



WYOMING COUNTY CIVIL SERVICE
 338 North Main Street, Warsaw, New York 14569
 Phone: (585) 786-8830
 Website: 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 #: _____
	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 _____ 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 1-151 or 1-1551 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: 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):** _____

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

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

**VILLAGE OF PERRY
46 NORTH MAIN STREET
PERRY, NEW YORK 14530**

Rick Hauser, Mayor Jacquie Billings, Trustee Dariel A. Draper, Trustee Eleanor Jacobs, Trustee Arlene Lapiana, 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)