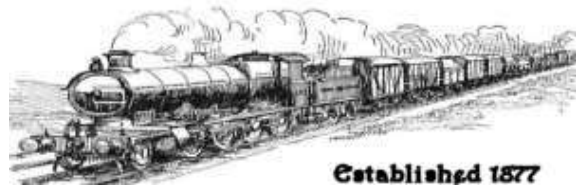


# Village of Bergen, New York

11 Buffalo Street  
P.O. Box 100  
Bergen, NY 14416  
Ph: (585)494-1513 ---- Fax: (585)494-1730



Proudly located in Northeastern  
Genesee County

## GENESEE COUNTY DEPARTMENT OF PERSONNEL

County Bldg 1, 15 Main Street, Batavia, NY 14020  
Phone: (585) 344-2550, ext 2220  
Website: www.co.genesee.ny.us



### APPLICATION FOR EXAMINATION OR EMPLOYMENT

PRINT OR TYPE

ANSWER ALL QUESTIONS

|                                       |             |        |           |
|---------------------------------------|-------------|--------|-----------|
| Position Title                        | Exam Number | -OR-   | Agency    |
| <b>Name</b>                           |             |        |           |
| LAST                                  | FIRST       | MIDDLE |           |
| <b>Home Address</b>                   |             |        |           |
| NUMBER                                | STREET      | CITY   | STATE ZIP |
| <b>Mailing Address</b> (if different) |             |        |           |
| NUMBER                                | STREET      | CITY   | STATE ZIP |
| HOME PHONE                            | WORK        | OTHER  |           |

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH** (IF REQUIRED ON ANNOUNCEMENT FORM)

| LEGAL RESIDENCE           | NAME | YEARS | MONTHS | PLEASE CHECK SCHOOL DISTRICT IN WHICH YOU RESIDE |
|---------------------------|------|-------|--------|--|
| COUNTY OF                 |      |       |        | Alexander __ Batavia __ Byron-Bergen             |
| CITY, TOWN, OR VILLAGE OF |      |       |        | Elba __ LeRoy __ Oakfield-Alabama __             |
| STATE OF                  |      |       |        | Pavilion __ Pembroke __ Other _____              |

**EMPLOYMENT PREFERENCES:** Please check the type of work you would be willing to accept.

\_\_\_\_\_ Full-Time      \_\_\_\_\_ Part-Time      \_\_\_\_\_ Temporary

**PLEASE CHECK THOSE AGENCIES IN WHICH YOU WOULD BE WILLING TO ACCEPT WORK:**

County \_\_\_\_\_ Towns \_\_\_\_\_ Villages \_\_\_\_\_ School Districts \_\_\_\_\_

**FOR CIVIL SERVICE USE ONLY**

Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_ By \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Conditional \_\_\_\_\_

| <b>EDUCATION:</b>                           | <b>FROM-TO:</b><br>(mo. & yr.) | <b>MAJOR AND MINOR</b> | <b>TYPE OF DEGREE OR DIPLOMA</b> | <b>CREDITS RECEIVED</b> | <b>DATE DEGREE/DIPLOMA OR GED RECEIVED EXPECTED</b> |
|---|--------------------------------|------------------------|----------------------------------|-------------------------|---|
| <b>LIST NAME REQUESTED BELOW</b>            |                                |                        | (If GED, include Number)         |                         |   |
| H/S OR GED (Circle one)<br>Name:            |                                |                        |                                  |                         |   |
| COLLEGE<br>Name:                            |                                |                        |                                  |                         |   |
| GRADUATE SCHOOL OR OTHER EDUCATION<br>Name: |                                |                        |                                  |                         |   |

**SPECIAL COURSES TAKEN:**

| Name of Course | Credit Hours | Name of Course | Credit Hours |
|----------------|--------------|----------------|--------------|
|                |              |                |              |
|                |              |                |              |
|                |              |                |              |

**TRANSCRIPT(S) OR DEGREE(S) (IF REQUIRED AS PART OF MINIMUM QUALIFICATIONS)**

**Copy Attached**

**Copy Requested**

**LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:**

| Skill, Trade or Profession | License or Certificate No. | Issued By:<br>(Name or City, State or Agency) | License Dates<br>(Mo./Day/Yr.) |    | Permanent |    |
|----------------------------|----------------------------|---|--------------------------------|----|-----------|----|
|                            |                            |   | From                           | To | Yes       | No |
|                            |                            |   |                                |    |           |    |
|                            |                            |   |                                |    |           |    |

**DRIVER'S LICENSE INFORMATION:**

NONE   
  NEW YORK STATE   
  OUT OF STATE (Indicate State) \_\_\_\_\_  
 MOTORIST ID # \_\_\_\_\_ CLASS \_\_\_\_\_  
 RESTRICTION(S) \_\_\_\_\_ ENDORSEMENT(S) \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

\*Yes     No    Have you been convicted of a violation of law (Felony/Misdemeanor)? (Omit any offense adjudicated in Juvenile

Court or under a youthful offender law.) Convictions will not necessarily disqualify you from employment **\*IF YES YOU MUST ATTACH A LIST OF VIOLATIONS WITH DATES OF CONVICTION AND RESULTANT PENALTIES ON A SEPARATE SHEET OF PAPER.**

\*Yes     No    Are you under age 18? **IF YES, YOU WILL BE REQUIRED TO SUPPLY A WORK PERMIT.**

