CORTLAND COUNTY
PERSONNEL/CIVIL SERVICE

COUNTY OFFICE BUILDING
60 Central Avenue * Cortland, NY 13045-2746
Telephone 607 753-5076 * FAX 607 758-5517
TTY Users: 1-800-662-1220
Website: www.cortland-co.org

FOR P/CS USE ONLY

Approved_____
Disapproved_____
Conditional_____
App. Amended_____

Fee_____ Paid_____ Voucher_____

Receipt No_____ Received _____

Vet__ AP Sent__ AP Recd__ Approved__ V__ DV__ Disapproved___

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Cortland County City of Cortland Towns
Villages School Districts
Cortland Housing Authority Soil & Water Conservation District

THIS APPLICATION IS PART OF YOUR EXAMINATION. ANSWER ALL QUESTIONS FULLY AND CAREFULLY.
Type or print in ink. You may attach additional information if necessary. A separate application is required for each position/exam you are applying for.

1. NAME:
LAST _____ FIRST _____ MI _____

SOCIAL SECURITY NUMBER _____/_____/_____

2. VACANCY/EXAMINATION TITLE APPLYING FOR:_____ EXAM NUMBER:_____

3. VETERANS CREDIT (check one): ☐ NO ☐ Current Member of Armed Forces ☐ Veteran ☐ Disabled Veteran

A. If you are a Veteran, submit DD214 and the Veterans Application with this application. **Forms available online and in the Personnel Office.**
B. If you are currently in the armed forces, acceptable proof may include a Military I.D. card, military orders or other official military documents that substantiate active military service at the time of the examination.

4. Date of Birth: _____ / _____ / _____ If you are applying for one of these positions AND/OR if you are under the age of 18: Law enforcement, Firefighters, Highway, DPW, Youth Bureau positions and positions requiring a commercial driver's license have minimum age restrictions.

5. INDICATE YOUR ANSWER BY PLACING AN "X" IN THE APPROPRIATE SPACE

		YES	NO
A.	Are you an American citizen or, if not, do you have the legal right to accept employment in the U.S.?	☐	☐
B.	Do you now, or have you ever worked for an agency under Cortland County's jurisdiction?	☐	☐
C.	Are you an exempt volunteer firefighter?	☐	☐
D.	Do you require special arrangements for examination (Saturday Sabbath observer or disability)? **If yes, contact the Personnel Office.**	☐	☐
E.	Were you ever dismissed from any employment for reasons other than lack of work?	*☐	☐
F.	Have you ever been convicted of a **felony or misdemeanor? Include sealed records (except as allowed under CPL-170), convictions even if over 10 years ago, and youthful offender records when applying for law enforcement and/or mental health positions.** You may omit traffic violations	*☐	☐

***If you answered "yes" to E or F above, submit court documentation and complete the Disclosure and Consent Form for Background Investigation. Forms available online and in the Personnel Office. A "yes" answer to E or F will not necessarily disqualify you. Each case is evaluated on an individual basis in relation to the duties and responsibilities of the position for which you have applied.**

THE COUNTY DOES NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF SEX, RACE, OR HANDICAP IN VIOLATION OF TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, OR S504 OF THE REHABILITATION ACT OF 1973.

6. TITLE, YOUR NAME, LEGAL ADDRESS, ETC.: (Those interviewing will see only the following pages and any attachments)

Title of Position Applying For:	Final Approval: Conditional:
Applicant's Name:	

NOTE: You must keep your address and telephone numbers current

STREET _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE _____

VILLAGE _____ Years and/or Months There _____/_____

TOWN _____ Years and/or Months There _____/_____

COUNTY _____ Years and/or Months There _____/_____

SCHOOL DISTRICT _____ Years and/or Months There _____/_____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

CELL PHONE_____ EMAIL_____

DO YOU HAVE A VAILD NYS DRIVER'S LICENSE? ☐ YES ☐ NO

DRIVER'S LICENSE NUMBER _____ STATE _____ CLASS _____ ENDORSEMENTS _____

7. Education: (If more space is required, attach additional sheets in the same form)

Applicants must submit a transcript if applying for a vacancy or exam that requires a college degree or specific number of credit hours

Type of School	Name and Address of School	Type of Course or Major Subject	Total College Credits Received	Type of Degree Received	Have you received degree?
High School		N/A	Graduated? Yes /No	N/A	N/A
GED/TASC		GED #/ TASC	State:	N/A	N/A
Accredited College or University					Yes/No
Accredited College or University					Yes/No
Professional/ Technical School					Yes/No
Other School or Special Coursework					Yes/No

8. Licenses: List below any licenses, certifications or authorizations to practice a trade or profession

Name of Trade or Profession:	**License Number:**	**Granted by:**
Specialty:	**Date License First Issued:**	**Current registration date:** **Expiration date:**
Name of Trade or Profession:	**License Number:**	**Granted by:**
Specialty:	**Date License First Issued:**	**Current registration date:** **Expiration date:**

9. EXPERIENCE:

On the following pages, list a consecutive history of all employment or occupations that you have ever had, including military experience. Start with your current or most recent employment first and work your way backward. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission, vagueness or fabrications will not be interpreted in your favor. Attach additional sheets as necessary. You must use the same format as that provided below.

