



WYOMING COUNTY CIVIL SERVICE
 338 North Main Street, Warsaw, New York 14569
 Phone: (585) 786-8830
 Website: www.wyomingco.net

APPLICATION FOR: EMPLOYMENT _____ OR EXAMINATION # _____

PRINT OR TYPE

ANSWER ALL QUESTIONS

Position Title _____	Exam Number _____			
Name _____				
LAST _____	FIRST _____	MIDDLE _____		
Home Phone # _____	Cell Phone #: _____	Email Address: _____		
Home Address _____				
NUMBER _____	STREET _____	CITY _____	STATE _____	ZIP _____
Mailing Address (if different) _____			_____	
NUMBER _____	STREET _____	CITY _____	STATE _____	ZIP _____

CHANGE OF ADDRESS: You must notify this agency immediately of any change of address. The number and title of the examination or eligible list must also be included in this notification. **FAILURE TO COMPLY MAY RESULT IN YOUR NAME BEING REMOVED FROM AN ELIGIBLE LIST.**
 Call this agency immediately if you do not receive a notice within seven days of the date of the examination informing you whether or not you are to be admitted.

LEGAL RESIDENCE	NAME	YEARS	MONTHS	PLEASE CHECK SCHOOL DISTRICT IN WHICH YOU RESIDE
COUNTY OF				Attica ___ Letchworth ___
CITY, TOWN, OR VILLAGE OF				Perry ___ Pioneer ___
STATE OF				Warsaw ___ Wyoming ___ Other _____

ARE YOU A CITIZEN OF THE UNITED STATES ? ___ Yes ___ No

IF NOT, DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES? ___ Yes ___ No
(Non-citizens may be required to produce I-151 or I-1551 Alien Registration Card at time of appointment)

EMPLOYMENT PREFERENCES: Please check the type of work you would be willing to accept.

Full-Time _____ Part-Time _____ Temporary _____

PLEASE CHECK THOSE AGENCIES IN WHICH YOU WOULD BE WILLING TO ACCEPT WORK:

County ___ Towns ___ Villages ___ School Districts ___

FOR CIVIL SERVICE USE ONLY

Approved _____ Date _____ By _____

Disapproved _____ Conditional _____ Paid _____

EDUCATION: LIST NAME REQUESTED BELOW	MAJOR AND MINOR	TYPE OF DEGREE OR DIPLOMA	CREDITS RECEIVED	DATE DEGREE/ DIPLOMA OR GED RECEIVED EXPECTED
H/S OR GED (Circle one) Name:		(If GED, Include Number)		
COLLEGE Name:				
GRADUATE SCHOOL OR OTHER EDUCATION Name:				

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 (CIRCLE ONE)

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.)		PERMANENT	
			From	To	Yes	No

DRIVER'S LICENSE INFORMATION:

NONE NEW YORK STATE OUT OF STATE (Indicate State) _____
 MOTORISTID # _____ 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 Have you ever been discharged or resigned from employment for reasons other than lack of work or funds? *IF YES, YOU MUST ATTACH AN EXPLANATION FOR EACH DISCHARGE OR RESIGNATION ON A SEPARATE SHEET OF PAPER.

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

*Yes No Have you ever worked for Wyoming County before? IF YES, WHEN AND UNDER WHAT NAME.

COMPLETE FOR EXAM PURPOSES ONLY

Social Security Number: _____ Date of Birth (For Law Enforcement Only): _____

WORK EXPERIENCE: DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. Complete all information requested. Describe in detail all duties performed which are relevant to the position for which you have applied. List most current employment first. A resume may be attached to supplement the part that states your job duties. **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

Length of Employment Month/Year to Month/Year	Employer:	Employer Address:	Employer Phone Number:
Hours Worked per/week:		Job Duties:	
Your Title:			
Type of Business:			
Name and Title of Supervisor:			
May we Contact? Yes ___ No ___			
Reason for Leaving:			

Length of Employment Month/Year to Month/Year	Employer:	Employer Address:	Employer Phone Number:
Hours Worked per/week:		Job Duties:	
Your Title:			
Type of Business:			
Name and Title of Supervisor:			
May we Contact? Yes ___ No ___			
Reason for Leaving:			

Length of Employment Month/Year to Month/Year	Employer:	Employer Address:	Employer Phone Number:
Hours Worked per/week:		Job Duties:	
Your Title:			
Type of Business:			
Name and Title of Supervisor:			
May we Contact? Yes ___ No ___			
Reason for Leaving:			

How did you learn about this Job Opportunity (ie; Website, Pennysaver, etc)?

