

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 <b>rather</b> 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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