

Leave This Space Blank
Date Received

Fee \$: _____
By: _____

Franklin County is an Equal Opportunity Employer
Franklin County Civil Service and Personnel Department
355 W. Main Street, Suite 428, Malone, NY 12953
APPLICATION FOR EXAMINATION OR EMPLOYMENT
PLEASE PRINT

Position or Examination Title _____ Exam No. _____
 Where position is located: (i.e.: Tn., School, Vil. of??) _____

Leave This Space Blank
Number

Approved By: _____
 Disapproved By: _____

Name: Last _____ First _____ M. I. _____
 Mailing Address _____
 Street/Road _____
 City _____ State _____ Zip Code _____

It is your responsibility to notify this office of any address change - as mail will NOT be forwarded.

Veteran's Credits
 If, for this examination, you wish to claim additional credit as an honorably discharged veteran, check the appropriate box below and complete the Application for Veteran's Credit Form. **(You will need to ask for this form).**

____ Disabled War Veteran ____ Non-Disabled War Veteran

Special Arrangements: If you need special arrangements because you are a Religious Observer or a Handicapped Person you must write to this agency by no later than the last date for filing for this examination. Your request must include Exam # and Title and type of special arrangements required.

Note whether: () Religious Observer () Handicapped

Home Telephone Number: (____) _____
 Business Telephone Number: (____) _____
 Social Security Number: _____

State your actual legal resident and indicate how long you have resided there continually, up to and including the date of this application.

	Name of:	Years	Months
School District			
City, Village or Town			
County			
State			

Are you under 18 years of age? Yes No

If, a minimum and/or maximum age limit is established for the position applying for, enter your date of birth here: _____

Check appropriate box to the right of each question:	Yes	No
A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?		
B. Did you ever resign from any employment rather than face dismissal?		
C. Did you ever receive a dishonorable discharge from the Armed Forces of the United States?		
D. Have you ever been convicted of any crime (felony or misdemeanor)?		
E. Are you now under charges for any crime?		
F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?		

Have you ever taken any other examinations given by this department? Yes No
 If "Yes", give titles and dates:
Title of Examination _____ **Date:** _____

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 the State of New York.

If you answered "YES" to any of the questions A - F above, you must give specifics on an additional sheet which will be kept confidential. 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 for which you are applying.

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.

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

Signature of Applicant _____ Date _____

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

Name: _____ Address: _____ Phone: _____

Name of School and Location	Dates of Attendance		No. of Years Completed	Did you Graduate?	Type of Course or Major Subjects	Number of College Credits Rec.	Degree Received	Date of Degree
	From	To						
High School								
Equivalency								
College or Univer. Professional or Technical School								
Other Sources of Special Courses								

YOU MUST SUBMIT A COPY OF LICENSE AND/OR CERTIFICATE FOR VERIFICATION!

LICENSES: Do you have a license, certificate or other authorization to practice a trade or profession? Yes No Licensed From: _____ To _____
 Name of trade/profession: _____ Granted By (Licensing Agency) _____ City/State _____

If a motor vehicle license is required for this position for which you are applying give the following:

ID Number: _____ Class: _____ Expiration Date: _____

EXPERIENCE: Begin with your most recent employment and work backward consecutively to your first one. Describe under the headings given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including war service. Applicants may be required to furnish satisfactory proof of experience claimed. IF MORE ROOM IS NEEDED FOR WORK EXPERIENCE, PLEASE ATTACH ADDITIONAL SHEETS.

When showing dates MUST use Month/Day/Year

Firm Name: _____ Telephone Number: _____
 Address: _____ City/State/Zip: _____
 Employed From: ___/___/___ To: ___/___/___ Job Title: _____ Earnings: \$ _____ per week/monthly/year (circle one)
 Supervisor's Name and Title: _____ No. of hours worked per week (exclusive of overtime): _____
 Reason For Leaving: _____
 Job Duties: _____

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 Address: _____ City/State/Zip: _____
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