

GENESEE COUNTY HUMAN RESOURCES

County Bldg. I, 15 Main Street, Batavia, NY 14020 Phone: (585) 344-2550, Ext. 2220 Web Site: www.co.genesee.ny.us

APPLICATION FOR EXAMINATION OR EMPLOYMENT

PRINT OR TYP	PE				ANS	WER ALL QI	JESTIONS
Position	on Title		Exam	Number	-OR-	Agency	
NAME	AST		FIRST	_		MIDDLE	
HOME Address Nu		TREET		CITY		STATE	ZIP
MAILING							
ADDRESS(IF DIFFE	ERENT FROM ABOVE)	NUMBER	STRE	ET (CITY	STATE	ZIP
HOME PHONE(_) -	w	ORK() -	2 -	OTHER	-
EMAIL ADDRES	S:						
SOCIAL SECUR	ITY NUMBER:		1				
DATE OF BIRTH	:(IF REQUIRED ON A	NNOUNCEME	ENT FORM)			_	
LEGAL RESIDENCE	NAME		YEARS	MONTHS		CIRCLE SCHOOT IN WHICH YOU	
COUNTY OF					Alexande	er Batavia E	Byron-Bergen
CITY,TOWN,OR VILLAGE OF						Le Roy Oakfi	
STATE OF	-				Favillon	rembloke our	
EMPLOYMENT PR	REFERENCES: P	lease circle	the type of	work you wo	ould be willin	ng to accept.	
	Full-Time		Part-Tir	ne	Т	emporary	
PLEASE CIRCLE	THOSE AGENCI	ES IN WHIC	H YOU WO	OULD BE W	LLING TO	ACCEPT WORK:	
Cou		Towns		Villages		School Districts	
FOR CIVIL SERVI	CE USE ONLY						
Date Received	, a		Fee	Paid		_ Ву	
Approved			ed		Cond	itional	

MSD 330 (7/2014)

e)		4				RE	GRE LON GEI CEIV PEC
°'		(GED: Includ	le Number)			
	30.65.20						
OR							
KEN:							
	CRED	OIT HRS.	NAME C	F COURS	E	CRE	DIT
CONTRACTOR OF THE PROPERTY OF	manager updestrated		THE COLUMN TWO IS NOT THE REAL PROPERTY.	THE PROPERTY OF THE PARTY OF TH	and the second s		
			<u></u>				
		UIRED AS	PART O	MINIMU	M QUALIF	ICATION	IS)
сору л				C	ony Reque	sted	
TES OR OTHE	Attached	RIZATIONS	TO PRAC		opy Reque		FES
LICENSE O CERTIFICA NUMBER	R AUTHOR	RIZATIONS SUED BY: lame or Cit tate, or Age	y,		OATES		
LICENSE O CERTIFICA	R AUTHOR	SUED BY: lame or Cit	y,	TICE A SE LICENSE (Mo./Day/	OATES	PERMA Yes	
LICENSE O CERTIFICA	R AUTHOR	SUED BY: lame or Cit	y,	TICE A SE LICENSE (Mo./Day/	OATES	PERMA Yes	
LICENSE O CERTIFICA NUMBER	R AUTHOR	SUED BY: lame or Cit	y,	TICE A SE LICENSE (Mo./Day/	OATES	PERMA Yes	
LICENSE O CERTIFICA	R AUTHOR	SUED BY: lame or Cit tate, or Age	y incy)	TICE A SK LICENSE (Mo./Day/ From	OATES	PERMA Yes	, n
	KEN:	CREE	KEN: GREDIT HRS:	KEN: GREDIT HRS. NAME O	KEN: CREDIT HRS. NAME OF COURS	KEN: GREDIT HRS: NAME OF COURSE	KEN:

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 this information.

