

Town Of Warsaw  
83 Center St  
Warsaw, NY 14569  
585-786-2800

APPLICATION FOR: EMPLOYMENT \_\_\_\_\_ OR EXAMINATION # \_\_\_\_\_

PRINT OR TYPE

ANSWER ALL QUESTIONS

	Position Title _____	Exam Number _____
Name	LAST _____	FIRST _____
	MIDDLE _____	
Preferred 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 <input type="checkbox"/> Letchworth <input type="checkbox"/> Perry <input type="checkbox"/> Pioneer <input type="checkbox"/> Warsaw <input type="checkbox"/> Wyoming <input type="checkbox"/> Other _____
CITY, TOWN, OR VILLAGE OF				
STATE OF				

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?  
(Non-citizens may be required to produce I-151 or I-1551 Alien Registration Card at time of appointment)  Yes  No

**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:	Paid / Unpaid (Circle One)	Job Duties:	
Your Title:			
Type of Business:			
Name and Title of Supervisor:			
May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for Leaving:			

Length of Employment Month/Year to Month/Year	Employer:	Employer Address:	Employer Phone Number:
Hours Worked per/week:	Paid / Unpaid (Circle One)	Job Duties:	
Your Title:			
Type of Business:			
Name and Title of Supervisor:			
May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for Leaving:			

Length of Employment Month/Year to Month/Year	Employer:	Employer Address:	Employer Phone Number:
Hours Worked per/week:	Paid / Unpaid (Circle One)	Job Duties:	
Your Title:			
Type of Business:			
Name and Title of Supervisor:			
May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for Leaving:			

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

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**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