ONTARIO COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT MAIL OR DELIVER TO: ONTARIO COUNTY DEPARTMENT OF HUMAN RESOURCES • 3019 COUNTY COMPLEX DRIVE • CANANDAIGUA • NEW YORK 14424 www.co.ontario.ny.us/humanresources

TYPE OR PRINT CLEARLY IN INK all parts of this application.

1. JOB/EXAM TITLE

2. NAME AND ADDRESS: IMMEDIATE notice should be given for any change in item #2.

A. Were you avar demissed from any employment accept for lack of work or funds, diability or medical condition?YES NO B. Dd you aver ensight from any employment after than face discharge?YES NO C. Are you now under charges for any orime?YES NO C. OUVICTION There you were been convolted of any totime (leftory or medical condition?YES NO C. OUVICTION There you were been convolted of any totime (leftory or medical condition?YES NO C. OUVICTION There you were been convolted of any totime (leftory or medical condition?YES NO C. OUVICTION There you were been convolted of any totime (leftory or medical condition?YES NO C. OUVICTION There you were been convolted of any totime (leftory or medical condition? C. Any offense which was adjudeated in a juvenile court or under a youth/ul offender law. Convoltence will not necessarily disquality you. What you were convolted of an how long ago is important. Each case is evaluated in relation to the duties and responsibilities of the position for which you have a piled. S. USE THIS SPACE FOR ANY EXPLANATIONS. (Attach additional sheets if more space is needed D C. If minimum and/or maximum ago limits are established for the position applied for, enter your date of birth here D. Shilding of Fine Fighter or Police Office to In 1011017 YES NO C. If minimum and/or maximum ago limits are established for the position applied for, enter your date of birth here D. Shilding of Fine Fighter or Police Officer tost in lime of duty? YES NO C. Difficient of the position applied for, enter your date of birth here Shild York: I will work was anglenders. YES NO S. Over on weak at the following agontes: COUNTY CITES VILLAGES TOWNS SCHOOL DISTRICTS FLCC Shift Work: I will work was adjudeated and you addition of adjuster of your obset dual Response of the position of the positablish of there position and any attachments are the truth and t	LAST FIRST	MIDDLE / / / SOCIAL SECURITY	Y #
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up and part of the second o	 Currently active military personnel may apply for conditional credit pending honorable d successful in the examination are entitled to have 10 and 5 points respectively (5 and 2 they have not used credits to obtain permanent appointment or promotion subsequent of the examination. Check appropriate box to right of each question: A. Did you serve in the Armed Forces of the United States during any of the following periods? December 7, 1941 to December 31, 1946; June 27, 1950 	tischarge. Disabled and non-disabled veterans who establish eligibility for additional credits and ar 2.5 points of credits for PROMOTIONAL Examination), added to their earned scores provided that to January 1, 1951. You will be allowed the option of waiving these credits after the completion *Credit for Lebanon, Grenada, and Panama will be limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal. The DD214 form which	at on
22.1583 to Numerhed 2.1583. *Phanara - December C. Since Jacuagy 1: 1951. here you used additional certais as a disable or non-stated version in a pointment to any position in the justic any office of discinsor? C. Since Jacuagy 1: 1951. *Phanara - December of the United State version in application with the difference of the United State version in application with the additional state of the United State version in application with the additional state of the United State version in any office of discinsor? Disk over over dismassed time thermal Force of the United State version in a state of the United State version in any employment avecage to for lock of version of tures. United States version in a state were discinsored to the United States version in a state were discinsored to any employment avecage to for lock of version of tures. United States version in a state were discinsored to the United States version in a state were discinsored to a state were discinsthe state state were discinsored to a state were discin	U.S. Public Health Service: July 29, 1945 to September 3, 1945 or June 25, 1950 to July 4, 1952. *Lebanon -	verification of possession of Expeditionary Medals for Lebanon, Grenada, or Panama.	
Conditions?	23, 1983 to November 21,1983. *Panama - December 20, 1989 to January 31, 1990. Persian Gulf - August	 Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public 	
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C. An you now under datages for any cime? [[eflony or misdemeanor]? [
If yes, explain in its, Give for each cises: 1) Charge, 2) Pace, 3) Date, 4) Action taken You may omit 1. Packing violations. 2. Any offense which was adjudcated in a juverile oout or under a youthul defender law. Convictions will not necessarily depaulity you. What you ware convicted of and how long ago is important. Each case is evaluated in relation to the outes and responsibilities of the possibilities of possibilities of addition to full time, juill accept part-time I will accept the possibilities of the possibilities and the possibilities of additional state the truth and to the best of my knowledge correct. YES NO DecLAPCHENT PREFERENCES: Dot possibilities of additional state the possibilities of additional state the possibilities of additional state the truth and to the best of my knowledge correct. YES			
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B. Do you need special arrangements for this exam (Religious Accommodation or disabled)? If yes, explain in #5			
DECLARATION (This affirmation must be signed and dated.) Iunderstand 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 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 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 the penaltics of perjury, any 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 the penaltics of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct. Section SUE ONLY DATE COMMENTS CHECK # DATE Comments CHECK # DATE Construction which are currently outstanding? CHECK # DATE Services Corporation which are currently outstanding? YES NO 2. If so, are you presently in default on any such loan? YES NO 3. Check only one box which identifies your group.* MALE FEMALE White Black Hispanic Asian American American Indian 4. How dig you presently in default on any such loan? YES <td>Shift Work: I will work evenings and/or nights. YES NO</td> <td></td> <td></td>	Shift Work: I will work evenings and/or nights. YES NO		
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COMMENTS	HUMAN RESOURCES USE ONLY		
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Guaranteed Education Loan Questionnaire Section 50-b of the New York State Civil Service Law REQUIRES that all applicants for examination be asked the following questions: The CONFIDENTIAL and VOLUNTARY reply will be used to evaluate recruitment, examination and testing methods. This reply will in no way affect your participation in this or future Civil Service Corporation which are currently outstanding? YES NO 1. Have you any loans made or guaranteed by the New York State Higher Education 1. Birth date * 2. If so, are you presently in default on any such loan? YES NO 3. Check only one box which identifies your group.* Name			
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2. If so, are you presently in default on any such loan? YES NO Name		2. Disabled?* YES NO	
Address			
City, State, Zip 4. How did you learn about this job? City, State, Zip Ontario County Personnel Internet NYS Employment Office Exam # and Title Private Employment Office Community Organization THIS AFFIRMATION MUST BE COMPLETED. I affirm, under penalty of perjury, that all statements made above are true Newspaper Relative/Friend Government Employee Radio and/or Television *New York State Law prohibits discrimination because of age, race, color, creed, sex, nationa origin, sexual orientation, military status, predisposing genetic characteristics, marital status			
Exam # and Title Internet NYS Employment Office THIS AFFIRMATION MUST BE COMPLETED. I affirm, under penalty of perjury, that all statements made above are true Private Employment Office Community Organization Signature Date Newspaper Title Ontario County Personnel Title Relative/Friend Newspaper Title Radio and/or Television New York State Law prohibits discrimination because of age, race, color, creed, sex, nationa origin, sexual orientation, military status, predisposing genetic characteristics, marital status	City, State, Zip		
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Signature Date *New York State Law prohibits discrimination because of age, race, color, creed, sex, national origin, sexual orientation, military status, predisposing genetic characteristics, marital status	THIS AFFIRMATION MUST BE COMPLETED. I affirm, under penalty of perjury, that all statements made above are true	Newspaper Title Relative/Friend	
	Signature Date	*New York State Law prohibits discrimination because of age, race, color, creed, sex, natio origin, sexual orientation, military status, predisposing genetic characteristics, marital stat	tus

