM: <input type="checkbox"/> I require special arrangements to take this exam. (See Back Page)		
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)		
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: _____
OTHER LAST NAMES BY WHICH YOU HAVE BEEN KNOWN: _____		
<b>THE FILING FEE WILL NOT BE REFUNDED IF YOUR APPLICATION IS DISAPPROVED.</b>		
<b>FOR CIVIL SERVICE USE ONLY:</b>		
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"/>		

**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: 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**

**POSITION TITLE: \_\_\_\_\_ EXAM #: \_\_\_\_\_**

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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.

**VETERAN INFORMATION – DO NOT COMPLETE THIS SECTION UNLESS YOU:**

- Wish to claim War Time Veterans Credits **AND**
- Have NOT used veterans' credits for appointment to a position in NY State or Local Government.

The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a **full-time active duty basis other than active duty for training purposes.**

Do you expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States? YES  NO

I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

In the Armed Forces:	<b>OR</b> earned the armed forces, navy, or marine corps expeditionary medal for service in:	<b>OR</b> in the US Public Health Service:
-Aug. 2, 1990 to the date when the Persian Gulf hostilities end:	-Panama) Dec. 20, 1989 to Jan. 31, 1990;	-June 26, 1950 to July 3, 1952;
-Feb. 28, 1961 to May 7, 1975;	-(Lebanon) June 1, 1983 to Dec. 1, 1987;	-July 29, 1945 to Sept. 2, 1945.
-June 27, 1950 to Jan. 31, 1955;	-(Grenada) Oct. 23, 1983 to Nov. 21, 1983	
-Dec 7, 1941 to Dec. 31, 1946	This must be verified on the DD-214.	

Are you a resident of New York State? YES  NO

**To claim additional credits as a Disabled Veteran**, you must answer YES to this question: Are you currently receiving payments from the US Dept of Veterans Affairs for a service connected disability rated at 10% or more incurred during a "Time of War" period listed above? YES  NO

**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.

**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):	SEMESTER CREDITS RECEIVED	QUARTER HOURS RECEIVED	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.**

EMPLOYMENT DATES MO/YR TO MO/YR	FIRM NAME/ADDRESS/PHONE	% OF TIME SPENT ON EACH TYPE OF ACTIVITY
EARNINGS \$ CIRCLE ONE WK/MO/YR	DUTIES:	
TYPE OF BUSINESS		
YOUR TITLE		
SUPERVISOR'S NAME		
SUPERVISOR'S TITLE		
HOURS WORKED PER WEEK EXCLUDING OVERTIME:		

EMPLOYMENT DATES MO/YR TO MO/YR	FIRM NAME/ADDRESS/PHONE	% OF TIME SPENT ON EACH TYPE OF ACTIVITY
EARNINGS \$ CIRCLE ONE WK/MO/YR	DUTIES:	
TYPE OF BUSINESS		
YOUR TITLE		
SUPERVISOR'S NAME		
SUPERVISOR'S TITLE		
HOURS WORKED PER WEEK EXCLUDING OVERTIME:		

**BE SURE TO READ THE REQUIRED MINIMUM QUALIFICATIONS ON THE EXAM ANNOUNCEMENT**

EMPLOYMENT DATES MO/YR TO MO/YR	FIRM NAME/ADDRESS/PHONE	% OF TIME SPENT ON EACH TYPE OF ACTIVITY
EARNINGS CIRCLE ONE \$ WK/MO/YR	DUTIES:	
TYPE OF BUSINESS		
YOUR TITLE		
SUPERVISOR'S NAME		
SUPERVISOR'S TITLE		
HOURS WORKED PER WEEK EXCLUDING OVERTIME:		

EMPLOYMENT DATES MO/YR TO MO/YR	FIRM NAME/ADDRESS/PHONE	% OF TIME SPENT ON EACH TYPE OF ACTIVITY
EARNINGS CIRCLE ONE \$ WK/MO/YR	DUTIES:	
TYPE OF BUSINESS		
YOUR TITLE		
SUPERVISOR'S NAME		
SUPERVISOR'S TITLE		
HOURS WORKED PER WEEK EXCLUDING OVERTIME:		

EMPLOYMENT DATES MO/YR TO MO/YR	FIRM NAME/ADDRESS/PHONE	% OF TIME SPENT ON EACH TYPE OF ACTIVITY
EARNINGS CIRCLE ONE \$ WK/MO/YR	DUTIES:	
TYPE OF BUSINESS		
YOUR TITLE		
SUPERVISOR'S NAME		
SUPERVISOR'S TITLE		
HOURS WORKED PER WEEK EXCLUDING OVERTIME:		

**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

**CLINTON COUNTY DOES NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, GENDER, SEXUAL ORIENTATION, DISABILITY, MARITAL STATUS, GENETIC PREDISPOSITION OR CARRIER STATUS, OR CRIMINAL RECORD. 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 Exams for Employment with New York State or any other local government jurisdiction, you must make arrangements to take all the exams at one test site. If you have applied for both State and Local exams, call (518) 457-7022 no later than two weeks before the date of the exams to arrange to take them at the State site. Be sure to notify this agency that you have made arrangements to take the exams at the State site so that you are not marked absent from our exam. If you applied for two Local exams, call or write each Civil Service Agency to make arrangements.

### 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.

**REMARKS:** (Use this space to provide additional information)