



MADISON COUNTY CIVIL SERVICE EMPLOYMENT & EXAM APPLICATION

Department of Human Resources
County Office Building #4
138 North Court Street, P.O. Box 636
Wampsville, New York 13163
Phone: (315) 366-2341
www.madisoncounty.ny.gov

FOR HUMAN RESOURCES USE ONLY

Approved: _____

Conditioned: _____

Disapproved: _____

Position or Exam Title: _____ Exam Number: _____
(If applicable)

IMPORTANT INSTRUCTIONS: Type or print clearly in ink. You must complete the entire application even if you include a resume. If signing up for a Civil Service exam, you must read the exam announcement for additional instructions. Answer all questions accurately and thoroughly. All statements are subject to verification. Incomplete applications may be disapproved. Please notify our office immediately of any changes in name or address.

SECTION 1 (Contact Information)

Applicant Name: _____ Soc Sec. # _____
(Last Name) (First Name) (M.I.) (Provide Full Number)

Legal Address: _____
(Must be a Street Address) (City) (State) (Zip Code)

Mailing Address: _____
(If different than legal) (Can be a P.O. Box or Street Address) (City) (State) (Zip Code)

Phone Numbers: _____
(Cell) (Home) (Work)

E-Mail Address: _____

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|---|-----------------|--------------------------|
| Your actual <u>current</u> permanent LEGAL RESIDENCE is located in the: | County of _____ | School District of _____ |
| | Town of _____ | Village of _____ |
| | State of _____ | |

SECTION 2 (For Exam Applicants - Veterans' Status/ Cross Filing / Exam Accommodations)

VETERANS' CREDITS: Complete this next question **ONLY** if you wish to claim veterans' credits and you have **NOT** used veterans' credits for appointment to a position in New York State or Local Government.

Are you a veteran or on active duty in the U.S. Armed Forces? If yes, you must submit the required Veteran Application for Credit and applicable forms by the date of the exam. Forms can be downloaded at [Veterans' Credits Application \(2023\).docx \(ny.gov\)](#) or call (315) 366-2341. Include your DD-214 Member 4 copy.

YES ☐ NO ☐

EXAM CROSS FILING: (If taking additional Civil Service exams **OTHER THAN MADISON COUNTY EXAMS** on the same day.)

Are you cross-filing? If you are applying for additional Civil Service exams (other than Madison County exams) which are scheduled on the same date, you must include a [CROSS-FILING FORM](#) with your application.

YES ☐ NO ☐

REASONABLE ACCOMMODATIONS:

Do you require a reasonable accommodation as part of the testing process? If so, please contact the Madison County Department of Human Resources at (315) 366-2341.

YES ☐ NO ☐

SECTION 3 (Affirmation)

AFFIRMATION: By signing this application, I affirm under penalties of perjury that all statements made on this application (including any attachments) are true. I understand that all statements made by me in connection with the application are subject to investigation and verification, including that I may be subject to pre-employment drug testing and/or background investigation and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

AN UNSIGNED APPLICATION WILL RESULT IN ITS DISAPPROVAL.

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| X |
| Signature of Applicant |
| Date |
| Print all other names by which you are or have been known |

DATE RECEIVED - HUMAN RESOURCES USE ONLY

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SECTION 4 (Background)

An answer of "YES" to the following questions does not represent 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.

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| A. | Were you ever dismissed or discharged from any employment for reasons other than lack of work, lack of funds, disability or medical condition? | YES | | NO | |
| B. | Did you ever resign from any employment rather than face dismissal? | YES | | NO | |
| C. | Have you ever been convicted of any crime (felony or misdemeanor)? For purposes of this application, convictions which have been sealed, resulted in a youthful offender adjudication or were dismissed are not considered reportable convictions. | YES | | NO | |
| D. | Are you now pending any charges or arrests? | YES | | NO | |
| E. | Did you ever receive a dishonorable discharge from the Armed Forces of the United States? | YES | | NO | |

If you answered "yes" to any of the above questions, please explain: (Attach additional sheets, if necessary.)

SECTION 5 (Driver's License)

Instructions: Complete this section only if a driver's license is required for the position.

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| Do you have a current and valid New York State Driver's License? | Yes | | No | | If yes, provide expiration date: ____/____/____ |
| If yes, indicate class: ____A ____B ____CDL-C ____Non-CDLC ____D ____DJ ____E ____M ____MJ Endorsements: ____P(Passenger) ____S(School Bus) | | | | | |

SECTION 6 (High School Education / GED)

Do you have a High School Diploma? Yes ☐ No ☐ _____ (High School Name) _____ (City) _____ (State)

If not, do you have a General Equivalency Diploma (GED)? Yes ☐ No ☐ _____ (GED Number) _____ (Name of Issuing Governmental Authority)

SECTION 7 (Additional Education)

| College, University, Professional or Technical School (Print name and address of school) | # Credits Received | Type of Degree Received | Major Subject or Type of Course | Did you graduate? | If no degree yet, when do you expect to receive it? |
|---|--------------------|-------------------------|---------------------------------|---------------------|---|
| | | | | ____ Yes ____ No | ____/____/____ Month Year |
| | | | | ____ Yes ____ No | ____/____/____ Month Year |

SECTION 8 (Certifications or Other Licenses)

Instructions: Complete this section only if a license, certificate or authorization to practice a trade or profession is required for the position.

