



ORLEANS COUNTY PERSONNEL OFFICE
 Orleans County Administration Building
 14016 Route 31 West
 Albion, NY 14411
www.orleansny.com
 (585) 589-3184

Application

Approved _____
 Disapproved _____*
 Conditional _____*
 * Reason(s) _____

Date Received: _____

Fee Received: _____

\$ _____

By: _____

**APPLICATION FOR
 EXAMINATION OR EMPLOYMENT**

Title of Position

This Application is valid only when returned to the Orleans County Personnel Office.

INSTRUCTIONS: Answer all questions fully. All qualifying information must be placed on this application. **Resumes may *not* be used as a substitute for fully completing this application.** You should review the minimum qualifications for the position before completing this application. You must provide information showing that you have the necessary training and experience or your application will not be approved. If additional space is needed, please attach additional sheets.

1. NAME, MAILING ADDRESS & PHONE (please print)

 Last Name First Name M.I.

 Street or Post Office Box Address

 Legal Address (Must be a Street Address)

 City / Town State Zip Code

Home Phone Business Phone

Cell Phone: _____

 Email address:

2. SOCIAL SECURITY NUMBER: ___/___/___
required for competitive and promotional civil service examinations

3. Are you *under* 18 years of age? Yes No
 If YES, or applying for **Police Officer or Deputy Sheriff**, please indicate date of birth:

 Month Day Year

4. **VETERAN'S CREDITS** (Exam applicants only)
 Do you draw additional credits on this exam as an honorably discharged veteran or conditional credit pending discharge?
 Yes, continue to answer additional questions on page 4
 No

5. SPECIAL ARRANGEMENTS (Exam applicants only)
 Religious Accommodations
 Disability Accommodations
 Indicate needs on a separate sheet of paper

6. Do you have the legal right to accept employment in the United States? Yes No

7a. Have you resided at your current address for at least one (1) month? Yes No

7b. State your actual permanent legal residence and length of residency: _____ years / _____ months
 School District: _____
 City / Village: _____ Town: _____
 County: _____ State: _____

7c. Have you taken this exam within the last six (6) months? Yes No

8a. Were you ever discharged from employment for reasons other than lack of work, lack of funds, disability, or medical condition? Yes No

8b. Did you ever resign from employment rather than face dismissal? Yes No

8c. If you have service in the U.S. Armed Forces, did you receive a *dishonorable* discharge? Yes No

8d. If you answered YES to any question (8a – 8c), provide a complete explanation of the circumstances on a separate sheet of paper including: the date, the parties involved, the facts, and the outcome.

NOTE: A YES answer is not an automatic bar to employment unless otherwise required by law. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position.

SIGNATURE ON LAST PAGE ALSO REQUIRED

6/3/2020

EDUCATION

- 9a. Have you graduated from High School? Yes No
 If YES, give the name and location of the high school: _____
 If NO, do you have a high school equivalency diploma? Yes No
 If YES, submit a copy and provide Number: _____
 If NO, were you home schooled? Yes No

UNDERGRADUATE / GRADUATE EDUCATION

9b.	Name and location of school	Number of years credited	Were you graduated?	Type of course or major	Number of college credits received	Type of degree received	If not graduated, date degree expected
College, University or Technical School							

Other Schools of Special Courses: _____

Please forward an **official College transcript** to this office if required for the Minimum Qualifications.

10. **PROFESSIONAL LICENSES:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement, fill in the following blanks:

If not currently licensed, check this box as I am not currently licensed.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State issued
Specialty	Date License first issued	Registered From: (Month/Year)	Registered To: (Month/Year)

11. **DRIVER'S LICENSES:** If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? Yes No

If YES, Class: _____ License #: _____ expiration date: _____.

If you have a commercial motor vehicle driver's license, check the endorsements which you have:

- Hazardous Material Tank P (Passenger) S (School Bus)
 Other, please describe: _____

Upon appointment, a copy of the driver's license is required with the MSD-426

12. **DESCRIPTION OF EXPERIENCE:** Beginning with the most recent, describe below all employment which is relevant to the Minimum Qualifications of the position for which you are applying. **All blanks must be completed fully.** Omissions will **not** be interpreted in your favor. Information must be on the application. **Do not use a resume as a substitute for completing form.**