**HIGHER EDUCATION LOAN INFORMATION:**

Section 50-b of NYS Civil Service Law requires that all applicants for examination be asked the following:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ EXAM NO. & TITLE \_\_\_\_\_  
 Do you have an outstanding NYS Guaranteed Student Loan?     NO     YES  
 If yes, are you currently in default on any such Loan?     NO     YES

**WORK EXPERIENCE: DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. Complete all information requested. Describe in detail all duties performed which are relevant to the position for which you have applied. List most current employment first. A resume may be attached to supplement this information.**

|  |                       |          |         |                       |
|--|-----------------------|----------|---------|-----------------------|
| LENGTH OF EMPLOYMENT<br>Month/Year to Month/Year |                       | EMPLOYER | ADDRESS | CITY, STATE, ZIP CODE |
| HOURS WORKED PER WEEK:                           | EARNINGS PER HOUR: \$ | DUTIES:  |         |                       |
| YOUR TITLE:                                      |                       |          |         |                       |
| TYPE OF BUSINESS:                                |                       |          |         |                       |
| NAME AND TITLE OF SUPERVISOR:                    |                       |          |         |                       |
| REASON FOR LEAVING:                              |                       |          |         |                       |

|  |                       |          |         |                       |
|--|-----------------------|----------|---------|-----------------------|
| LENGTH OF EMPLOYMENT<br>Month/Year to Month/Year |                       | EMPLOYER | ADDRESS | CITY, STATE, ZIP CODE |
| HOURS WORKED PER WEEK:                           | EARNINGS PER HOUR: \$ | DUTIES:  |         |                       |
| YOUR TITLE:                                      |                       |          |         |                       |
| TYPE OF BUSINESS:                                |                       |          |         |                       |
| NAME AND TITLE OF SUPERVISOR:                    |                       |          |         |                       |
| REASON FOR LEAVING:                              |                       |          |         |                       |

|  |                       |          |         |                       |
|--|-----------------------|----------|---------|-----------------------|
| LENGTH OF EMPLOYMENT<br>Month/Year to Month/Year |                       | EMPLOYER | ADDRESS | CITY, STATE, ZIP CODE |
| HOURS WORKED PER WEEK:                           | EARNINGS PER HOUR: \$ | DUTIES:  |         |                       |
| YOUR TITLE:                                      |                       |          |         |                       |
| TYPE OF BUSINESS:                                |                       |          |         |                       |
| NAME AND TITLE OF SUPERVISOR:                    |                       |          |         |                       |
| REASON FOR LEAVING:                              |                       |          |         |                       |

ADDITIONAL SHEETS MAY BE ATTACHED. Sheets must contain ALL information requested. (e.g. Number of hours worked per week, etc.)

Full-Time is 30+ hours per week  
 Part-Time is rated as follows:  
     0-09 hours/week = 0  
     10-19 hours/week = 1/4  
     20-29 hours/week = 1/2

**VETERANS AND DISABLED VETERANS:** If you have served or are currently serving in the Armed Forces of the U.S.A., in a designated time of war, and wish to claim additional examination credits, you must file a separate "Application For Veteran's Credit" (VC-1 form to be mailed to you by placing a check mark in this area (    ).

**IF YOU WISH TO CLAIM CREDITS, CHECK THE APPROPRIATE BOX:**

**DISABLED VETERAN**     **NON-DISABLED VETERAN**     **CURRENTLY IN ARMED FORCES**

**SPECIAL TESTING ACCOMMODATIONS:** Check below if you require special testing accommodations due to:

\_\_\_\_\_ Religious Observance    \_\_\_\_\_ Disability    \_\_\_\_\_ Alternate Date Needed

(Attach an explanation of your need for special testing accommodations on a separate sheet.)

\_\_\_\_\_ Cross-filing - Exam Number & Title & Location of Other Exam(s) \_\_\_\_\_

Please indicate the exam site at which you wish to be tested: \_\_\_\_\_

**CHANGE OF ADDRESS:** You must notify this agency immediately of any change of address. The number and title of the examination or eligible list must also be included in this notification. **FAILURE TO COMPLY MAY RESULT IN YOUR NAME BEING REMOVED FROM AN ELIGIBLE LIST.**

**GENESEE COUNTY ◊ AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of the Genesee County Personnel Office to provide accommodations in testing to individuals with disabilities and religious observers, and to provide for and promote equal opportunity in employment, compensation, and other terms and conditions of employment with regard to age, race, religion, creed, color, national origin, gender, marital status, sexual orientation, veteran's status, disabled veteran's status, physical or mental disability, or status as a member of any other protected group or activity.

**PERSONAL INFORMATION PROTECTION STATEMENT**

The information which you are providing on this application is being requested pursuant to 50.3 of the NYS Civil Service Law for the purpose of determining the eligibility of applicants to participate in an examination or a position applied for. The information will be made available only to those who have a "need to know", and will not be released to anyone else other than the applicant unless he/she has signed an appropriate release of information authorization. A candidate's failure to provide this information may result in disapproval of the application. This information will be maintained by the Genesee County Personnel Officer.

**IMPORTANT:** This section **MUST BE** completed. Failure to sign this section will result in disapproval of your application for employment or examination.

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.

I hereby authorize the release of information regarding prior employment history/records, educational records, law enforcement records, driver's license and driving records, personal references and all like information bearing on my qualifications for this position to the appointing authority of all jurisdictions within the County of Genesee or his/her designee.

This authorization shall be valid for a period of two (2) years from the date of the execution of this document. A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION**

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