GENESEE COUNTY HUMAN RESOURCES
County Building I, 15 Main Street, Batavia, NY 14020
Phone: (585) 344-2550, Ext. 2221
Website: **www.geneseeny.gov**

APPLICATION FOR EXAMINATION OR EMPLOYMENT

IMPORTANT INSTRUCTIONS: You must complete this entire application, even if you include a resume. If signing up for a civil service exam, you must read the exam announcement for additional instructions. Answer all questions thoroughly. All statements are subject to verification. Incomplete applications may be disapproved.

How did you hear about us? *Please check one*
☐ TV Advertisement ☐ Indeed ☐ Pennysaver
☐ Genesee County Website ☐ Employee Referral ☐ Other _____

_____ _____ -OR- _____
Position Title Exam Number Agency

NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
NUMBER STREET CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____
NUMBER STREET CITY STATE ZIP

HOME PHONE_ _ _ _ _ _ _ _ _ _ **WORK**_ _ _ _ _ _ _ _ _ _ **OTHER** _ _ _ _ _ _ _ _ _ _

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER:_____

DATE OF BIRTH: (IF REQUIRED ON EXAMINATION ANNOUNCEMENT FORM)_____

LEGAL RESIDENCE	NAME	YEARS	MONTHS	PLEASE USE DROP DOWN TO SELECT THE DISTRICT IN WHICH YOU RESIDE
COUNTY OF:				Alexander Batavia Byron-Bergen Elba Le Roy Oakfield-Alabama Pavilion Pembroke Other_____
CITY,TOWN,OR VILLAGE OF:				
STATE OF:				

FOR CIVIL SERVICE USE ONLY

Date Received_____ Fee Paid_____ By_____

Approved_____ Disapproved_____ Conditional_____

HIGH SCHOOL EDUCATION

Do you have a High School Diploma? ☐Yes ☐No _____ _____ _____
HIGH SCHOOL NAME CITY STATE

Date Graduated: _____

If not, do you have a GED? ☐Yes ☐No _____ _____
GED # NAME OF ISSUING AUTHORITY

College, University, Professional or Technical School (print name and address of school)	**Semester Credits Received**	**Major Subject or Type of Course**	**Type of Degree Received**	**Did you Graduate?**	**Date Received OR Expect to Receive It?**

SPECIAL COURSES TAKEN:

NAME OF COURSE	**CREDIT HRS.**	**NAME OF COURSE**	**CREDIT HRS.**

TRANSCRIPT(S) OR DEGREE(S) (IF REQUIRED AS PART OF MINIMUM QUALIFICATIONS)

Copy Attached **Copy Requested**

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

SKILL, TRADE, OR PROFESSION	**LICENSE OR CERTIFICATE NUMBER**	**ISSUED BY: (Name or City, State, or Agency)**	**LICENSE DATES (Mo./Day/Yr.) From**	**To**	**PERMANENT Yes**	**No**

DRIVER'S LICENSE INFORMATION:

NONE NEW YORK STATE OUT OF STATE (Indicate State) _____
MOTORIST ID # _____ CLASS _____
RESTRICTION(S) _____ ENDORSEMENT(S) _____ EXPIRATION DATE _____

☐Yes* ☐No Have you been convicted of a violation of law (Felony/Misdemeanor)?. (Omit any offense adjudicated in Juvenile Court or under a youthful offender law.) Convictions will not necessarily disqualify you from employment. ***IF YES, YOU MUST ATTACH A LIST OF VIOLATIONS WITH DATES OF CONVICTION AND RESULTANT PENALTIES ON A SEPARATE SHEET OF PAPER.**

☐Yes* ☐No Are you under age 18? ***IF YES, YOU WILL BE REQUIRED TO SUPPLY A WORK PERMIT.**

WORK EXPERIENCE: <u>YOU MUST COMPLETE THIS SECTION, EVEN IF YOU INCLUDE A RESUME.</u> To receive credit for employment experience, this section MUST be completed thoroughly. Be sure to include specific dates, hours per week. Describe in detail all duties performed which are relevant to the position for which you have applied. List your most current employment first.

LENGTH OF EMPLOYMENT **Month/Year to Month/Year** **-**	**EMPLOYER**	**ADDRESS**	**CITY, STATE, ZIP CODE**

HOURS WORKED PER WEEK:	**PAID EXPERIENCE** **YES NO**	**LIST OF 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:	**PAID EXPERIENCE** **YES NO**	**LIST OF 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:	**PAID EXPERIENCE** **YES NO**	**LIST OF DUTIES:**
YOUR TITLE:		
TYPE OF BUSINESS:		
NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING:		

ADDITIONAL SHEETS MAY BE ATTACHED: Sheets must contain **ALL** information requested.
(e.g. Number of hours worked per week, etc.) Full-Time is 30+ hours per week.

Part-Time is rated as follows:
0-09 hours/week = 0
10-19 hours/week = 1/4
20-29 hours/week = 1/2

Are you a Veteran? ____ **No** ____ **Yes** If you have served in the United States Armed Forces and wish to claim additional examination credit, you must file a separate "**Application For Veteran's Credit**" and provide a copy of your **DD214**.

https://www.geneseeny.gov/files/sharedassets/county/v/1/human-resources/application-for-veterans-credit.pdf

CROSSFILING: If you have applied for an exam in Genesee County that takes place on the same date as another exam you have applied for in a city, state or county, **OTHER THAN GENESEE COUNTY,** you must complete a cross-filing form no later than **TWO WEEKS PRIOR** to the date of the exams. You must notify **EACH** Civil Service agency, with whom you have filed an application, of the test site at which you wish to take your exams. Attach the completed form to your application.

https://www.geneseeny.gov/files/sharedassets/county/v/1/human-resources/crossfiler.pdf

SPECIAL TESTING ACCOMMODATIONS: Check below if you require special testing accommodations due to:

____ Religious Observance ____ Disability ____ Alternate Date Needed

(Attach an explanation of your need for special testing accommodations on a separate sheet.)

GENESEE COUNTY ✧ AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Genesee County Human Resources to provide accommodations in testing to individuals with disabilities and religious observers, and to provide for and promote equal opportunity in employment, compensation, without regard to race, color, creed, religion, sex, sexual orientation, national origin, age, disability, marital status, citizenship status, military or veteran status, criminal conviction status, predisposing genetic characteristics or genetic information, pregnancy, domestic violence victim status, or any other category protected by law.

PERSONAL INFORMATION PROTECTION STATEMENT

The information which you are providing on this application is being requested pursuant to 50.3 of the NYS Civil Service Law for the purpose of determining the eligibility of applicants to participate in an examination or a position applied for. The information will be made available only to those who have a "need to know", and will not be released to anyone else other than the applicant unless he/she has signed an appropriate release of information authorization. A candidate's failure to provide this information may result in the disapproval of the application. This information will be maintained by the Genesee County Human Resources Director.

IMPORTANT: This section MUST BE completed. Failure to sign this section will result in disapproval of your application for employment or examination.

I understand that false statements made herein are punishable as a **Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York.** I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

I hereby authorize the release of information regarding prior employment history/records, educational records, law enforcement records, driver's license and driving records, personal references and all like information bearing on my qualifications for this position to the appointing authority of all jurisdictions within the County of Genesee or his/her designee.

This authorization shall be valid for a period of two (2) years from the date of the execution of this document. A photocopy of this release will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____ Date: _____

(ORIGINAL SIGNATURE REQUIRED)

ALL STATEMENTS ARE SUBJECT TO VERIFICATION