	A. EDUCATION If more space is needed, attach additional sheets.																					
Type of School	Name of School and Loc	cation	Years Completed	Gradu	ated?	Major Course of Stu						ies		llege Rece			s Type of Degree Received					
High School or Equivalency Diploma Number				YES	NO					-												
College, University, Professional or Technical School				YES	NO																	
Other Schools or Special Courses				YES	NO																	
	B. EDUCATION: Degree received?YESNO If YES, was degree received within last 5 years?YE of degree?											N	10	If NC	Э, w	hen	do	you	expe	ct re	eceipt	
		ossess a license to practice a trade or profession? YES NO (Complete only if the position for which you are applying requires one.) ofession License/Certificate Number																				
	-	City/State Date of expiration																				
	NSE (Complete only if the position for which you are applying requires one.) State of licensure Endorsements																					
Number	umber Class of license Date of expiration Restrictions																					
12. EXPERIENCE: YOU MUST COMPLETE THIS SECTION WHETHER YOU SUBMIT A RESUME' OR NOT. Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of workforce, if any, supervised by you and the extent of such supervision. DESCRIBE IN DETAIL, beginning with your most recent employment and working backwards to your first, any employment 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 military service. Applicants may be required to furnish proof of all experience claimed. COMPLETE ALL SECTIONS. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS AT TOP OF PAGE.												ng on										
Length o From: Mo.	f Employment Yr.	Firm Name		Address									City and State									
To: Mo.	Yr.	Type of Business			Your ⁻	Fitle						I	Nar	ne ai	nd ⁻	Title	of `	Your	Sup	erv	isor	
Yrs. Salary:	Mos.	Duties:																			-	
Hours per week:																						
Reason for leaving	:																					
Length o From: Mo.	f Employment Yr.	Firm Name		Address									City	y and	d St	ate						
To: Mo. Yrs.	Yr.	Type of Business		Your Title								Name and Title of Your Supervisor										
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Hours per week:																						
Reason for leaving	:																					

ONTARIO COUNTY ~ AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Rev. 12/10

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, PREDISPOSING GENETIC CHARACTERISTICS, MARITAL STATUS, DOMESTIC VIOLENCE VICTIM STATUS OR DISABILITIES AND, IN CERTAIN CIRCUMSTANCES PURSUANT TO EXECUTIVE LAW 296, CONVICTION RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, PREDISPOSING GENETIC CHARACTERISTICS, MARITAL STATUS, DOMESTIC VIOLENCE VICTIM STATUS OR DISABILITIES AND, IN CERTAIN CIRCUMSTANCES PURSUANT TO EXECUTIVE LAW 296, CONVICTION RECORD IN CONNECTION WITH EMPLOYMENT BY THE COUNTY OF ONTARIO.