

**THE FOLLOWING SECTIONS MUST BE THOROUGHLY COMPLETED.
A RESUME IS NOT A SUBSTITUTE BUT MAY BE INCLUDED.**

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability or marital status. Accordingly, nothing in this application form should be viewed as expressing directly or indirectly any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, sexual orientation, military status, disability or marital status or criminal record in connection with employment by the State of New York.

~ SECTION 3 ~

EDUCATION: (If more space is required, attach additional sheets in the same format.)

Do you have a high school diploma? YES NO Name and Location of High School: _____

Or a high school equivalency (GED) diploma? YES NO GED #: _____ (Number required or provide a copy)

Higher Education*	Name and Address of College, Trade School, etc.	Type of Course or Major Subject	Total College Credits	Type of Degree	Date of Degree/Certificate
Accredited College or University					
Professional/ Technical School					
Other School or Special Coursework					

* A transcript copy will be required if vacancy or exam requires a college degree or specific number of credit hours.

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:

*A copy of the license and/or certification will be required as noted on employment or examination announcement.

~ SECTION 4 ~

EMPLOYMENT EXPERIENCE: *This section **MUST** be completed fully even if a resume is attached.* You are responsible for submitting an accurate, adequate, clear description of your experience. Omissions or vagueness will not be interpreted in your favor. If more space is needed, attach 8 1/2" x 11" sheets of paper using the same format.

Order: List *most recent* employment first.

What to List: Any and all employment pertinent to the position or examination for which you are applying.

Professional Experience: Indicate whether or not professional experience occurred after your professional degree or coursework.

Volunteer/Unpaid Work: List volunteer or unpaid experience only if noted as qualifying experience on the examination announcement. Describe volunteer/unpaid work the same way as paid work and write "unpaid" in the "Earnings" section.

Military Experience: If you have had military service that included experience pertinent to the position, list that experience.

Changes in Status: If your title or duties changed significantly during your service in any one organization, list such changed status separately.

Duties: In the "Duties" section, describe nature of work personally performed by you, listing most primary duties first.

Supervisory Experience: For any supervisory role, state size and type of workforce supervised, as well as the extent of supervision by you.

Dates of Employment Month/Day/Year	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
Earnings:	Per: (Check one)	Weekly Monthly Bi-Wkly Yearly	Reason for Leaving:
Job Duties:			

Dates of Employment Month/Day/Year	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
Earnings:	Per: (Check one)	Weekly Bi-Wkly	Monthly Yearly
Reason for Leaving:			
Job Duties:			

Dates of Employment Month/Day/Year	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
Earnings:	Per: (Check one)	Weekly Bi-Wkly	Monthly Yearly
Reason for Leaving:			
Job Duties:			

Dates of Employment Month/Day/Year	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
Earnings:	Per: (Check one)	Weekly Bi-Wkly	Monthly Yearly
Reason for Leaving:			
Job Duties:			

Dates of Employment Month/Day/Year	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
Earnings:	Per: (Check one)	Weekly Bi-Wkly	Monthly Yearly
Reason for Leaving:			
Job Duties:			

~ SECTION 5 ~

RESIDENCY: Please indicate below the municipality/district in which you have been a legal resident for a minimum of 30 days at time of submission of this application.

	Name of District	Years	Months
School District:			
Village or City:			
Township:			
County:			
State:			

Driver's License #:	Issuing State:	Class:	Endorsements:
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~ SECTION 6 ~

FAILURE TO SIGN APPLICATION WILL RESULT IN DISAPPROVAL

BACKGROUND INVESTIGATIONS, FINGERPRINTS AND FEES

Fingerprinting is sometimes required at the time of appointment. If so, you may be required to pay the processing fee. Background investigation: Applicants may be required to undergo a State and National Criminal history background investigation, which will include a fingerprint check to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

PHYSICALS:

In accordance with Franklin County's Local Law of the Workers' Compensation, Self-Insurance Plan specific positions shall require medical physicals prior to employment, which may include a drug test.

CHANGE OF ADDRESS:

Provide immediate notice to the Franklin County Personnel Office of any changes in your contact details to ensure you receive updated information regarding the examination and/or position.

FILING FEE FOR EXAMINATIONS:

There is a non-refundable filing fee for examinations as outlined on the examination announcement, which may be waived as described on the examination announcement. The fee is non-refundable even if your application is disqualified.

AFFIRMATION AND RELEASE OF PERSONAL INFORMATION

By my signature below, I hereby authorize the Franklin County Personnel Department, the County of Franklin, and/or its respective departments, offices or agencies, and/or any municipality within Franklin County to request verbal or written verification or records of any or all information contained herein. By signing this authorization, I give my consent for full and complete disclosure and review of all records concerning me, whether said records are of a public, private or confidential nature. Further, I hereby release the Franklin County Personnel Department, Franklin County and/or its respective departments, offices or agencies, and/or any municipality within Franklin County, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. By signing this authorization, I give my consent for a photocopy of the Application for Examination and/or Employment containing this release to be valid as an original thereof, even though said photocopy will not contain an original writing of my signature.

I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. My signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information."

Signature of Applicant: _____ Date: _____

 Print any other last name(s) by which you are/or have been known.