

Application:

## APPLICATION FOR CIVIL SERVICE EXAMINATION OR EMPLOYMENT

Hamilton County Personnel, P.O. Box 174, 102 County View Drive, Lake Pleasant, NY 12108

Kimberly Byrne – Personnel Officer

Phone: (518) 548-6375

Fax: (518) 548-3108

POSITION TITLE	EXAM NUMBER	SOCIAL SECURITY # _____				
_____		EMAIL ADDRESS: _____				
Print Last Name	First	MI	Cell Phone (____) _____	Home Phone (____) _____		
Permanent Legal Address			(Mailing Address if different)			
Street			Street			
APT			APT			
City / Town	State	Zip Code	City / Town	State		
			Zip Code			
Referring to your <b>PERMANENT LEGAL ADDRESS</b> , complete all items that apply to where you live.				If age is required on announcement for appointment or to take the examination, complete Date of Birth: <b>DOB:</b> _ / _ / _		
What School District do you live in and for how long? _____			<u>NAME</u>		<u>YEARS</u>	<u>MONTHS</u>
What City do you live in and for how long? _____						
What Village do you live in and for how long? _____						
What Town do you live in and for how long? _____						
What County do you live in and for how long? _____						
A. Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, see Instruction H on page 4)			SPECIAL ARRANGEMENTS (Optional-See Instruction E, on page 4)			
B. Are you or were you an exempt volunteer firefighter? <input type="checkbox"/> YES <input type="checkbox"/> NO			Religious Accommodation	Military	Disability	
Check the appropriate box to the right of each question:						
A. Were you ever dismissed/discharged from any employment for reasons other than lack of work, funds, disability, or medical condition? YES NO						
B. Did you ever resign from any employment rather than face dismissal? YES NO						
C. Did you ever receive a discharge from the Armed Forces of the United States that was other than "Honorable" or that was issued under other than honorable circumstances? YES NO						
D. Are you now under charges for any crime? YES NO						
E. Have you ever been convicted of any crime (felony or misdemeanor)? If yes, attach the completed form, Request for Criminal Offense. YES NO						
If you answered "YES" to any of the Questions A-D above, you may give specifics under "Remarks" on page 3 of this application. If you elect not to provide specifics, or if such explanation 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 (s) for which you are applying.						
F. Are you currently or have you ever served in the Armed Forces of the United States? If yes, complete questions for Veterans' Credits. YES NO						
<b>VETERANS' CREDITS</b> (See Instruction F, on page 4). If you wish to claim additional credits complete questions 1-4						
___ Disabled War Veteran (10 Points)			Non-disabled War Veteran (5 points)			
1. Did you receive an honorable discharge or were you released under honorable circumstances? YES NO						
2. Did you serve in the Armed Forces of the United States during any of the following periods? YES NO (12/7/41 – 12/31/46) (6/27/50 – 1/31/55) (2/28/61 – 5/7/75) (Persian Gulf: 8/2/90 – present) (Lebanon: 6/1/83 – 12/1/87) (Grenada: 10/23/83 – 11/21/83) (Panama: 12/20/89 – 1/31/90)						
NOTE: Credits for Lebanon, Grenada, and Panama will be limited to those who received the following Expeditionary Medals: Armed Forces, Navy, or Marine Corps (U.S. Public Health Service: 7/29/45 – 12/31/46 OR 6/27/50 – 7/3/52)						
3. Since January 1, 1951, have you received a permanent appointment in New York State using your veterans' credits? YES NO						
4. At the time of this application, are you a New York State Resident? YES NO						

### THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached pages) are true under the penalties of perjury (see page 4).

\_\_\_\_\_  
(Signature in blue ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Indicate any other last name by which you are or have been known

**EDUCATION:** Read the examination announcement or job description for educational requirements. If specialized coursework is required, attach transcripts showing the required courses and credit hours you completed.

Do you have a High School of Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name and Location of High School or Issuing Governmental Authority:					
<b>College, University, Professional or Technical Schools</b>		Semester Credits Received	Quarter Hours Received	Type of Degree Received	Major Subject or Type of Course	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Expected MO. YR.
Name							
Address (City, State)							
Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR.
Address (City, State)							
Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR.
Address (City, State)							

**LICENSE OR CERTIFICATION:** Complete the following if a license, certificate, or other authorization to practice a trade or profession is required on the announcement(s) and submit a copy of the license with this application.

