

# WARREN COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

Warren County Department of Civil Service Administration

1340 State Route 9 Lake George, New York 12845

Phone: (518) 761-6440

Web: [www.warrencountyny.gov/civilservice](http://www.warrencountyny.gov/civilservice)

**Submit an original application for each title along with a non-refundable examination fee (if applicable). Make check or money order payable to Warren County Treasurer (no cash accepted). Carefully read announcements for minimum qualification requirements. (You must sign the affirmation at the bottom of page 4).**

**EXAM Title or Position:** \_\_\_\_\_ **Exam Number: (if applicable):** \_\_\_\_\_

**NAME AND LEGAL RESIDENCE::** (Please notify Warren County Civil Service immediately of any information changes)

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

**MAILING ADDRESS:**  
(if different from above) STREET CITY STATE ZIP

**PHONE NUMBER:** ( ) Home ( ) Business ( ) Cell

**EMAIL ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:**

I currently reside (indicate one of the three) in the: (1) City of \_\_\_\_\_

**OR (2) Town of** \_\_\_\_\_, **OR (3) Village of** \_\_\_\_\_

in the **School District** of \_\_\_\_\_ located in the **County** of \_\_\_\_\_ in the

**State** of \_\_\_\_\_. Have you lived in your current County for at least four months? \_\_\_\_\_.

**VETERANS CREDITS:**

Veterans of the Armed Forces wishing to claim additional credits as a Veteran or Disabled Veteran must also submit a separate "Application for Veteran's Credit" form and supporting documentation.

Check appropriate box if claiming additional credits:  Non-Disabled Wartime Veteran or  Disabled Wartime Veteran

**TESTING ACCOMMODATIONS:**

Warren County Civil Service provides reasonable accommodations in testing for reasons of disability, religious observance or military service. If you require special arrangements, a written request must be attached or submitted no later than the last filing date for the exam.

Yes, I am requesting testing accommodations for  Disability  Religious Observance  Military Service.

**CONFLICTING EXAMS:**

Yes,  No Have you applied for any other examinations to be held on the same date? (If yes, follow cross-filer instructions on examination announcement.).

**OTHER PERSONAL INFORMATION:**

Are you 18 years of age or older?  YES  NO If no, you must supply a work permit.

Are you legally eligible to work in the United States?  YES  NO In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Are you a retiree from New York State or any civil division thereof?  YES  NO

If minimum or maximum age limits are established for the position applied for (including uniformed services or peace officers), enter date of birth here: \_\_\_\_\_. (Attach proof of age: (license, passport, birth certificate, OR other)).

If Citizenship is required for exam or appointment (including uniformed services or peace officers), are you a Citizen?  YES  NO



NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

**EXPERIENCE:** Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. You may include a resume but **do not substitute a resume**. Under **“DUTIES”** describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. Paid part-time experience will be prorated unless otherwise stated on the announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain **all** information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc.)

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year 	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year 	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year 	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year 	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

<b>COMPLETE ALL QUESTIONS:</b>		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever resign from any employment rather than face discharge?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	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 conditions?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been convicted of any crime (felony or misdemeanor)?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you now under charges for any crime?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you an Exempt Volunteer Firefighter? <span style="float: right;">If yes, indicate years of service: _____</span>
<p><i>If you answered (YES) to any of these questions, you may provide details on a separate 8 1/2 x 11 sheet of paper attached to this application.</i>  <b>Note</b> : None of the above is an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position to which you are applying.</p>		

<b>BACKGROUND INVESTIGATION:</b>
<p>Applicants for certain positions may be required to undergo a State and national criminal history background investigation, which may include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.</p>

<b>COMPLETE THIS SECTION ONLY IF YOU QUALIFY TO HAVE THE EXAM FEE WAIVED:</b>
<p>Section 50.5(b) of the NYS Civil Service Law allows exam fees to be waived for candidates who certify that they are currently in one of the following categories. Please check box that applies to you:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unemployed and primarily responsible for support of a household</li> <li><input type="checkbox"/> Eligible to receive Medicaid</li> <li><input type="checkbox"/> Receiving Supplemental Security Income (SSI)</li> <li><input type="checkbox"/> Receiving Temporary Assistance for Needy Families (TANF)</li> <li><input type="checkbox"/> A certified eligible under the Workforce Investment Act (WIA)</li> </ul> <p>I certify that I am qualified to receive an exam fee waiver because of my current status indicated above. I understand that my waiver claim may be investigated and that I may be disqualified from the civil service exam(s) if I make a false statement regarding my eligibility for the exam fee waiver.</p> <p><b>Signature (if eligible)</b> _____ <b>Date</b> _____</p>

<b>ALTERNATE TEST DATE:</b>
<p>If you cannot take the test on the announced test date, it may be possible for arrangements to be made for you to take the test on an alternate test date. If applicable, check the box below and attach supporting documentation with this application. In case of emergency, please notify this office the <b>NEXT</b> business day following the exam date. You will be required to submit documentation of your emergency.</p> <p><input type="checkbox"/> Yes, I need an alternate test date and have attached a Request for Alternate Test Date form.</p>

<b>PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:</b>
<p>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(s) 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. This information will be maintained by the Warren County Department of Civil Service.</p>

<b>STATEMENT:</b>
<p>I affirm under penalties of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize Warren County to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application for employment by Warren County does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.</p> <p><b>Signature</b> _____ <b>Date</b> _____</p>

<b>WARREN COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER</b>
<p>It is the policy of the WARREN County to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, color, religion, national origin, sex, disability, military status, sexual orientation, marital status, or criminal record.</p>