LENGTH OF EMPLOY Month/Year to Month/Y		EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE			
HOURS WORKED PER WEEK:	EARNI HOUR	NGS PER : \$	DUTIES	S:				
YOUR TITLE:			E					
TYPE OF BUSINESS:								
NAME AND TITLE OF	SUPER	VISOR:						
REASON FOR LEAVIN	1G:							
	-							
LENGTH OF EMPLOYMENT EMPLOYER Month/Year to Month/Year -			ADDRESS	CITY, STATE, ZIP CODE				
HOURS WORKED EARNINGS PER PER WEEK: HOUR: \$		DUTIES:						
YOUR TITLE:								
TYPE OF BUSINESS:								
NAME AND TITLE OF	SUPER'	VISOR:						
·								
REASON FOR LEAVING:								
LENGTH OF EMPLOY Month/Year to Month/Y		EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE			
HOURS WORKED PER WEEK:	EARNI HOUR	NGS PER : \$	DUTIES	S:				
YOUR TITLE:								
TYPE OF BUSINESS:								
NAME AND TITLE OF	SUPER'	VISOR:						
REASON FOR LEAVIN	NG:							

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

	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) and provide appropriate military papers (DD214). You may request a VC-1 form to be mailed to you by placing a check mark in this area (). IF YOU WISH TO CLAIM CREDITS, CHECK THE APPROPRIATE BOX: DISABLED VETERAN NON-DISABLED VETERAN CURRENTLY IN ARMED FORCES
l	
	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:
	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.
	GENESEE COUNTY ♦ AN EQUAL OPPORTUNITY EMPLOYER
1	t is the policy of Genesee County Human Resources to provide accommodations in testing to individuals with disabilities and religious observers, and to provide for and promote equal opportunity in employment, compensation, without regard to race, color, creed, religion, sex, sexual orientation, national origin, age, disability, marital status, citizenship status, military or veteran status, criminal conviction status, or predisposing genetic characteristics or genetic information, pregnancy, domestic violence victim status, or any other category protected by law.
1	PERSONAL INFORMATION PROTECTION STATEMENT The information which you are providing on this application is being requested pursuant to 50.3 of the NYS Civil Service Law for the purpose of determining the eligibility of applicants to participate in an examination or a position applied for. The information will be made available only to those who have a "need to know", and will not be released to anyone else other than the applicant unless he/she has signed
1	an appropriate release of information authorization. A candidate's failure to provide this information may result in the disapproval of the application. This information will be maintained by the Genesee County Human Resources Director.
1	an appropriate release of information authorization. A candidate's failure to provide this information may result in the disapproval of the application. This information will be maintained by the Genesee County
1	an appropriate release of information authorization. A candidate's failure to provide this information may result in the disapproval of the application. This information will be maintained by the Genesee County Human Resources Director. IMPORTANT: This section MUST BE completed. Failure to sign this section will result in
1	IMPORTANT: This section MUST BE completed. Failure to sign this section will result in disapproval of your application for employment or examination. I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the
1	IMPORTANT: This section MUST BE completed. Failure to sign this section will result in disapproval of your application for employment or examination. I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct. I hereby authorize the release of information regarding prior employment history/records, educational records, law enforcement records, driver's license and driving records, personal references and all like information bearing on my qualifications for this position to the appointing
1	IMPORTANT: This section MUST BE completed. Failure to sign this section will result in disapproval of the application for employment or examination. I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct. I hereby authorize the release of information regarding prior employment history/records, educational records, law enforcement records, driver's license and driving records, personal references and all like information bearing on my qualifications for this position to the appointing authority of all jurisdictions within the County of Genesee or his/her designee. This authorization shall be valid for a period of two (2) years from the date of the execution of this document. A photocopy of this release will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.
1	IMPORTANT: This section MUST BE completed. Failure to sign this section will result in disapproval of your application for employment or examination. I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct. I hereby authorize the release of information regarding prior employment history/records, educational records, law enforcement records, driver's license and driving records, personal references and all like information bearing on my qualifications for this position to the appointing authority of all jurisdictions within the County of Genesee or his/her designee. This authorization shall be valid for a period of two (2) years from the date of the execution of this document. A photocopy of this release will be as valid as an original thereof, even though the said