



Department of Human Resources

Monroe County, New York

Maggie Brooks
County Executive

Brayton McK. Connard, SPHR
Director

Employment/Civil Service Exam Application

Rev. 7/2013

Form with sections: For Office Use Only, Position applying for, Name, Mailing Address, Residence Address, Birth date, Armed Forces service, Veterans credits, and a list of questions regarding criminal history.

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Any false statements made may result in termination of employment.

Signature _____ Date _____

Are you a citizen of the United States?	Yes	No	If no, do you have a legal right to work in the U.S.?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid New York State Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what class _____		
Will you accept part-time work?	<input type="checkbox"/>	<input type="checkbox"/>	Will you accept temporary work?	<input type="checkbox"/>	<input type="checkbox"/>

License/Certification

Do you have a license, certification, or other authorization to practice a trade or profession? Yes No Is this certification permanent? Yes No

Name of trade or profession: _____ License/Certificate Number: _____

Licensing Agency: _____ Licensed from: _____ to: _____

Education

Have you received a High School Diploma? Yes No If no, have you received a General Equivalency Diploma (G.E.D.)? Yes No

Check the highest grade completed 8 9 10 11 12

Education above high school level

Name of School	Location (State)	Course or Major	Credits Completed		Type of Degree/Certificate Received
			Sem. Hrs.	Qtr. Hrs.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Training

Other training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received:

Course/Program	Hours
_____	_____
_____	_____

Work Experience

Describe your employment, including military experience, beginning with your current or most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average number of hours in the workweek, final salary, reason for leaving, specific job duties, your job title, etc. must be shown.

Starting Date _____ Ending date _____
Month/Day/Year Month/Day/Year

Name & address of current or most recent employer _____

Salary _____ Hours worked per week _____

Reason(s) for leaving _____

Your job title _____

Immediate Supervisor's name _____ Title _____ Phone _____

Description of duties _____

Work Experience (continued)

Starting Date _____
Month/Day/Year

Ending date _____
Month/Day/Year

Name & address of employer _____

Salary _____

Hours worked per week _____

Reason(s) for leaving _____

Your job title _____

Immediate Supervisor's name _____ Title _____ Phone _____

Description of duties _____

Starting Date _____
Month/Day/Year

Ending date _____
Month/Day/Year

Name & address of employer _____

Salary _____

Hours worked per week _____

Reason(s) for leaving _____

Your job title _____

Immediate Supervisor's name _____ Title _____ Phone _____

Description of duties _____

If you have additional work experience, please copy this page and attach additional sheets as needed. Be sure to include your name and social security number on all attachments. Volunteer experience must be documented by statement of verification from the agency representative regarding number of hours worked per week and activities performed.

Special Arrangements for Examination

If you need special arrangements because you are a Religious Observer [for religious reasons, cannot be tested on date of examination(s)], or if you have a disability that requires you to have special accommodations or assistance for the completion of this application or for you to participate in an examination, you must notify this Department at 585-753-1700 or 585-753-1091 (TDD) no later than the last date of filing for this (these) examination(s). Your request must include examination number(s) and title(s) and the type of special arrangements required accompanied by all supporting documentation.

Monroe County, as an employer, does not discriminate on the basis of a disability and will make reasonable accommodations for employees with special needs, due to a disability. It is the responsibility of the applicant or employee to voluntarily disclose that they require an accommodation based on their disability.

Application Fee for Examination

If the examination announcement indicates that an application fee is required for the examination(s) for which you are applying, **you must submit the required fee for each separate examination.** The required fee amount for each examination will be listed on the announcement. Enclose a check or money order payable to the Monroe County Director of Finance with this application. **WE DO NOT ACCEPT CASH.**

Your application fee will not be refunded if you do not meet the requirements for admission to the examination. Compare your qualifications carefully to the requirements stated on the announcement and file only for those examinations for which you are clearly qualified.

Application Fee Waiver Request and Certification

Civil Service Law Section 50.5(b): "...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for support of a household, or are receiving public assistance."

- I am requesting that my application fee(s) be waived in accordance with Section 50.5(b) of the State Civil Service Law for the following reason(s): (check all that apply)
 - I am totally unemployed **and** I am primarily responsible for the support of my household. **NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for the application fee waiver as head of household.**
 - I am currently eligible for Medicaid
 - I am currently receiving Supplemental Security Income (SSI) payments
 - I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) Public Assistance Case Number: _____
 - I am currently certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency (e.g. Rochester Works!)
- I am a full-time employee of Monroe County represented by CSEA Local 828, Unit 7400 at pay group 10 or below. Job title and grade: _____
- I am represented by the Federation of Social Workers. I am employed at group 52 or below or this exam is in my career path. Job title and grade: _____

All Fee Waiver Requests are Subject to Verification by Submission of Documentation

*******Affirmation*******

I affirm that the information given above is true and correct and that I qualify to receive an application fee waiver for the reasons indicated above. I understand that my claim for an application fee waiver may be investigated and I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility for application fee waiver.

Candidate's First and Last Name (Please Print)

Candidate's Social Security Number

Candidate's Signature

Date



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EQUAL EMPLOYMENT OPPORTUNITY DATA COLLECTION FORM

Completion of this form is voluntary for all applicants for positions within the Monroe County system. The information provided is filed with the County's Equal Employment Opportunity Unit and will be kept confidential. The information is not for selection purpose, but only to assist in the evaluation of the County's efforts relative to the Equal Employment Opportunity Program. Please return this form with your application after completion.

1. Name: _____
Last First Middle
2. Position/Exam Title applying for: _____
3. Exam Number (if applicable): _____
4. Race/Ethnicity* (check one only):

- White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

* The concept of race as used by the U.S. Equal Employment Opportunity Commission does not denote clear-cut scientific definitions of anthropological origins. For the purposes of the required EEO-4 report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person may be counted in more than one race/ethnic category.

NOTE: The category "HISPANIC", while not a race identification, is included as a separate race/ethnic category because of the employment discrimination often encountered by this group; for this reason do not include HISPANIC under either "white" or "black".