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Montgomery County Personnel Department

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Date Received

Application

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Approved _____

An Equal Opportunity Employer

Disapproved _____

Conditional _____

Insert above, Title of Position Applying For

This application is part of your examination. Answer all questions fully and carefully in ink or on typewriter. Some questions can be answered with an "x" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

1. NAME, MAILING ADDRESS AND PHONE (Please Print)

Last First M.I.

Street Address

City or Post Office State Zip Code

Home: Business: Phone (Include Area Code)

2. SOCIAL SECURITY NUMBER

3. Are you under 18 YES NO

If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

Mo. Day Year

4. VETERANS' CREDITS

Do you draw additional credits on this exam as a veteran?

Check One

YES, as a disabled war veteran

YES, as a non-disabled war veteran

NO

If "Yes" please request and fill out separate form for veterans credits.

5. SPECIAL ARRANGEMENTS (Optional - See Instruction D)

RELIGIOUS

HANDICAPPED PERSON

6. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?

YES NO

(Non-citizens may be required to produce Alien Registration Cards at time of appointment.)

7. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of application.

NAME YEARS MONTHS

School District

City of Village Of

Town Of

County Of

State Of

8. Check appropriate box to the right of each question:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? 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 which was dishonorable? YES NO

D. Have you ever been convicted of any crime (felony or misdemeanor)? YES NO

E. Are you now under charges for any crime? YES NO

F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO

If you answered "YES" to any of the questions 8 A-F above, you may give specifics on a separate sheet. If you elect not to provide specifics, however, or if such explanation is insufficient, a confidential investigation supplement may be sent to you.

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.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY OR MARITAL STATUS. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY OR MARITAL STATUS IN CONNECTION WITH EMPLOYMENT BY MONTGOMERY COUNTY MUNICIPALITIES.

NOTE: When filling out your application form, check to make sure that all questions have been answered. An incomplete application may result in its disapproval.

THIS AFFIRMATION MUST BE COMPLETED

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

Signature of Applicant

Date

Indicate any other surname (last name) by which you are or have been known.

(Please Print)

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

MAIL OR DELIVER TO:

MONTGOMERY COUNTY PERSONNEL DEPARTMENT
COUNTY ANNEX BLDG - PARK STREET
P.O. BOX 1500
FONDA, NY 12068-1500

9. EDUCATION - If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and Location of High School										Year Graduated	
If you have a high school equivalency diploma, indicate: Issuing Government Authority							Number		Date of Issue		
	Name of School City in which located	Dates of Attendance (Month and Year)		Day or Night	Full or Part Time	No. of Years Cred- ited	Were You Gradu- ated?	Type of Course or Major Subjects	Number of College Credits Received	Type of Degree Received	Date Degree Rec'd or Expected
		From	To								
College, University, Professional or Technical School
Other Schools or Special Courses

10. LICENSES - If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination (s) for which you are applying, complete the following question. If not currently licensed check this box

Name of Trade or Profession	License Number	Granted by (licensing agency)	City of State of
Specialty	Date License First Issued	Registered From: (Mo./Yr.)	To:(Mo./Yr.)

11. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES NO

12. DESCRIPTION OF EXPERIENCE - (Answer the question only if the announcement specifies minimum experience requirements.) Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing it's volunteer nature in the "Earnings" box. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you had military service which includes experience pertinent to the position(s), describe such experience as separate employment. If your titles or duties changed materially in the course of your service in any one organization, indicate such change clearly and as separate employment. (If more space is needed, attach 8 1/2" x 11" sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK / MO / YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK / MO / YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
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No. of hours worked per week (exclusive of overtime)			
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SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)			

If more space is required, use additional sheets arranged in the same manner.