LENGTH OF EMPLOYMENT From: To:	FIRM NAME	ADDRESS	CITY and STATE
Experience Paid: <input type="checkbox"/> full time <input type="checkbox"/> part time volunteer <input type="checkbox"/>	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
REASON FOR LEAVING			
Number of hours worked per week (exclusive of overtime)			

A RESUME MAY NOT BE USED AS A SUBSTITUTE FOR FULLY COMPLETING THIS FORM

NAME: _____ Title of position: _____

ADDITIONAL DESCRIPTION OF EXPERIENCE

LENGTH OF EMPLOYMENT From: To:	FIRM NAME	ADDRESS	CITY and STATE
Experience Paid: <input type="checkbox"/> full time <input type="checkbox"/> part time volunteer <input type="checkbox"/>	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
REASON FOR LEAVING			
Number of hours worked per week (exclusive of overtime)			

LENGTH OF EMPLOYMENT From: To:	FIRM NAME	ADDRESS	CITY and STATE
Experience Paid: <input type="checkbox"/> full time <input type="checkbox"/> part time volunteer <input type="checkbox"/>	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
REASON FOR LEAVING			
Number of hours worked per week (exclusive of overtime)			

LENGTH OF EMPLOYMENT From: To:	FIRM NAME	ADDRESS	CITY and STATE
Experience Paid: <input type="checkbox"/> full time <input type="checkbox"/> part time volunteer <input type="checkbox"/>	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
REASON FOR LEAVING			
Number of hours worked per week (exclusive of overtime)			

DUPLICATE THIS PAGE IF ADDITIONAL DESCRIPTION OF EXPERIENCE IS NEEDED

NAME: _____ Title of position: _____

ADDITIONAL DESCRIPTION OF EXPERIENCE

LENGTH OF EMPLOYMENT From: To:	FIRM NAME	ADDRESS	CITY and STATE
Experience Paid: <input type="checkbox"/> full time <input type="checkbox"/> part time volunteer <input type="checkbox"/>	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
REASON FOR LEAVING			
Number of hours worked per week (exclusive of overtime)			

<p>13. VETERAN'S CREDITS If number 4 was a Yes, answer these questions: Do you draw additional credits on this exam as an honorably discharged veteran or conditional credit pending discharge? <input type="checkbox"/> Yes, as a disabled veteran <input type="checkbox"/> Yes, as a non-disabled veteran <input type="checkbox"/> Yes, active duty <input type="checkbox"/> No If YES, request and complete a veteran's credit form with DD-214.</p>	<p>Personal Privacy Protection Law Notification The information which you are providing on this application is being requested pursuant to §50.3 of NYS Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with §96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide this information may result in disapproval of the application.</p>
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THIS AFFIRMATION MUST BE COMPLETED.

I affirm that the statements made on this application (including any attached papers) are true under penalties of perjury. I understand that all statements made by me in connection with the application are subject of investigation and verification and that a material misstatement or fraud may disqualify me from appointment and /or lead to revocation of my appointment.

Signature of Applicant	Date

Print any other last names by which you are or have ever been known.

After a conditional offer of employment has been made, you may be required to submit to a medical examination and you will complete a self-evaluation health form, prior to reporting to work.

New York State Human Rights Law and Federal Equal Employment Opportunity Law prohibit discrimination. Orleans County is an equal opportunity employer and does not discriminate on the basis of race, creed, color, national origin, sex, marital status, age, disability, veteran's status, arrest record, or any other status protected by law.



County of Orleans
Department of Personnel and Self Insurance

KATIE A. HARVEY
Director

14016 Route 31 West
Albion, NY 14411-9354
(585) 589-3184
Fax (585) 589-3183
Katie.Harvey@orleanscountyny.gov

CONSUMER REPORT DISCLOSURE STATEMENT

In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are notified that in connection with and in order to better evaluate this application for employment, a report may be obtained which will provide applicable information concerning character, general reputation and personal characteristics including, but not limited to, verification of prior employment, verification with the Department of Motor Vehicles, and a character check, including verification and review of any criminal convictions. You have the right to make a written request with a reasonable period of time for a complete and accurate disclosure of the nature and scope of the report requested.

I hereby authorize Orleans County to procure a consumer report as set forth above.