Trade of Profession	License Number	Date of License First Issued	Registration MO. YR. MO. YR. FROM TO	If you are not currently licensed, check this box: <input type="checkbox"/>
Specialty	Granted by (licensing agency)			

If required on the announcement: Do you have a valid license to operate a motor vehicle in New York State?    YES    NO

**DESCRIPTION OF EXPERIENCE:** Beginning with your most recent employer, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination or position. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Describe the work that you personally performed. If you supervised, state how many people and the nature of such supervision.

Dates Employed MO YR MO YR / /	Employer	Address		City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities:				
_____				
_____				
_____				

Dates Employed MO YR MO YR / /	Employer	Address		City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities:				
_____				
_____				
_____				

Dates Employed MO YR MO YR / /	Employer	Address		City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities:				
_____				
_____				
_____				

Dates Employed MO YR MO YR / /	Employer	Address		City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities:				
_____				
_____				
_____				

Dates Employed MO YR MO YR / /	Employer	Address		City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities:				
_____				
_____				
_____				

Dates Employed MO YR MO YR / /	Employer	Address		City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities:				
_____				
_____				
_____				

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional pages.)

# INSTRUCTIONS AND INFORMATION

**For more information and help completing this application, call (518) 548-6375.**

- A. **EXAM APPLICATION:** Before filling out your application, read the examination announcement and/or job description carefully (available at the Personnel Office). This application is part of your examination. Answer all questions fully and carefully and make sure all boxes are filled in or checked. Resumes will **NOT** be accepted in lieu of application. Print in ink or use a printer. Attach additional sheets, if necessary, to give complete and detailed information.
- B. **EXAM FILING FEE:** None.
- C. **ADMISSION TO EXAM:** Applications are reviewed for qualifying status. If your application is disapproved, you will be notified of the reason. All amendments to applications are due no later than three days before the scheduled examination. **IF YOU DO NOT RECEIVE AN ADMISSION LETTER THREE (3) DAYS BEFORE THE EXAM DATE, CALL: (518) 548-6375.**
- D. **CHANGE OF ADDRESS:** Notify the Hamilton County Department of Civil Service & Personnel immediately of any change of address. Upon receiving your notification, the Civil Service Department will send you a change of address form. It is your responsibility to complete and return this form to the Civil Service Department. The Hamilton County Department of Civil Service & Personnel is not responsible for undeliverable mail.
- E. **SPECIAL ARRANGEMENTS:** If you need special arrangements because you are a person with a disability, are requesting a military make-up exam, or need a religious accommodation you must, EITHER: (1) Check the appropriate box on the first page of the application and indicate the special arrangements you require in the "REMARKS" section on Page 3; or (2) Write to our office no later than the last filing date for this exam. Your request must include the exam number and title, and type of special arrangements required.

Military Service Members: If you apply for an examination during the filing period but are on active duty on the date the examination is scheduled, you may request a military make-up examination. Contact Hamilton County Department of Civil Service & Personnel at (518) 548-6375 for more information. If you are on active duty or discharged after the filing period has begun, you may apply for the examination up to ten (10) business days before the test date.

It is the policy of the New York State Department of Civil Service and Hamilton County Department of Civil Service & Personnel to provide qualified persons with disabilities, an equal opportunity to participate in and receive the benefits, services, programs, and activities of the Department, and to provide such persons reasonable accommodations and reasonable modifications as are necessary, to enjoy such equal opportunity, including accommodations in the examination process. Further, it is the policy of the Department to provide reasonable accommodation for religious observers.

- F. **VETERANS CREDITS:** Disabled or non-disabled veterans who have served on active duty during the creditable periods of war, who have been honorably discharged/released, and who are New York State residents at the time of application for examination, will be eligible for veterans' credits. **Eligible veterans must submit, with their application, a copy of the Honorable Discharge Form (DD-214).** A copy of your DD-214 must be submitted prior to the establishment of the eligible list. An option of waiving this credit will be allowed after the completion of the examination. An applicant who claims additional credit as a disabled veteran will be sent the necessary forms. If you do not receive these forms by the exam date, you should request them from the Hamilton County Department of Civil Service & Personnel.