YOU MUST THOROUGHLY COMPLETE ALL OF THE FOLLWING SECTIONS OF THIS OFFICIAL APPLICATION FORM WHETHER YOU SUBMIT A RESUME OR NOT

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr. TOTAL: Yrs. Mo.	Type of Business:	Your Title:	Name of Your Supervisor
HOURS WORKED PER WEEK:_____ ☐ PAID ☐ VOLUNTEER ☐ INTERNSHIP ☐ OTHER (EXPLAIN)	**WHY DID YOU LEAVE?** ☐RESIGNED ☐TERMINATED ☐RETIRED ☐PROMOTED ☐OTHER (EXPLAIN IN DETAIL) **DUTIES:**		

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr. TOTAL: Yrs. Mo.	Type of Business:	Your Title:	Name of Your Supervisor
HOURS WORKED PER WEEK:_____ ☐ PAID ☐ VOLUNTEER ☐ INTERNSHIP ☐ OTHER (EXPLAIN)	**WHY DID YOU LEAVE?** ☐RESIGNED ☐TERMINATED ☐RETIRED ☐PROMOTED ☐OTHER (EXPLAIN IN DETAIL) **DUTIES:**		

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr. TOTAL: Yrs. Mo.	Type of Business:	Your Title:	Name of Your Supervisor
HOURS WORKED PER WEEK:_____ ☐ PAID ☐ VOLUNTEER ☐ INTERNSHIP ☐ OTHER (EXPLAIN)	**WHY DID YOU LEAVE?** ☐RESIGNED ☐TERMINATED ☐RETIRED ☐PROMOTED ☐OTHER (EXPLAIN IN DETAIL) **DUTIES:**		

10. EXPERIENCE CONTINUED:

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr. TOTAL: Yrs. Mo.	Type of Business:	Your Title:	Name of Your Supervisor
HOURS WORKED PER WEEK:_____ ☐ PAID ☐ VOLUNTEER ☐ INTERNSHIP ☐ OTHER (EXPLAIN)	**WHY DID YOU LEAVE?** ☐RESIGNED ☐TERMINATED ☐RETIRED ☐PROMOTED ☐OTHER (EXPLAIN IN DETAIL) **DUTIES:**		

Length of Employment FROM: Mo. Yr.	Firm Name:	Address:	City/State/Zip
TO: Mo. Yr. TOTAL: Yrs. Mo.	Type of Business:	Your Title:	Name of Your Supervisor
HOURS WORKED PER WEEK:_____ ☐ PAID ☐ VOLUNTEER ☐ INTERNSHIP ☐ OTHER (EXPLAIN)	**WHY DID YOU LEAVE?** ☐RESIGNED ☐TERMINATED ☐RETIRED ☐PROMOTED ☐OTHER (EXPLAIN IN DETAIL) **DUTIES:**		

Nepotism Policy-: The County shall employ no person in any position that places such person under supervision of another employee to whom such person is a relative. Definition of a relative- includes individuals who are related by blood, marriage or adoption including the following: parent, child, spouse, brother, sister, grandparent, grandchild, adopted or foster child, in-laws and step-relationships. A person may not be offered a position if employment would create either an actual conflict of interest or the appearance of a conflict of interest. Exceptions can be made; see the Cortland County Policy.

Do you have a relative or relatives as defined above working directly for Cortland County? ☐ **YES** ☐ **NO**

If you answered "yes", please list first and last names, relationship and department (if known). Use back of form if more space is needed.

_____

Name Relationship Department(s) [if known]

FAILURE TO SIGN APPLICATION WILL RESULT IN DISAPPROVAL

I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury. I authorize the Personnel Officer of Cortland County, or his/her representatives, to obtain from all persons, schools, companies, corporations, credit bureaus and law enforcement agencies any records, documents and other information relative to my suitability to perform the duties of the position and further release all parties supplying said information from all liability and responsibility arising from their supplying said information.

I acknowledge and consent to a State and National criminal background investigation which will include a fingerprint check to determine suitability for employment. Failure to meet the standards of the background investigation may result in disqualification.

Signature_____Date_____