	APPLICA 56 Main	_	827 <u>www.tiogacountyny.</u> Phone: (607)687-8 223-7074 – Attn.: Civil Ser
	-	Title of position or exam app	olying for, exam # if applicable
	I am in	terested in 🗍 Full-time an	d/or
General Information			
NAME AND ADDRESS: Immediate writ ddress, or name change by requesting a eopardize your status on an eligible list.	tten notice should be give a "Change of Information"	n of any change in mailing a Form from the Tioga County	Personnel Dept. Failure to do so may
ast Name	First Name	M.I	Social Security #
egal Address:		Mailing Address (if	different from legal):
o., Street		No., Street	
ity/Village		City/Village	
tate Zip		State	Zip
ow long have you resided here? (Years/mc	onths) <u>/</u>		
ome Phone #	:	School District of:	
		County of:	
ellular Phone #		-	
-Mail Address		Town of:	Village of:
Are you 18 years of age or older? YES	NO	o, or if maximum and/or mini —	imum age limits are established for the
 a. If you are a Veteran electing Veterans' Credits. b. If you are currently in the arr orders or official military doo examination. 	med forces, acceptable cuments that substanti	proof may include a Milit ate active military service	ary I.D. card, military at the time of
 a. If you are a Veteran electing Veterans' Credits. b. If you are currently in the arr orders or official military doo examination. o claim additional credits as a Disal am certified by the federal Department 	med forces, acceptable cuments that substanti bled Veteran, you must t of Veterans Affairs for a	proof may include a Militate active military service also answer "YES" to this service-connected disabilit	Application for ary I.D. card, military at the time of s question:
Veterans' Credits. b. If you are currently in the arr orders or official military doo	med forces, acceptable cuments that substanti bled Veteran, you must t of Veterans Affairs for a War" period listed above for Veterans' Credits alo	proof may include a Militate active military service also answer "YES" to this service-connected disabilit a. by with a copy of your DD2 ²	Application for ary I.D. card, military at the time of s question: y rated at YES INO I 14 must be received in
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	an "X" in the appropriate space. An answer of YES to any of the following questions does not represent an autom nent. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which	
Α.	Are you an American citizen or, if not, do you have the legal right to accept employment in the US?	
В.	Do you require special accommodations for examination (see examination announcement)?	
C.	Are you the child of a firefighter or police officer killed in the line of duty?	
D.	Do you now, or have you ever, worked for any agency under Tioga County's jurisdiction?	
E.	Have you ever been convicted of a crime (felony or misdemeanor)?	
F.	Are you now under any charges for any crime?	
G.	Did you ever receive a discharge from the Armed Forces of the United States that was other than "Honorable", or which was issued under other than honorable conditions?	
Н.	Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds, disability or medical conditions?	
I.	Did you ever resign from any employment rather than face dismissal?	

If you answered "YES" to question C and this application is for a Civil Service examination, additional information may be required to determine eligibility for additional credits. If you answered "YES" to any of the questions E-I, you may give specifics under "Comments" on the last page of this application. If you elect not to provide specifics, or if such explanation is insufficient, a confidential investigation inquiry may be sent to you.

Education and Training

NO 🗆 YES 🛛 4. Have you graduated from high school?

5. EDUCATION: (If more space is required, attach additional sheets in the same format.)

Type of School	Name and Address of School	Type of Course or Major Subject	Total College Credits Received	Type of Degree Received
High School				
or				
GED		GED #	STATE:	
Accredited College or University				
Accredited College or University				
Professional/ Technical School				
Other School or Special Coursework				

6. 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/position(s) for which you are applying, complete the following:

Name of Trade or Profession:	License Number:	Granted by: (licensing agency)
Specialty:	Date License First Issued:	Current Registration Date: (month/year) From: / To: /
Name of Trade or Profession:	License Number:	Granted by: (licensing agency)
Specialty:	Date License First Issued:	Current Registration Date: (month/year)
		From:/ To:/
7. DRIVER LICENSE:		
Do you have a valid license to operate a mot	or vehicle in New York State? YES	Class: NO

Driver License # _____

Work History

8. EXPERIENCE: Provide the following information of your past and current employers, starting with the most recent. Duties: Describe the nature of the
work personally performed by you, with estimate of percentages 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. Explain any gaps in employment in the Comments section at the end of the application. You are
responsible for submitting an accurate, adequate and clear description of your experience. Vagueness will not be resolved in your favor.