Candidates currently serving in the Armed Forces of the United States may apply for veterans' credit provided the criteria for a veteran is met and proof of service was in time of war and the discharge or release was under honorable circumstances. Candidates currently serving in the Armed Forces will receive conditional veterans' credit until a copy of the Honorable Discharge Form (DD-214) is submitted to the Hamilton County Department of Civil Service & Personnel.

(The "Armed Forces of the United States" includes all components of the Army, Navy, Marine Corps, Air Force and Coast Guard, and 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.)

- G. **PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:** The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination for which they have applied. This information will be used in accordance with Section 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.
- H. **NON-CITIZEN:** If you are **not** a citizen of the United States but have the legal right to work, **you must submit with your application a copy of the document(s)** allowing you to work in the United States.
- I. **BACKGROUND INVESTIGATION:** Applicants may be required to undergo a State and National criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

### **Hamilton County is an Equal Opportunity/Affirmative Action Employer**

It is the policy of the New York State Department of Civil Service and Hamilton County Department of Civil Service & Personnel to provide for and promote equal employment opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, military status, genetic predisposition, carrier status, political affiliation or belief.

**APPLICATION FOR VETERAN'S CREDITS**

Candidates must file a separate "Application for Veteran's Credits" form (VC-1) for each examination for which they wish to file. A copy of Applicant's separation papers (form DD-214, Member 4 copy) must be filed with this form at the address above.\* More detailed information is available on the back of this application.

**ALL APPLICANTS MUST COMPLETE QUESTIONS 1 – 7 AND SIGN AND DATE THE BOTTOM OF THIS FORM**

1. I wish to claim: Disabled Veteran's Credits  Non-Disabled Veteran's Credits   
Exam No. \_\_\_\_\_ Title: \_\_\_\_\_
2. Full Name \_\_\_\_\_  
(First) (Middle) (Last)
3. Address \_\_\_\_\_  
(Street Address) (City or Town) (State) (Zip Code)
4. Dates of Active Service: From \_\_\_\_\_ To \_\_\_\_\_  
(day/month/year) (day/month/year)
5. Were you discharged under honorable conditions? Yes  No   
Reason for discharge or release as stated on certificate: \_\_\_\_\_  
\_\_\_\_\_
6. Are you a resident of New York State? Yes  No
7. Have you ever been appointed through the use of Veteran's Credits to any position in the State Civil Service or any City of Civil Division of New York State? Yes  No

**APPLICANTS FOR DISABLED VETERAN'S MUST ALSO COMPLETE QUESTIONS 1 AND 2 BELOW**

**DISABLED VETERANS**

In order to be considered for additional credits as a disabled veteran you must meet the same requirements as non-disabled veterans. In addition, for each examination title you must also complete FORM VC-4 (**Authorization for Disability Record**), in duplicate and forward **BOTH** copies immediately to the Regional Office of the United State Veterans Administration where you application for disability pension is on file. The Veterans Administration will retain a copy for its files, and will return a copy to this office for processing. Disabled Veterans must have a war-incurred disability of at least ten percent (10%) certified by the Administration at the time of application for additional credits.

1. U.S. Veteran's Administration Claim No: \_\_\_\_\_
2. Date on which two copies of "Authorization for Disability Records" (VC-4) were sent to Veteran's Administration: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE FULL AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

\*If you do not forward the proper documentation, you will not be granted veterans credits.

**Once the eligible list is established, veterans credits cannot be granted.**

**OVER →**

## INSTRUCTIONS FOR VETERAN'S CREDITS

According to Civil Service Law, additional credits in examinations are granted to successful candidates who have claimed and established status as disabled or non-disabled veterans. These credits are granted

on the following basis:

	<u>Open-Competitive Exams</u>	<u>Promotional Exams</u>
Disabled Veteran	10	5
Non-Disabled Veteran	5	2.5

These additional credits, which are combined with the final score obtained in the examination, may be granted only to **PASSING CANDIDATES** at the time of establishment of the eligible list. Candidates are permitted a minimum period of sixty (60) days from the last filing date to submit veterans credits forms for a particular examination. These forms will be accepted until such time as the eligible list is established. It is the responsibility of the candidate to insure that all required forms are filed on time.