VETERANS AND DISABLED VETERANS: If you have served or are currently serving in the Armed Forces of the U.S.A., in a designated time of war, and wish to claim additional examination credits, you must file a separate "Application For Veteran's Credit" VC-1 form to be mailed to you by placing a check mark in this area ().

IF YOU WISH TO CLAIM CREDITS, PLEASE CHECK THE APPROPRIATE CHOICE:

DISABLED VETERAN _____ **NON-DISABLED VETERAN** _____ **CURRENTLY IN ARMED FORCES** _____

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.)

_____ Cross-filing – Exam Number & Title & Location of Other Exam(s) _____

Please indicate the exam site at which you wish to be tested: _____

WYOMING COUNTY AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Wyoming County Civil Service Office to provide accommodations in testing to individuals with disabilities and religious observers and to provide for and promote equal opportunity employment, compensation, and other terms and conditions of employment to all employees and applicants without regard to race, color, religion, creed, sex/gender, sexual orientation, predisposing genetic characteristics, national origin, age, physical and/or mental disability, marital status and/or military status, arrest history or criminal conviction status, status as a domestic violence victim or covered veteran's status or status as a member of any other protected group in accordance with applicable federal, state and local laws.

VETERANS CREDITS

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

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

Affidavit: I certify that the answers provided by me in this application are true and complete to the best of my knowledge, and I understand that any omission, falsification, or misrepresentation of information by me in this application is grounds for refusal to hire or, if I have been hired, for termination and I release Wyoming County from any liability if I am terminated because of any material misstatements, omissions, or false information provided on this application. I hereby confirm that I have never had my professional license, registration or certifications revoked, suspended, denied, restricted, limited or placed in a probationary status, nor do I have any knowledge that my professional license, registration or certification is currently under investigation except as disclosed in this application.

I authorize the County to investigate my background, references, employment record, criminal conviction record, and other matters related to my suitability for employment. This specifically includes, without limitations, a criminal background check. I also authorize my former employers or any third party to disclose to the county all reports without giving me prior notice of such disclosure. I hereby release the County, former employers, and all references listed above from any and all claims, demands, or liabilities arising out of, or related to such investigation or disclosure. A copy of this Authorization shall have the same force and effect as the original.

I also understand that a conditional offer of employment may be based on the results of a later medical examination and drug screening to determine whether I meet the physical requirements of the job for which I am hired. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of Wyoming County.

Signature: _____

Date _____

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

**WARSAW CENTRAL SCHOOL, WARSAW NY 14569
SUPPORT STAFF APPLICATION - SUPPLEMENTAL PAGE**

PLEASE SUBMIT A COMPLETE RESUME WITH THIS APPLICATION Date: _____

NOTICE: Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, religion, national origin, age or sex as prohibited by law or regulation. No person will be disqualified because of any physical impairment unless it prohibits the individual from doing the job for which he or she is applying.

PERSONAL INFORMATION

NAME _____		
Last	First	Middle
SOCIAL SECURITY # _____ DATE OF BIRTH _____		
IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, ASSUMED NAME, USE OF NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK RECORD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: _____		

LIST ANY FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORKING FOR WARSAW CENTRAL:		

HAVE YOU EVER BEEN FINGERPRINTED PER NEW YORK STATE EDUCATION DEPARTMENT? Yes No

If yes, date _____

PERSONAL STATEMENT

Please use the space to emphasize aspects of your background, which qualify you for the position for which you are applying. Include information about your computer literacy.

PROFESSIONAL REFERENCES

Give at least 5 references. Superintendents and principals under whom you have taught and those who have first-hand knowledge of your character, personality, scholarship, and teaching ability are preferred.

NAME	ADDRESS	POSITION	TELEPHONE	EMAIL

I WAIVE MY RIGHT OF ACCESS TO ANY INFORMATION SUBMITTED BY THESE REFERENCES.

Signature of Applicant

DATE

IMPORTANT

I understand that there will be an extensive inquiry regarding my background and experiences, and I hereby release from any liability anyone giving information regarding me (whether in my application or not) so long as the information is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by the Warsaw Central School District regarding my application will be the property of the Warsaw Central School District and will not be released to me unless required by Federal or State statutes or regulations.

ATTESTATION

I certify that the information is accurate to the best of my knowledge and that the information provided by me may be shared with the hiring committee members. I understand that incorrect, incomplete or false statements may subject me to discharge.

Signature of Applicant

DATE