Signature of Applicant

Date



County of Orleans
Department of Personnel and Self Insurance

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**INFORMED CONSENT AND RELEASE OF LIABILITY
FOR DRUG TESTING AND/OR ALCOHOL TESTING**

In compliance with Orleans County Drug/Alcohol Policy, I hereby give my voluntary consent for a urine sample and/or saliva sample to be collected from me for chemical analysis. I understand the purpose of this analysis is to determine the presence or absence of **alcohol and/or unlawful drugs** in my body. I also understand that any positive result or refusal to take or cooperate with the test will preclude my employment with the County.

I further consent to the release of the results to Orleans County Personnel for use in evaluating my potential employment with the County. I understand that a chain of custody exists to insure the identity and integrity of my specimen and that information with respect to this test will be kept confidential, except to the extent required by the County to evaluate my employment. I further agree to hold Orleans County harmless for the use and results of this test, and to release Orleans County from any liability or claims arising from this test.

I state that the following sets forth all prescription and non-prescription medications I am taking at this time of this test:

-
- 1. AT THE TIME OF APPLICATION – THIS FORM NEEDS TO BE SIGNED AND DATED BY THE APPLICANT SO YOU ARE AWARE OF DRUG TESTING.**
 - 2. WHEN OFFERED AN APPOINTMENT TO A POSITION, APPLICANT WILL COME TO PERSONNEL OFFICE TO PICK UP THIS FORM TO BE TAKEN TO THE PHYSICIAN’S OFFICE FOR TESTING.**

Authorizing Witness

X _____
Applicant/Employee Signature

Date

X _____
Date

The above patient has been seen and the information has been reviewed.

Physician Signature

Date



County of Orleans
Department of Personnel and Self Insurance

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TO: **Applicants for County Employment**

PLEASE RESPOND TO THE FOLLOWING QUESTION

Does a relative or a relative member of the applicant's household exist between you and any County Official, whether appointed or elected or employee of the Orleans County?

Relative: Includes individuals who are relative by blood, marriage or adoption including the following: parent, child, spouse, brother, sister, grandparent, aunt, uncle, niece, nephew, grandchild, legal guardian, foster child, in-laws and step relationships.

Relative member of the applicant's household: Includes individuals who are cohabiting with the employee as well as any individual of the cohabitant who are relative by blood, marriage or adoption including the following: parent, child, spouse, brother, sister, grandparent, aunt, uncle, niece, nephew, grandchild, legal guardian, foster child, in-laws and step relationships.

Yes: _____ No: _____

If yes (please identify) the County Official or employee

_____ title
County Official or employee

_____ relationship to the individual
Department (if known)

I affirm that this is an addendum to my employment application and is true under penalties of perjury.

Print Name of Applicant

Signature of Applicant

Date

Applicant's Name: _____

REFERENCES

Complete the following information concerning persons who may attest to your character, integrity and fitness for the position for which you are applying. List four (4) personal and three (3) employment references (employers, supervisors or co-workers). **Do Not** include relatives as personal references.

Personal:

A. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

B. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

C. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

D. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

Applicant's Name: _____

Employment:

E. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

Business _____ Phone # _____

Address _____
Street City State Zip Code

F. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

Business _____ Phone # _____

Address _____
Street City State Zip Code

G. Name _____ Phone # _____

Address _____
Street City State Zip Code

Relationship _____ Years Known _____

Business _____ Phone # _____

Address _____
Street City State Zip Code

PLEASE RESPOND TO THE FOLLOWING QUESTION

Does a relative or a relative member of the applicant's household exist between you and any Holley Central School District Official, Administrator, or employee, whether appointed or elected?

Relative: Includes individuals who are relative by blood, marriage or adoption including the following: parent, child, spouse, brother, sister, grandparent, aunt, uncle, niece, nephew, grandchild, legal guardian, foster child, in-laws and step relationships.

Relative member of the applicant's household: Includes individuals who are cohabiting with the employee as well as any individual of the cohabitant who are relative by blood, marriage or adoption including the following: parent, child, spouse, brother, sister, grandparent, aunt, uncle, niece, nephew, grandchild, legal guardian, foster child, in-laws and step relationships.

Yes: _____ No: _____

If yes (please identify) the Holley Central School District Administrator, Supervisor or employee

School District Official, Administrator or employee

Title

Department (if known)

Relationship to the individual

School District Official, Administrator or employee

Title

Department (if known)

Relationship to the individual

School District Official, Administrator or employee

Title

Department (if known)

Relationship to the individual

I affirm that this is an addendum to my employment application and is true under penalties of perjury.

Print Name of Applicant

Signature of Applicant

Date