Otsego County Personnel Department 197 Main St. Cooperstown, NY 13326

Instructions and Information

1. ANNOUNCEMENT FOR EMPLOYMENT OR EXAMINATION

Before filling out your application, read carefully the announcement. When completing your application for examination(s) be sure to enter, at the top of page 1, the examination number, which identifies the examination, for which you are filing.

2. ADMISSION TO EXAMINATION

Call this agency immediately if you do not receive a notice within seven (7) days of the date of the examination informing you whether or not you are to be admitted to the examination.

3. CHANGE OF ADDRESS

Notify this agency in writing immediately of any change of address. For applications for examinations please give the number and title of examination.

4. SPECIAL ARRANGEMENTS

If you require special arrangements or accommodations in order to participate in the examination(s), you must contact the agency no later than the last day of the filing for this examination. Your request must include the examination number and title and the type of special arrangements or accommodations required.

ALTERNATE TEST DATES

If you are unable to make it to an examination for religious or other reasons please see our Alternate Test Date Policy on our website at otseque output.com

VETERANS CREDITS

If you are making a claim for veteran's credits with this application, fill out the Application for Veterans Credits on our webpage or in the Personnel Office. Be sure you read the following information very carefully:

Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veteran's credits, you must answer all questions H-K. Failure to do so, accurately and completely, may result in a denial of your claim.

If you are claiming credits as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions H-J and a "NO" answer to question K, be certified by the Veterans Administration as being entitled to receive payments for a service-connected disability rated ten (10) percent or more, incurred during a "Time of War" as indicated in question J.

Persons claiming credits as disabled war veterans will be contacted by this agency for additional information as necessary.

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. You will be advised as to which documents must be produced by you for this verification. 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 material 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.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, SELF-IDENTIFIED OR PERCEIVED SEX OR GENDER, SEXUAL ORIENTATION, GENDER IDENTITY, GENDER EXSPRESSION OR TRANSGENDER STATUS, DISABILITY, MARITAL STATUS, MILITARY STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

REMARKS SECTION TO QUESTIONS A-F (PERSONAL INFORMATION PAGE):				

Application for Employment or Examination

Otsego County Personnel Department 197 Main Street, Cooperstown, NY 13326

Position	iitie:			

(607) 547-4239 www.otsegocounty.com

Examination #

When filling out your application form, check to make sure all appropriate questions have been answered.

Incomplete, faxed, scanned, emailed, or photocopies of the Employment/Examination Application WILL NOT BE ACCEPTED.

PERSONAL INFORMATION PAGE

This application is part of your examination. Answer all	Check appropriate box to the right of each question.
questions completely. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information. Incomplete applications will not be accepted. Resumes may not be substituted for a completed	A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No
application, but will be accepted in addition to the application. (Last Name) (First) (MI)	B. Did you ever resign from any employment rather than face dismissal? Yes No
(Street Address or PO Box)	C. 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 circumstances? Yes No
(City) (State) (Zip Code)	D. Have you ever been convicted of any crime (felony or misdemeanor)? Does not include sealed convictions under Criminal Procedure Law §160.59.
Telephone # (Include Area Code) and E-mail Address	Yes No
HomeCell	E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?
E-mail	Yes No
	F. Are you now under charges for any crime? Yes No
Social Security Number:	If you answered "Yes" to any of the questions A-F above, you may give specifics under "remarks" on
If there is an age requirement for this vacancy/examination, enter your date of birth: Mo Day Yr.	the front page of this application. If you elect not to provide specifics, however, or if such information is insufficient, you may be required to submit further information. 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 for which you are applying.
Have you ever been employed by Otsego CountyYN	
If yes, enter dates here From to If you are not a citizen of the United States, do you have the legal	G. Are you a volunteer firefighter? Yes No
right to accept employment in the United States? Yes No State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.	H. Have you ever served in the Armed Forces of the United States? If yes, answer I-K (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.) Yes No
Name of District Months/Years	I. If "yes" did you receive a discharge, which was honorable, or were you released
School District of:	under honorable circumstances?
City or Village of:	Yes No
Town of:	J. Did you serve in the Armed Forces of the United States during any of the following periods?
County of: State of:	☐ 12/07/1941 to 12/31/1946 ☐ 06/27/1950 to 01/31/1955 ☐ 01/01/1963 to 05/07/1975 ☐ 08/02/1990 to not specified ☐ 06/01/1983 to 12/01/1987 ☐ 10/23/1983 to 11/21/1983 ☐ 12/20/1989 to 01/31/1990
State of.	☐ 12/20/1909 to 01/31/1990
THIS AFFIRMATION MUST BE COMPLETED I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. X	NOTE: Credits for Lebanon, Grenada and Panama will be limited to those who received the following Expeditionary medals: Armed Forces, Navy, or Marine Corps. Without appropriate medal, service is treated as under 05/08/1975 to 08/01/1990. US Public Health Service: 07/29/1945 to 09/02/1945 or 06/26/1950 to 07/03/1952 Or; a member of the National Guard activated during the
Signature of Applicant	US Postal Strike 03/23/1970 to 03/30/1970.
Date	K. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York Chate or apply of its civil divisions?
Is additional information about a change in your name or your use of an assumed name or	York State or any of its civil divisions? Yes No
nickname necessary to enable a check on your application. YES: NO If Yes, explain	If you are claiming veterans credits for the examination indicated on this
	application, be sure that you read Instruction E on the front page of the application.
Date Received: By:	Approved Conditioned Disapproved
Fee Received: By:	

