

ONONDAGA COUNTY APPLICATION FOR OPEN COMPETITIVE EXAMINATION Form P-200 rev 03/2015

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 name or address occur.

Last Name	First Name	Middle	Social Security #
Legal Address:		Mailing Address (if different from legal):	
Street _____	Street or PO Box _____		
Apt/Rd# _____	City/Village _____		
City/Village _____	State _____ ZIP _____		
Town _____	E-Mail Address _____		
School District _____	Home Phone () _____		
County _____	Work Phone () _____		
State _____ ZIP _____	Cell Phone () _____		

ADDITIONAL INFORMATION

1. If you were ever dismissed or resigned in lieu of dismissal from any public (government) employment due to disciplinary reasons, explain below.
2. If you need special exam arrangements (religious accommodation or disabled), indicate accommodations needed below.

Use This Space For Explanations

VETERAN'S CREDIT: Veteran Disabled Veteran Currently On Active Duty

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.

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

COMPLETE FOR LAW ENFORCEMENT, CORRECTION, CUSTODY, FIREFIGHTER

1. Are you a citizen of the United States? YES NO
2. Date of Birth ____ / ____ / ____
3. Law enforcement, Correction and Custody positions: You must complete form P-202 and attach it to your application.

Payment Enclosed: Check # _____ Cash Money Order Visa MC Discover Waived (proof must be attached)

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.

APPLICANT'S SIGNATURE _____ **DATE** _____

PERSONNEL DEPARTMENT USE ONLY: Reviewer _____ Date _____ Approved Disapproved

Comments _____

Recv'd By _____

Name _____

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Education: If more space is needed, attach additional sheets.	Years Completed	Graduated yes /no	Major Course of Studies	College Credits Received	Type of Degree Receive	Date Degree Received
High School or Equivalency			XXXXXXXX XXXXXXXX	XXXXX XXX	XXXXX XXXXX	XXXXXX XXXXXX
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 (Complete only if the position for which you are applying requires one.) Number _____

Date of Expiration _____ Class of license _____ Endorsements _____ Restrictions _____

School Bus Driver candidates: Date of Birth: _____

Experience: You must complete this section whether or not you submit a resume. Describe any employment, volunteer experience or military service that qualifies you for the position sought. Duties: Describe the nature of the work with estimated % of time on each type of work. If more space is needed, attach additional sheets. All statements are subject to verification.

Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Salary			
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Salary			
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above.		
Salary			
Hours per week			
Reason for Leaving			

ONONDAGA COUNTY DEPARTMENT OF PERSONNEL
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The following information is voluntary and will be maintained confidentially.

SOCIAL SECURITY #: _____

EXAM TITLE: _____

EXAM DATE: _____

MALE

FEMALE

White/Non-Hispanic

Black

Hispanic

Asian/Pacific Islander

American Indian/Alaskan Native

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.

Applicant Authorization/Consent & Release

We truly welcome your application with Town of Skaneateles, or one of its divisions ("Company"). Your signature below certifies that all the information provided as part of your application for employment, including without limitation, the information below, is true and complete to the best of your knowledge and that you have reviewed this entire document and a separate document entitled, "Disclosure." Your signature below acknowledges that any false or misleading information in your application materials or interview may result in denial of employment or termination, if hired, and that any personal information requested below, including date of birth, is requested solely for identification purposes.

Your signature below also authorizes the preparation of consumer reports and/or investigative consumer reports on you for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any further notice.

Your signature further authorizes all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, credit bureaus, courts and any governmental, law enforcement, licensing and record-keeping agencies, and any other source of information to provide all information requested concerning your background, including any criminal records, to the Company and/or its agent HRPLUS.

Your signature further voluntarily and knowingly releases Company, HRPLUS and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

Your signature certifies that you have read and understood this entire document and you agree that a copy of this document is as valid as the original.

For prompt processing, use all UPPERCASE and avoid touching the sides of the boxes:

J O N E S 4 5 6 7 8

Social Security Number:

	-		-	
--	---	--	---	--

Date of Birth:

	/		/	
--	---	--	---	--

Home Telephone Number:

	-		
--	---	--	--

Last Name (as it appears on Driver's License):

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First Name:

--

Middle Name:

--

Former Name and/or Other Names Used:

--

Date of Name Change:

	/		/	
--	---	--	---	--

Driver's License Number (Omit Spaces and Dashes):

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State:

--

License Expiration Date:

	/		/	
--	---	--	---	--

Current Street Address (NOT P.O. Box):

--

Current City:

--

Current State:

--

Zip Code:

--

How Long?

--

Years

Current County (NOT Country):

--

Months

--

Please list the City, State and Zip Code of all other addresses you have lived at in the past 7 years.

City:

--

State:

--

Zip Code:

--

How Long?

--

Years

Years

Years

--

Months

--

Months

--

Months

6 2 7 6

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64902



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