Length of Employment (month/year):	Firm Name	Address	City and State	
From: / To: /				
Firm Phone #:	Your Exact Title:		Name/Title of Supervisor:	
Hours worked per week:	Reason for Leaving:		Type of Business:	
Duties (See directions above.):				
Length of Employment (month/year):	Firm Name	Address	City and State	
From: / To: /				
From: / To: / Firm Phone #:	Your Exact Title:		Name /Title of Supervisor:	
Hours worked per	Passan for Logving			
week:	Reason for Leaving:		Type of Business:	
Duties (See directions above.):				
Length of Employment (month/year):	Firm Name	Address	City and State	
	Firm Name	Address	City and State	
Length of Employment (month/year): From: / To: / Firm Phone #:	Firm Name Your Exact Title:	Address		
From: / To: / Firm Phone #:	Your Exact Title:	Address	Name /Title of Supervisor:	
From: / To: /		Address		
From: / To: / Firm Phone #: Hours worked per week:	Your Exact Title:	Address	Name /Title of Supervisor:	
From: / To: / Firm Phone #: Hours worked per	Your Exact Title:	Address	Name /Title of Supervisor:	
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From: / To: / Firm Phone #: Hours worked per week:	Your Exact Title:	Address	Name /Title of Supervisor:	
From: / To: / Firm Phone #: Hours worked per week:	Your Exact Title:	Address	Name /Title of Supervisor:	
From: / To: / Firm Phone #: Hours worked per week: Duties (See directions above.):	Your Exact Title: Reason for Leaving:		Name /Title of Supervisor: Type of Business:	
From: / To: / Firm Phone #: Hours worked per week:	Your Exact Title:	Address	Name /Title of Supervisor:	
From: / To: / Firm Phone #:	Your Exact Title: Reason for Leaving:		Name /Title of Supervisor: Type of Business:	
From: / To: / Firm Phone #: Hours worked per week: Duties (See directions above.):	Your Exact Title: Reason for Leaving:		Name /Title of Supervisor: Type of Business: City and State	
From: / To: / Firm Phone #: Hours worked per week: Duties (See directions above.): Duties (See directions above.): Image: Comparison of the second se	Your Exact Title: Reason for Leaving: Firm Name Your Exact Title:		Name /Title of Supervisor: Type of Business: City and State City and State	
From: / To: / Firm Phone #:	Your Exact Title: Reason for Leaving: Firm Name		Name /Title of Supervisor: Type of Business: City and State	
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From: / To: / Firm Phone #:	Your Exact Title: Reason for Leaving: Firm Name Your Exact Title:		Name /Title of Supervisor: Type of Business: City and State City and State	
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From: / To: / Firm Phone #:	Your Exact Title: Reason for Leaving: Firm Name Your Exact Title:		Name /Title of Supervisor: Type of Business: City and State City and State	
From: / To: / Firm Phone #:	Your Exact Title: Reason for Leaving: Firm Name Your Exact Title:		Name /Title of Supervisor: Type of Business: City and State City and State	

additional information relative to cha ecord? YES ── NO ──	nge of name or use of an assumed name or	nickname necessary to enable a check on your v	work
			_
OMMENTS including explanation of any	gaps in employment:		_
			_
			_
			_
			_
			_
			_
an did yan baar abant ya 2			
ow did you hear about us?			
Internet	Newspaper	Government Employee	
Friend/Relative	Tioga Employment Center	NYS Employment Office	
Vacancy Posting	Exam Announcement	Other	-
via a Vacancy Posting or Exam Annou	uncement, what location did you see it poste	ed?	
	w prohibits discrimination in employment	because of age, race, creed, color, national orig	
rientation, military status, sex, disabil tatus. Accordingly, nothing in this ap iscrimination as to age, race, creed, co tatus or marital status in connection w declare, subject to penalties of perjury y me and to the best of my knowledge ervice application for examination or e ndergo a State and National criminal b ackground investigation may result in isqualification for examination or, afte	ity, domestic violence victim status, familia oplication form should be viewed as expres- olor, national origin, sexual orientation, mili- ith employment in the municipal service of the r, that the statements made on this Applicat and belief are true and correct. I understand employment are subject to investigation and ackground investigation to determine suital a disqualification. A record of disrespect for r examination, for certification and appointm or lead to revocation of appointment. In	Il status, genetic predisposition or carrier status ssing, directly or indirectly, any limitation, speci tary status, sex, disability, genetic predisposition the County of Tioga. ion and any attached documentations have beer I that all statements made by me in connection w d verification. I further understand that I may be bility for appointment. Failure to meet the standa or the requirement and process of law may be g nent. Additionally, any material misstatement or addition, false statements are punishable as	fication n or can the exam ith the requir ards for pround
rientation, military status, sex, disabil tatus. Accordingly, nothing in this ap iscrimination as to age, race, creed, co tatus or marital status in connection w declare, subject to penalties of perjury y me and to the best of my knowledge ervice application for examination or e ndergo a State and National criminal b ackground investigation may result in isqualification for examination or, afte isqualify me from appointment and/	ity, domestic violence victim status, familia oplication form should be viewed as expres- olor, national origin, sexual orientation, mili- ith employment in the municipal service of the r, that the statements made on this Applicat and belief are true and correct. I understand employment are subject to investigation and ackground investigation to determine suital a disqualification. A record of disrespect for r examination, for certification and appointm or lead to revocation of appointment. In	ssing, directly or indirectly, any limitation, speci- tary status, sex, disability, genetic predisposition the County of Tioga. I that all statements made by me in connection w d verification. I further understand that I may be bility for appointment. Failure to meet the standa or the requirement and process of law may be g nent. Additionally, any material misstatement or	ficatio n or ca n exam ith the require ards fo pround