Revised: <u>1/18/16</u> <u>MSD-330</u>

## FRANKLIN COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

FRANKLIN COUNTY PERSONNEL/CIVIL SERVICE DEPARTMENT, 355 W. MAIN STREET, SUITE 428, MALONE, NY 12953
PHONE: (518) 481-1677 / 1665 FAX: (518) 483-2340 WEBSITE: http://franklincony.org

This application is part of your examination. Type or print answers in ink completely. Keep a copy for your records.

A separate application is required for each examination or position to which you are applying.

**For an Examination:** Submit application to the County Personnel Department. For a Vacancy: Submit application directly to respective agency. POSITION OR EXAMINATION TITLE EXAM # (if applicable) ~ SECTION 1 ~ Last Name First Name Social Security Number **Legal Address** Mailing Address (if different from Legal Address) City, State Zip City, State Zip Phone Number (w/area code) Alternate Phone Number **Email Address** ~ SECTION 2 ~ 1. WAR-TIME VETERAN or on ACTIVE DUTY in the U.S. Armed Forces: ☐YES ☐NO If yes, check one: Disabled ☐ Non-Disabled You must submit the required Veteran Credit forms and a copy of your DD-214 by the date of the exam. Active duty personnel shall supply a military ID card, military orders or other official military documentation to substantiate active military service at the time of the examination. 2. LAW ENFORCEMENT APPLICANTS or APPLICANTS UNDER THE AGE OF 18 must enter date of birth: □YES □NO 3. Are you currently a U.S. CITIZEN? TYES NO If NO, do you have legal right to accept employment in the U.S.? 4. Are you an EXEMPT VOLUNTEER FIREFIGHTER (proof will be required at time of hire.) □YES □NO □YES □ио 5. \*Do you require SPECIAL ARRANGEMENTS FOR EXAMINATION, i.e. religious observance or disability? **□YES** □ио 6. \*Do you now, or have you ever, WORKED FOR A FRANKLIN COUNTY AGENCY? 7. \*Were you ever DISMISSED OR DISCHARGED from any employment for reasons other than lack of work or funds? □YES □ио □YES □ио 8. \*Did you ever RESIGN FROM ANY EMPLOYMENT rather than face dismissal? 9. \*Did you ever receive a DISHONORABLE DISCHARGE from the Armed Forces of the U.S.? □YES □ио 10. \*Have you ever been CONVICTED OF A FELONY OR MISDEMEANOR? If applying for law enforcement positions or exams, list sealed and youthful offender records. If yes, court documentation and/or written explanation must be □NO provided. You may omit traffic violations. □YES 11. \*Are you NOW UNDER CHARGES FOR ANY CRIME? **□YES** □ио □YES □ио 12. \*Have you ever FORFEITED A BAIL BOND POSTED to guarantee your appearance in court? \*If you answered YES to 5 – 12 above please use this SPACE TO PROVIDE ADDITIONAL INFORMATION for Section 2 as necessary or attach an 8 1/2" by 11" sheet. FOR PERSONNEL / CIVIL SERVICE USE ONLY APPROVED BY: \_\_\_\_\_ Date Received: Raw Score: FEE: DISAPPROVED BY: \_\_\_ Sr. Credits: PAID \_\_\_\_\_ Vet. Credits: \_\_\_\_\_ Check/MO#: Final Score: WAIVED NOTES: Veterans Credits: 
On File ☐ Gave Form Review of Forms: Approved Disapproved □ vc □ DVC Approved For:

Naı	me of Applicant:						Page 2
		THE FOLLOW	ING SECTIO	NS MUST BE <u>THORO</u>	UGHLY COMPL	ETED.	
		A RESUM	IE IS NOT A	SUBSTITUTE BUT MA	AY BE INCLUDE	D.	
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				~ SECTION 3 ~			
EDI	UCATION: (If more	space is required, attac	ch additional she	ets in the same format.)			
Do '	you have a high schoo	ol diploma?	□YES □NO	Name and Location of Hi	gh School:		
Or a	a high school equivale	ency (GED) diploma?	□yes □no	GED #:	(Numbe	er required or p	rovide a copy)
	Higher Education*	Name and Addr Trade Sch	0 /	Type of Course or Major Subject	Total College Credits	Type of Degree	Date of Degree/Certificate
	Accredited College or University						
	Professional/						
	Technical School Other School or						
	Special Coursework						
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LIC	Name of Trade or Prof		License Numb		Granted by:		
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Dates of Employment	Firm Name:	Address:	City/State/Zip:
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TO:			,
Earnings:	(Circle One) PER: week / bi-wkly / monthly / yrly	Reason for Leaving:	
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