ONONDAGA COUNTY APPLICATION FOR OPEN COMPETITIVE EXAMINATION OR EMPLOYMENT Form P-200 rev 2/06

MAIL OR DELIVER TO: Onondaga County Department of Personnel, 421 Montgomery Street, 13th Floor, Syracuse NY 13202-2959 Phone (315) 435-3537  www.ongov.net

Job / Exam Title TYPE OR PRINT CLEARLY IN INK Exam #

NAME AND ADDRESS: IMMEDIATE notice should be given to this office if any changes in address occur.

Last First Middle Social Security #

Legal Address __________________________________________ ______________________________________

Apt/Rd# ____________________________ Address __________________________________________

City/Village ____________________________ City/Village ____________________________

State _______________ ZIP ____________

School District __________________________________________

County __________________________________________

State _______________ ZIP ____________

Home Phone ( )__________ - ______

E-Mail Address __________________________________________

Work Phone ( )__________ - ______

Veteran’s Credit: If you wish to claim additional credit as a disabled/non-disabled wartime veteran or current active member of the U.S. armed forces, you must do so NOW by checking the appropriate box. Documentation of your veteran status (i.e. discharge papers) should be attached to your application or mailed to this department prior to the eligible list establishment date. Current active duty military personnel must provide proof of active military status at time of application to receive conditional credit.

Non-Disabled Veteran ☐ Disabled Veteran ☐ Currently On Active Duty ☐

Since January 1, 1951, have you used additional credits as a disabled/non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? YES ☐ NO ☐

Place An “X” In The Appropriate Space. Explain all “yes” responses in the space provided below.

YES ☐ NO ☐ Are you an Exempt Volunteer Firefighter?

YES ☐ NO ☐ Were you ever dismissed or resigned in lieu of dismissal from any public employment due to disciplinary reasons?

YES ☐ NO ☐ Conviction* Have you ever been convicted of any crime (felony or misdemeanor)?

   Explain for each case: 1) Charge, 2) Place, 3) Date, 4) Action taken
   You may omit parking violations. *Convictions will not necessarily disqualify you from taking an exam but may bar you from appointment. What you were convicted of and how long ago is important. Each case is evaluated in relation to the duties and responsibilities of the position for which you have applied.

YES ☐ NO ☐ Do you need special arrangements for this exam (religious accommodation or disabled?) If yes, explain below.

   *It is the candidate’s responsibility to state accommodations needed for each and every exam when applying.

YES ☐ NO ☐ Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? (Section 50-b of NY State Civil Service Law)

   YES ☐ NO ☐ If you do have a loan, are you presently in default on any such loan?

Use This Space For Explanations (Attach additional sheets if more space is needed.)

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

BACKGROUND INVESTIGATION: Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

DECLARATION (this affirmation must be signed and dated) I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

Payment Enclosed: ☐Check # __________ / ☐Cash / ☐Money Order / ☐Visa / ☐MC / ☐Waived (proof must be attached)

(choose one)

APPLICANT’S SIGNATURE ______________________ DATE ______________________

PERSONNEL DEPARTMENT USE ONLY: Reviewer ______________________ Date ______________________ Approved ☐ Disapproved ☐

Reason/Comments: __________________________________________

Recv’d By ______________________
### Education

<table>
<thead>
<tr>
<th>Years Completed</th>
<th>Graduated</th>
<th>Major Course of Studies</th>
<th>College Credits Received</th>
<th>Type of Degree Receive</th>
<th>Date Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXX</td>
<td>XXXXXXX</td>
<td>XXXXX</td>
<td>XXXXXXX</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**High School or Equivalency**

**College, University, Professional or Technical School**

**Other Schools or Special Courses**

### License

**Do you possess a license to practice a trade or profession?**

- YES ☐
- NO ☐

**License/certificate#** ________________

**Name of trade or profession** ____________________________

**Licensing Agency** ____________________________

**City/State** ____________________________

**Original Issue Date** ________________

**Expiration Date** ________________

### Driver's License

**Number** ________________

**Date of Expiration** ________________

**Class of license** ____________________________

**Endorsements** ____________________________

**Restrictions** ____________________________

### Experience

**DUTIES:** See directions above.

<table>
<thead>
<tr>
<th>Length of Employment</th>
<th>Firm Name</th>
<th>Address</th>
<th>City and State</th>
<th>Type of Business</th>
<th>Your Title</th>
<th>Name / Title of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Mo. Yr. To Mo. Yr.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Salary** ________________

**Hours per week** ________________

**Reason for Leaving** ____________________________

<table>
<thead>
<tr>
<th>Length of Employment</th>
<th>Firm Name</th>
<th>Address</th>
<th>City and State</th>
<th>Type of Business</th>
<th>Your Title</th>
<th>Name / Title of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Mo. Yr. To Mo. Yr.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Salary** ________________

**Hours per week** ________________

**Reason for Leaving** ____________________________

<table>
<thead>
<tr>
<th>Length of Employment</th>
<th>Firm Name</th>
<th>Address</th>
<th>City and State</th>
<th>Type of Business</th>
<th>Your Title</th>
<th>Name / Title of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Mo. Yr. To Mo. Yr.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Salary** ________________

**Hours per week** ________________

**Reason for Leaving** ____________________________

<table>
<thead>
<tr>
<th>Length of Employment</th>
<th>Firm Name</th>
<th>Address</th>
<th>City and State</th>
<th>Type of Business</th>
<th>Your Title</th>
<th>Name / Title of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Mo. Yr. To Mo. Yr.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Salary** ________________

**Hours per week** ________________

**Reason for Leaving** ____________________________

**All statements are subject to verification.**
ONONDAGA COUNTY DEPARTMENT OF PERSONNEL
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The following information is voluntary and will be maintained confidentially. This information will not be released to any employing agency.

SOCIAL SECURITY #: ____________________________________

EXAM TITLE: ___________________________________________ EXAM DATE: ________________________

MALE ☐ FEMALE ☐

☐ White/Non-Hispanic ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native

RECRUITING INFORMATION

How did you learn about this job?
Onondaga County Personnel............. ☐ NYS Employment Office ☐ Private Employment Office ☐
Community Organization................... ☐ Newspaper ☐ Relative/Friend ☐
Government Employee..................... ☐ Radio and/or Television ☐ Internet ☐

Onondaga County does not discriminate because of race, creed, color, citizenship, national origin, age, sex, religion, marital status, conviction record, disability, genetic predisposition or carrier status, pregnancy, or sexual orientation. Onondaga County's programs are accessible to all as required by 45FR84.22B. If you have a disability for which you wish accommodation in visiting a county office or in receiving county services, please contact the head of the respective department or his/her representative to make arrangements. Onondaga County's Equal Employment Program and compliance with the Vocational Rehabilitation Act (Section 504) is coordinated by the County Personnel Department.

NOTE: Federal law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S., and to provide for review certain documents establishing your identity and work authorization, such as birth certificate, etc.