



LIVINGSTON COUNTY

APPLICATION FOR EXAMINATION OR EMPLOYMENT

INSTRUCTIONS: Complete all sections of this application form fully. Print or type all responses clearly. If more space is needed than is provided on this form, attach additional sheets. Place your name on the bottom of each page. Submit the completed application to Livingston County Personnel Office at Room 206, 6 Court Street, Geneseo, New York 14454. If you have questions regarding the application, call 585-243-7570.

POSITIONS OF INTEREST: I would like this application considered for the following jobs or exam [one application must be completed for each exam]:

- 1 _____
- 2 _____
- 3 _____

Do not mark in this area

	Initials
1 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Conditional	_____
2 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Conditional	_____
3 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Conditional	_____

1. Name:

- a. My full legal name is: _____
- b. I have have not _____ been known by other names. [If you have not been known by other names, proceed to item 2.]
- c. The other names I have been known by are: _____

2. Permanent Legal Residence Address & Daytime Telephone Number:

- a. My permanent residence is located at:

Number	Street/Road
City	State Zip Code
- b. My daytime telephone number is (with area code): _____
- c. I have have not lived at this address for at least the four months immediately preceding the file of this application.
- d. My permanent residence is located in the [complete all parts]:

	School District
	City/Village
	Town
	County
	State

Applicant's Name: _____

3. **Mailing Address:** My mailing address is the same as different from my permanent legal residence address. [If your mailing address is the same, proceed to item 4. If your address is different, continue.]

a. My mailing address is: _____

4. **Right to Work in United States:** I do do not have the legal right to accept employment in the United States.

5. **Age:** I am am not at least 18 years of age. [If you are under 18 years of age or if the position you are applying for has age requirements, continue; otherwise proceed to item 6.]

a. My date of birth is: _____

[If you are 18 years of age or older, proceed to item 6; otherwise continue.]

- b. I do do not have New York State working papers that allow me to do the type of work for which I have applied. [If you do, proceed to the next item. If you do not, continue.]
- c. I am am not currently eligible for New York State working papers that will allow me to do the type of work for which I have applied.

6. **Social Security Number:** My social security number is: _____

7. **Exam Information:** I am am not applying for a Civil Service exam. [If you are applying for a Civil Service exam, you must complete this section. If you are not applying for an exam, proceed to item 8.]

- a. **Veterans' Credits:** I do do not wish to apply for veterans' credits for this exam. [If you wish to apply, you must complete a veterans' credits form.]
- b. **Special Arrangements:** I do do not need to make special arrangements for the examination due to my religious observance or handicap. [If you need special arrangements, you must submit a written request explaining the special arrangement you need and providing a full explanation of why the arrangement is needed.]
- c. **Exam taking history:** I have have not taken this exam within the last 6 months.

8. **Background Information:** [Answer each part of this section. If you answer yes to any part, attach a statement detailing the circumstances of such actions.]

- a. **Employment discharge:** Have you ever been discharged from employment for reasons other than lack of work? Yes No
- b. **Resignation in lieu of termination:** Have you ever resigned from employment to avoid discharge? Yes No
- c. **Discharge from military:** If you have served in the U.S. Armed Forces, have you been dishonorably discharged? Yes No
- d. **Conviction of a crime:** Have you ever been convicted of a misdemeanor and/or felony crime? Yes No
- e. **Forfeiting bail bond:** Have you ever forfeited bail bond posted to guarantee your appearance in court to answer a criminal charge? Yes No

Applicant's Name: _____

9. **Education**

a. **High School:**

i. I did did not graduate from high school. [If you did not graduate from high school proceed to item ii.] The name of the high school I graduated from was:

_____ High School Name

It was located in: _____
City State

[Proceed to item b.]

ii. I do do not have a high school equivalency diploma.

b. **Typing course:** I have have not completed a typing course.

c. **Undergraduate Studies:** I have completed the following undergraduate studies:

Name of College/University	
Location of College/University	
Major	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

Name of College/University	
Location of College/University	
Major	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

d. **Graduate Studies:** I have completed the following graduate studies:

Name of College/University	
Location of College/University	
Major	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

Name of College/University	
Location of College/University	
Major	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

e. **Other schools or special courses:** I have completed the following studies or special courses at other schools:

Name of School	
Location of School	
Subject of Study	
Degree or Certification Received	

10. **Licenses:** [If a driver's license or professional license is required for the position, please complete the appropriate parts of this section. If no license is required, proceed to item 11.] I currently hold the following licenses:

a. **Driver's Licenses**

I do do not have a New York State Driver's license.

I do do not have a New York State commercial motor vehicle driver's license. [If you do not have a commercial motor vehicle driver's license, proceed to item b.]

I have the following endorsements on my commercial motor vehicle driver's license:

- Hazardous Materials
- Tank
- Other, please describe:

b. **Professional Licenses:**

Name of Trade/Profession	
Specialty, if any	
License Number	
Date License First Issued	
Date License Expires	
Agency Issuing License	
State of Agency	

11. **Experience:** Please describe all jobs held within the past five years. Begin with your most recent employment. In addition, please describe any other experience that is relevant to the position for which you are applying.

Employer's Name		
Employer's Address		
Employer's Telephone Number		
Your Job Title(s)		
Date you began employment	Month of	Year of
Date you left employment	Month of	Year of
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.	
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]		
Name of your Supervisor		
Describe your principle job duties		
Number of hours worked per week, not including overtime		
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour, <input type="checkbox"/> week, <input type="checkbox"/> month, <input type="checkbox"/> year, exclusive of overtime.	

Applicant's Name: _____

Employer's Name	
Employer's Address	
Employer's Telephone Number	
Your Job Title(s)	
Date you began employment	Month of _____ Year of _____
Date you left employment	Month of _____ Year of _____
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]	
Name of your Supervisor	
Describe your principle job duties	
Number of hours worked per week, not including overtime	
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour, <input type="checkbox"/> week, <input type="checkbox"/> month, <input type="checkbox"/> year, exclusive of overtime.

Employer's Name	
Employer's Address	
Employer's Telephone Number	
Your Job Title(s)	
Date you began employment	Month of _____ Year of _____
Date you left employment	Month of _____ Year of _____
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]	
Name of your Supervisor	
Describe your principle job duties	
Number of hours worked per week, not including overtime	
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour, <input type="checkbox"/> week, <input type="checkbox"/> month, <input type="checkbox"/> year, exclusive of overtime.

Applicant's Name: _____

Employer's Name		
Employer's Address		
Employer's Telephone Number		
Your Job Title(s)		
Date you began employment	Month of _____	Year of _____
Date you left employment	Month of _____	Year of _____
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.	
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]		
Name of your Supervisor		
Describe your principle job duties		
Number of hours worked per week, not including overtime		
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour, <input type="checkbox"/> week, <input type="checkbox"/> month, <input type="checkbox"/> year, exclusive of overtime.	

12. **Affirmation and Signature:** I affirm that the statements made on this application, including any attached papers, are true under penalties of perjury.

Date _____ Signature of Applicant _____

NEW YORK AND FEDERAL LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION SHOULD BE VIEWED AS EXPRESSING ANY LIMITATION, SPECIFICATION OR DISCRIMINATION AS TO THESE PROTECTED CLASSIFICATIONS IN CONNECTION WITH EMPLOYMENT BY LIVINGSTON COUNTY MUNICIPALITIES.

Do not mark in this area. Reserved for use by Livingston County Personnel.

Date Received: _____

Fee Received: _____

By: _____

Reasons for disapproval or conditional approval:

1. _____
2. _____
3. _____

Applicant's Name: _____