



# CAYUGA COUNTY CIVIL SERVICE APPLICATION

Department of Human Resources and Civil Service Commission

County Office Building, 2<sup>nd</sup> Floor, 160 Genesee Street, Auburn, NY 13021

Website: <https://www.cayugacounty.us/1210/Human-Resources>

Telephone: (315) 253-1284

Updated 1-25-2023

POSITION or EXAM TITLE: \_\_\_\_\_ EXAM NUMBER: \_\_\_\_\_  
(if applicable)

**IMPORTANT INSTRUCTIONS:** You must complete this 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 thoroughly. All statements are subject to verification. Incomplete applications may be disapproved.

## SECTION 1

APPLICANT NAME: \_\_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_  
Last Name First Name M.I.

MAILING ADDRESS: \_\_\_\_\_  
(Can be P.O. Box or Street Address) City State Zip Code

LEGAL RESIDENCE: \_\_\_\_\_  
(Must be a Street Address) City State Zip Code

Please indicate the number of years and/or months you have resided at your current LEGAL RESIDENCE listed above. \_\_\_\_\_ / \_\_\_\_\_  
Years Months

PHONE NUMBERS: HOME: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ WORK: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ CELL: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

EMAIL ADDRESS: (Print CLEARLY): \_\_\_\_\_

How would you prefer to receive correspondence from our office? (Check one):  U.S. Postal Service Mail  Email (listed above)

Your current LEGAL RESIDENCE is located in the County of \_\_\_\_\_ and the School District of \_\_\_\_\_

## SECTION 2

- YES  NO 1. Are you a veteran or on active duty in the U.S. Armed Forces? If yes, check one:  Disabled  Non-Disabled  
You must submit the required Veteran Credit forms by the date of the exam. Request these forms by calling (315) 253-1284, or download at: <https://www.cayugacounty.us/DocumentCenter/View/1749/Veteran-Credit-Application-PDF?bidId=>. **Include a copy of your DD-214.**
- YES  NO 2. Are you cross-filing? If you are applying for additional civil service exams (*other than Cayuga County exams*) which are scheduled on the same date, you must include a CROSS-FILING FORM with your application. Request this form by calling (315) 253-1284, or download at: <https://www.cayugacounty.us/FormCenter/Civil-Service-16/CrossFiling-Form-87>.
- YES  NO 3. Do you require accommodations due to a religious observance? Most written tests are administered on Saturdays. If you are unable to take the exam on the scheduled date due to a conflict with a religious observance or practice, arrangements may be made for you to take the exam on an alternate date (usually the following Monday).
- YES  NO 4. Do you require accommodations due to a disability? It is YOUR responsibility to submit the required written proof, as well as a description of the accommodations being requested. This documentation must be submitted with your application.

Use this space, if needed, to provide additional information regarding Questions 1 – 4: \_\_\_\_\_

## SECTION 3

**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.

X \_\_\_\_\_  
Signature of Applicant Date Signed Print all other names by which you are or have been known.

### (CIVIL SERVICE USE ONLY)

\$ \_\_\_\_\_ FEE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_  In Person  By Mail  C  MO  V  CK# \_\_\_\_\_ RECEIPT# \_\_\_\_\_  
Online

REVIEWED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_  
 APPR  DISAPPR  COND

REASON: \_\_\_\_\_  
\_\_\_\_\_

REVIEWED: \_\_\_\_/\_\_\_\_/\_\_\_\_ BY: \_\_\_\_\_  
 APPR  DISAPPR  COND

REASON: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 4**

**High School Education**

Do you have a High School Diploma?  YES  NO \_\_\_\_\_  
 HIGH SCHOOL NAME CITY STATE

If not, do you have a GED?  YES  NO \_\_\_\_\_  
 GED # NAME OF ISSUING GOVERNMENTAL AUTHORITY

**SECTION 5**

**Additional Education**

College, University, Professional or Technical School (Print name and address of school)	Semester 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?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	____ / ____ MO. YR.
				<input type="checkbox"/> YES <input type="checkbox"/> NO	____ / ____ MO. YR.

**SECTION 6**

**Driver's License**

Do you have a current valid New York State Driver's License?  YES  NO License #: \_\_\_\_\_ Expire Date: \_\_\_\_\_

If yes, indicate class:  A  B  CDL-C  Non-CDLC  D  DJ  E  M  MJ Endorsements:  P (Passenger)  S (School Bus)

**SECTION 7**

**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.

Trade or Profession License or Certificate Number Issued By: (Name of Licensing Agency, City & State)

Are you currently licensed?  YES  NO License or Registration Dates: FROM \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_  
 MO. YR. MO. YR.

**SECTION 8**

- YES  NO A. Were you ever dismissed 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. Did you ever receive a discharge from the Armed Forces of the United States which was other than "honorable" or which was issued under other than honorable circumstances?
- YES  NO D. Have you ever been convicted of a crime (felony or misdemeanor)?
- YES  NO E. Are you now under any charges for any crime?

If you answered YES to any of Questions A-E, give specifics. Attach additional sheets if necessary. \_\_\_\_\_

**SECTION 9**

- YES  NO 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 under the age of 18? If yes, enter date of birth here: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- YES  NO C. Are you applying for the Deputy Sheriff or Sheriff Custody Officer exams? If yes, please answer the following questions:  
 What is your date of birth? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Are you a United States citizen?  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. Be sure to include specific dates, hours per week, and earnings. Begin with your most recent employment. Describe in detail any employment that qualifies you for the position. 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. Unless otherwise specified, experience will be interpreted to mean "PAID EXPERIENCE" only. Part-time paid work experience will be accepted based on its full-time equivalent.**

<b>DATES OF EMPLOYMENT</b> From ____ / ____ MO.   YR. To     ____ / ____ MO.   YR.  APPROXIMATE HOURS PER WK (exclusive of overtime)	BUSINESS NAME _____ TYPE OF BUSINESS _____ STREET ADDRESS _____ CITY _____ STATE _____ BUSINESS PHONE NUMBER _____	YOUR EXACT TITLE _____ PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> NAME OF YOUR SUPERVISOR _____ TITLE OF YOUR SUPERVISOR _____
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**DESCRIPTION OF DUTIES:****REASON FOR LEAVING:**

<b>DATES OF EMPLOYMENT</b> From ____ / ____ MO.   YR. To     ____ / ____ MO.   YR.  APPROXIMATE HOURS PER WK (exclusive of overtime)	BUSINESS NAME _____ TYPE OF BUSINESS _____ STREET ADDRESS _____ CITY _____ STATE _____ BUSINESS PHONE NUMBER _____	YOUR EXACT TITLE _____ PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> NAME OF YOUR SUPERVISOR _____ TITLE OF YOUR SUPERVISOR _____
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**DESCRIPTION OF DUTIES:****REASON FOR LEAVING:**

Continued on next page.

**EMPLOYMENT HISTORY (continued)**

<p><b>DATES OF EMPLOYMENT</b></p> <p>From ____ / ____ MO. YR.</p> <p>To ____ / ____ MO. YR.</p> <p>_____ APPROXIMATE HOURS PER WK (exclusive of overtime)</p>	<p>_____ BUSINESS NAME</p> <p>_____ TYPE OF BUSINESS</p> <p>_____ STREET ADDRESS</p> <p>_____ CITY STATE</p> <p>_____ EMPLOYERS PHONE NUMBER</p>	<p>_____ YOUR EXACT TITLE</p> <p>PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/></p> <p>_____ NAME OF YOUR SUPERVISOR</p> <p>_____ TITLE OF YOUR SUPERVISOR</p>
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