		rtially completed college curriculum or correspo uired to indicate specific course work, do so on							cate how many credit hours or
Have you graduated from high school?									
IF YES, NAME AND LOCATION OF HIGH SCHOOL:									
If you have a high so	chool equivalency diplo	ma, indicate: ISSUING GOVERNMENTAL A	UTHORITY	:					NUMBER
	Name of School and Address		Full or Part	-Time	Did you graduate?	Type of Course Or Major Subject	:	Number of College Credits Rec'd	Type of Degree Rec'd
College, University Professional									
Or Technical School									
Other School Or Special Courses									
LICENSES: If a license or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following question: If not currently licensed check this box.									
Name of Trac	de or Profession	License Number			Granted by (li	censing agency)			City or State of
Spo	ecialty	Date of License First Issued Registered From: (mo/Yr.) To: (mo./Yr)			o./Yr)				
If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES NO If yes, it must be maintained throughout employment. Please attach a copy, and list all traffic infractions and violations over the past three (3) years. A driver record review will be part of the application review process.									
DESCRIPTION OF EXPERIENCE: Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position for which you applied. If the announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service, which includes experience pertinent to the position(s), describe such experience as a separate employment. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, add as attachment additional sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you. State size and kind of working force, if any, supervised by you and the extent of such supervision.									
	nt MO YR Γο /	Firm Name		Addres	S			City and State	
Paid Earn	unpaid \Box	Describe Duties:							
Type of I	Business								
Your Exa	act Title								
Name of You	ır Supervisor								
Superviso	or's Title								
No. of hours wo (exclusive o		Reason for Leaving:							
Length of Employmen MO YR From / 1	nt MO YR Γο /	Firm Name		Addres	SS			City and State	
Paid Earnings		Describe Duties:							
Type of I									
Your Exa	act Title								
Name of You	ır Supervisor								
Superviso	or's Title								
No. of hours wo (exclusive o		Reason for Leaving:							

Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Paid unpaid unpaid	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving:		
Longth of Employment	Five Name	Address	City and Chata
Length of Employment MO YR MO YR From / To /	Firm Name	Address	City and State
Earnings Paid unpaid unpaid	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving:		
How did you hear about this	ovam/vacanov posting?		
☐ Personnel Website	☐ NYS Dept. of I	Labor Other	
☐ Newspaper			
May we contact your present	employer? Yes N	0	
Professional References:			
1	lame		Phone #
	Address		Email
2			
N	lame		Phone #
	Address		Email
3			
	lame		Phone #
N	lame		Phone #
N			