



**WYOMING COUNTY CIVIL SERVICE**  
 338 North Main Street, Warsaw, New York 14569  
 Phone: (585) 786-8830  
 Fax: (585) 786-0811  
 E-Mail: [civilservice@wvomingco.net](mailto:civilservice@wvomingco.net)  
 Website: [www.wyomingco.net](http://www.wyomingco.net)

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

PRINT OR TYPE

ANSWER ALL QUESTIONS

|                                      |                    |        |       |     |
|--------------------------------------|--------------------|--------|-------|-----|
| Position Title _____                 | Exam Number _____  |        |       |     |
| Name _____                           |                    |        |       |     |
| LAST                                 | FIRST              | MIDDLE |       |     |
| Home Phone # _____                   | Cell Phone # _____ |        |       |     |
| 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.

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

**DATE OF BIRTH – For Law Enforcement Only:** \_\_\_\_\_

| LEGAL RESIDENCE           | NAME | YEARS | MONTHS | PLEASE CHECK SCHOOL DISTRICT IN WHICH YOU RESIDE |
|---------------------------|------|-------|--------|--|
| COUNTY OF                 |      |       |        | Attica _____ Letchworth _____                    |
| CITY, TOWN, OR VILLAGE OF |      |       |        | Perry _____ Pioneer _____                        |
| STATE OF                  |      |       |        | Warsaw _____ Wyoming _____                       |
|                           |      |       |        | Other _____                                      |

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

**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:<br>LIST NAME<br>REQUESTED BELOW     | MAJOR<br>AND<br>MINOR | TYPE OF<br>DEGREE<br>OR DIPLOMA | CREDITS<br>RECEIVED | DATE<br>DEGREE/<br>DIPLOMA<br>OR GED<br>RECEIVED<br>EXPECTED |
|--|-----------------------|---------------------------------|---------------------|--|
| H/S OR GED (Circle one)<br>Name:               |                       | (If GED, Include<br>Number)     |                     |  |
| COLLEGE<br>Name:                               |                       |                                 |                     |  |
| GRADUATE SCHOOL OR<br>OTHER EDUCATION<br>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<br>PROFESSION | LICENSE OR<br>CERTIFICATE<br>NUMBER | ISSUED BY:<br>(Name or City,<br>State, or Agency) | LICENSE DATES<br>(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.**

**HIGHER EDUCATION LOAN INFORMATION:**

Section 50-b of NYS Civil Service Law requires that all applicants for examination be asked the following:

|           |                  |       |
|-----------|------------------|-------|
| NAME      | ADDRESS          | DATE  |
| _____     | _____            | _____ |
| SIGNATURE | EXAM NO. & TITLE |       |
| _____     | _____            |       |

Do you have an outstanding NYS Guaranteed Student Loan?       NO       YES  
If yes, are you currently in default on any such Loan?       NO       YES

**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<br>Month/Year to Month/Year | Employer:    | Employer Address: | Employer Phone Number: |
| Hours Worked per/week:                           | Hourly Wage: | Job Duties:       |                        |
| Your Title:                                      |              |                   |                        |
| Type of Business:                                |              |                   |                        |
| Name and Title of Supervisor:                    |              |                   |                        |
| May we Contact? Yes ___ No ___                   |              |                   |                        |
| Reason for Leaving:                              |              |                   |                        |

|  |              |                   |                        |
|--|--------------|-------------------|------------------------|
| Length of Employment<br>Month/Year to Month/Year | Employer:    | Employer Address: | Employer Phone Number: |
| Hours Worked per/week:                           | Hourly Wage: | Job Duties:       |                        |
| Your Title:                                      |              |                   |                        |
| Type of Business:                                |              |                   |                        |
| Name and Title of Supervisor:                    |              |                   |                        |
| May we Contact? Yes ___ No ___                   |              |                   |                        |
| Reason for Leaving:                              |              |                   |                        |

|  |              |                   |                        |
|--|--------------|-------------------|------------------------|
| Length of Employment<br>Month/Year to Month/Year | Employer:    | Employer Address: | Employer Phone Number: |
| Hours Worked per/week:                           | Hourly Wage: | Job Duties:       |                        |
| Your Title:                                      |              |                   |                        |
| Type of Business:                                |              |                   |                        |
| Name and Title of Supervisor:                    |              |                   |                        |
| May we Contact? Yes ___ No ___                   |              |                   |                        |
| Reason for Leaving:                              |              |                   |                        |

**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

46 NORTH MAIN STREET  
PERRY, NEW YORK 14530

Frederick Hauser, Mayor Anita Billings, Trustee Daniel A. Draper, Trustee Eleanor Jacobs, Trustee Bonnita Matson, Trustee

EMPLOYMENT RECORD CHECK

I, \_\_\_\_\_, ( including middle name, maiden name & any other names used) have applied for employment with the Village of Perry and I understand that there will be a pre-employment investigation conducted into my prior work history as well as into any previous criminal convictions which may have an impact upon the particular job for which I have applied. I hereby release the Village of Perry and the Village of Perry Police Department of any liability in such investigation. I understand that a criminal conviction may result in my immediate dismissal, or rejection based upon a bonafide work related nexus with the particular job sought.

My Date of Birth is \_\_\_\_\_, I was born in \_\_\_\_\_.

I now reside at \_\_\_\_\_.

My Social Security Number is \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_. My phone number is \_\_\_\_ - \_\_\_\_\_.

My past place of employment was \_\_\_\_\_.

Address \_\_\_\_\_

Phone \_\_\_\_\_

I AUTHORIZE THE VILLAGE OF PERRY POLICE DEPARTMENT TO RELEASE ANY AND ALL INFORMATION THEY HAVE ABOUT ME TO THE VILLAGE OF PERRY CLERK'S OFFICE AND THE APPROPRIATE APPOINTING AUTHORITIES.

A copy of your drivers license must be attached to this form in order to be considered for employment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

Record Check : \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

# VILLAGE OF PERRY

## BACKGROUND VERIFICATION AUTHORIZATION

To Whom It May Concern:

I hereby authorize and request any present or former employer, educational institution, military service, police department, criminal justice agency, financial institution, credit bureau, department of motor vehicles, or other persons or organizations having knowledge about me, to provide the Village of Perry with all relevant information about me in connection with an application for employment. Further, I hereby hold harmless and release such parties and persons from all liability for any damages that may result from providing information regarding my employment or personal background that may be used in connection with this application for employment.

I hereby allow a photocopy or fax copy of this authorization to be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written *Application for Employment Form*, which I have signed.

I hereby authorize the Village of Perry to investigate all information contained in my *Application for Employment Form*, my resume, or furnished elsewhere.

I hereby acknowledge that I have been given a notification that a consumer report may be requested and used for the purpose of evaluating my application for employment.

I hereby certify that all of the information provided on the *Application for Employment* is true and complete. I understand that falsification, misrepresentation, or omission of any material fact may be cause for rejection of my application or, if hired, termination of my employment.

|  |                         |       |
|--|-------------------------|-------|
| Applicant Name (Print):  | Social Security Number: | Date: |
| Applicant Signature:   |                         |       |
| Applicant Current Address (Street, City, State, Zip)   |                         |       |
| Applicant Previous Address if residing at current address for less than two years (Street, City, State, Zip) |                         |       |