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| (Trade or Profession) | (License or Certificate Number) | (Issued by (Name of Licensing Agency, City & State)) |
| Are you currently licensed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Date License First Issued |
| License or Registration Dates From ____/____/____ to ____/____/____ Month Year Month Year | | ____/____/____ Month Day Year |

SECTION 9 (Additional Questions)

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| A. | Are you registered with the County Clerk as an Exempt Volunteer Firefighter? (Proof will be required at time of hire.) | YES | | NO | |
| B. | Are you <u>under</u> the age of 18? If yes, please provide date of birth: ____/____/____ | YES | | NO | |
| C. | Are you applying for a Police Officer or Deputy Sheriff position? If yes, please provide date of birth: ____/____/____ | YES | | NO | |
| D. | Are you applying for a Corrections Officer position? If yes, please provide date of birth: ____/____/____ | YES | | NO | |
| E. | Are you a citizen of the United States? (If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the U.S.) | YES | | NO | |
| F. | If you are not a citizen of the U.S., do you have the legal right to accept employment in the U.S.? (You <u>MUST</u> submit a copy of the document(s) allowing you to work in the United States.) | YES | | NO | |

SECTION 10 (Employment History)

You must complete this section even if you include a resume. To receive credit for employment experience, this section **MUST** be completed thoroughly. List all employment or military service that shows you meet the minimum qualifications. Be sure to include specific dates and hours per week. Begin with your most recent employment. Describe in detail any employment that qualifies you for the position. Volunteer experience should be documented. Under DESCRIPTION OF DUTIES, describe the nature of the work you performed, with an estimated percentage of time spent on each type of activity. If you were a supervisor, state how many people you supervised and the nature of the supervision. Omissions or vagueness will **NOT** be resolved in your favor.

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|---|----------------|--------------------------|
| DATES OF EMPLOYMENT | | |
| FROM: ____ / ____ Month Year | BUSINESS NAME | YOUR EXACT TITLE |
| TO: ____ / ____ Month Year | STREET ADDRESS | NAME OF YOUR SUPERVISOR |
| Approximate Hours/Week ____ Paid or ____ Volunteer | CITY STATE | TITLE OF YOUR SUPERVISOR |

DESCRIPTION OF DUTIES:

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REASON FOR LEAVING:

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|---|----------------|--------------------------|
| DATES OF EMPLOYMENT | | |
| FROM: ____ / ____ Month Year | BUSINESS NAME | YOUR EXACT TITLE |
| TO: ____ / ____ Month Year | STREET ADDRESS | NAME OF YOUR SUPERVISOR |
| Approximate Hours/Week ____ Paid or ____ Volunteer | CITY STATE | TITLE OF YOUR SUPERVISOR |

DESCRIPTION OF DUTIES:

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REASON FOR LEAVING:

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|---|----------------|--------------------------|
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DESCRIPTION OF DUTIES:

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REASON FOR LEAVING:

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|---|----------------|--------------------------|--|
| DATES OF EMPLOYMENT | | | |
| FROM: _____ / _____ Month Year | BUSINESS NAME | YOUR EXACT TITLE | |
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| DESCRIPTION OF DUTIES: |
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| REASON FOR LEAVING: |
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| DATES OF EMPLOYMENT | | | |
| FROM: _____ / _____ Month Year | BUSINESS NAME | YOUR EXACT TITLE | |
| TO: _____ / _____ Month Year | STREET ADDRESS | NAME OF YOUR SUPERVISOR | |
| Approximate Hours/Week ____ Paid or ____ Volunteer | CITY STATE | TITLE OF YOUR SUPERVISOR | |

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| DESCRIPTION OF DUTIES: |
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| REASON FOR LEAVING: |
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| <i>If you have additional work experience, please attach additional 8½ x 11 sheets. Be sure to include your name on all attachments. Sheets must contain all information as requested on this form.</i> | |
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| Do you have any objections to our contacting your previous or current employers? ____ Yes ____ No |
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| If yes, please explain: |
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The County of Madison will not discriminate against any employee or applicant for employment because of race, creed, religion, color, sex, national origin, sexual orientation, gender identity or expression, familial status, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status and shall also follow the requirements of the New York State Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest; will undertake or continue existing Equal Employment Opportunity programs to ensure that minority group members, women, and other protected group members are afforded equal employment opportunities without unlawful discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members, women, and other protected members in its work force.

The County of Madison shall comply with the provisions of the New York State Human Rights Law and all other State and Federal statutory and constitutional non-discrimination provisions as related to employment.

Eligibility for Employment – You must be legally eligible to work in the United States at time of appointment and throughout your employment with Madison County. If appointed, you must provide documents that establish your identity and eligibility to work in the United States, as required by the Federal Immigration Reform and Control Act of 1986 and the Immigration and Nationality Act.