To be eligible for additional credits as a veteran you must be a resident of New York State, must have been honorably discharged or released under honorable conditions, and must have served on **ACTIVE** duty with the Armed Forces in a time of war, as defined in Section 85 of New York State Civil Service law, as noted below:

All service in the United States armed forces during:

World War I	April 6, 1917	-	November 11, 1918
World War II	December 7, 1941	-	December 31, 1946
Korean Conflict	June 27, 1950	-	January 31, 1955
Viet Nam Conflict	February 28, 1961	-	May 7, 1975
Persian Gulf Conflict	August 2, 1990	-	to the end of hostilities as yet undefined

Service for which a veteran received the armed expeditionary medal, the navy expeditionary medal, or the marine corps expeditionary medal for:

Hostilities in Lebanon	June 1, 1983	-	December 1, 1987
Hostilities in Grenada	October 23, 1983	-	November 21, 1983
Hostilities in Panama	December 20, 1989	-	January 31, 1990

In accordance with Section 85.5 of the New York State Civil Service Law, an application for additional credit in a competitive examination under this section may be withdrawn by the applicant at any time prior to the establishment of the resulting eligible list. At any time during the term of existence of an eligible list resulting from a competitive examination in which a veteran or disabled veteran has received the additional credit granted by this section, such veteran or disabled veteran may elect, prior to permanent original appointment or permanent promotion, to relinquish the additional credit theretofore granted to him and accept the lower position on such eligible list to which he would otherwise have been entitled; providing, however, that such election shall thereafter be irrevocable. Such election shall be in writing and signed by the veteran or disabled veteran, and transmitted to the state civil service department or the appropriate municipal civil service commission.

Candidates may use their Veterans or Disabled Veterans Credits to gain appointment **only once** in the Civil Service of the State or of any City or Civil Division thereof.

**HAMILTON COUNTY PERSONNEL OFFICE  
102 COUNTY VIEW DRIVE, P.O. BOX 174  
LAKE PLEASANT, NY 12108  
Phone #: (518) 548-6375 Fax #: (518) 548-3108**

**AUTHORIZATION FOR VETERAN'S DISABILITY RECORD**

SECTION I – APPLICANT MUST COMPLETE SECTION I. (Type or print in ink) FORWARD TO REGIONAL OFFICE OF VETERANS AFFAIRS WHERE DISABILITY CLAIM IS NOW ON FILE.

Date: \_\_\_\_\_

To: Manager  
Veterans Affairs  
\_\_\_\_\_, New York.

I hereby authorize you to furnish the Hamilton County Personnel/Civil Service Office with my medical and disability record. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Veteran's Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Number and Street) (City or Town) (State) (Zip Code)

Veterans Affairs Claim Number: \_\_\_\_\_

Service Serial Number: \_\_\_\_\_

Examination or eligible list for which preference is claimed:

Exam Number: \_\_\_\_\_ Title: \_\_\_\_\_

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**DO NOT DETACH**

SECTION II (Page Two) – TO BE COMPLETED BY VETERANS AFFAIRS.

Retain one copy and forward duplicate to:

Hamilton County Personnel Office  
102 County View Drive, P.O. Box 174  
Lake Pleasant, NY 12108

Date: \_\_\_\_\_

V.A. Claim Number: \_\_\_\_\_

1. Does the above veteran have a war-incurred disability now in existence: Yes  No

2. State percentage of war-incurred disability now in existence: \_\_\_\_\_%

3. Description of such disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date of last medical examination by the VA Medical Officer in connection with such disability: \_\_\_\_\_

**IF THE DATE IN ANSWER TO QUESTION 4 IS LESS THAN ONE YEAR AGO, DO NOT ANSWER THE FOLLOWING QUESTIONS:**

5. Does the VA state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, notwithstanding the fact that such claimant has not been examined by a Medical Officer of the VA within one Year?

Yes

No

6. Date of next scheduled medical examination by the VA: \_\_\_\_\_

7. REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Regional VA Office