

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

# Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

(PLEASE PRINT PLAINLY)

## PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_ No \_\_\_ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes \_\_\_ No \_\_\_ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for \_\_\_\_\_

Were you previously employed by us? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**To employer:** The right to ask questions concerning convictions varies from state to state and is subject to change. If you wish the applicant to answer the following question, and are legally permitted to do so, please check the box next to the question *and* fill in the legally appropriate time period for your state.

**To applicant:** Do *not* answer the following question unless the employer has checked the box next to the question *and* filled in the blank prior to the word years.

Have you been convicted of a major crime (felony) in the past \_\_\_\_\_ years? Yes \_\_\_ No \_\_\_  
 (Do not answer Yes if the conviction has been pardoned, annulled, expunged, sealed or impounded by a court.)

If yes, please give the conviction date and nature of the offense. \_\_\_\_\_

\_\_\_\_\_ A conviction record will not necessarily bar employment.

(Turn to Next Page)

## EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer II? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer III? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer IV? Yes \_\_\_\_\_ No \_\_\_\_\_

Signed \_\_\_\_\_

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary		X	5	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
			6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			7	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High			1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			3	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			3	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			3	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes\_\_\_ No\_\_\_

If yes, what is the best time to call? \_\_\_\_\_

May we telephone you to follow up on this application at work? Yes\_\_\_ No\_\_\_

If yes, what is the best time to call? \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_

### PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

\_\_\_\_\_  
Signature of Applicant

# APPLICANT - Do not write on this page

## FOR INTERVIEWER'S USE

INTERVIEWER	DATE	COMMENTS

## FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATION

## REFERENCE CHECK

*Position Number	RESULTS OF REFERENCE CHECK	*Position Number	RESULTS OF REFERENCE CHECK
I		IV	
II			
III			

\*See Page 2

This "Application for Employment" is prepared for general use throughout the United States. Our legal counsel has advised us that it complies with all Federal and State fair employment practice laws and with the Fair Credit Reporting Act. However, the various fair employment practice laws and related statutes and the interpretations of them change frequently, and neither V.W. Eimicke Associates, Inc. nor its counsel assume any responsibility for the inclusion in this "Application for Employment" of any questions that may violate local and/or state and/or federal laws.

Neither V.W. EIMICKE ASSOCIATES, INC. nor its counsel assumes any responsibility for the employer's use of this form or any decision the employer makes which may violate local and/or state and/or federal laws. By publishing and/or selling this form V.W. EIMICKE ASSOCIATES, INC. is not rendering legal advice. Users should consult their legal counsel about any legal questions they may have with respect to the use of this form.



**FRANKLIN COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT**

FRANKLIN COUNTY PERSONNEL/CIVIL SERVICE DEPARTMENT, 355 W. MAIN STREET, SUITE 428, MALONE, NY 12953  
 PHONE: (518) 481-1677 / 1665 FAX: (518) 483-2340 WEBSITE: <http://franklincony.org>

This application is part of your examination. Type or print answers in ink completely. Keep a copy for your records.  
 A separate application is required for each examination or position to which you are applying.

For an Examination: Submit application to the County Personnel Department. For a Vacancy: Submit application directly to respective agency.

POSITION OR EXAMINATION TITLE \_\_\_\_\_ EXAM # (if applicable) \_\_\_\_\_

~ SECTION 1 ~

Last Name _____	First Name _____	M.I. _____	Social Security Number _____
Legal Address _____		Mailing Address (if different from Legal Address) _____	
City, State Zip _____		City, State Zip _____	
Phone Number (w/area code) _____	Alternate Phone Number _____	Email Address _____	

~ SECTION 2 ~

1. WAR-TIME VETERAN or on ACTIVE DUTY in the U.S. Armed Forces:  YES  NO If yes, check one:  Disabled  Non-Disabled  
*You must submit the required Veteran Credit forms and a copy of your DD-214 by the date of the exam. Active duty personnel shall supply a military ID card, military orders or other official military documentation to substantiate active military service at the time of the examination.*
2. LAW ENFORCEMENT APPLICANTS or APPLICANTS UNDER THE AGE OF 18 must enter date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
3. Are you currently a U.S. CITIZEN?  YES  NO If NO, do you have legal right to accept employment in the U.S.?  YES  NO
4. Are you an EXEMPT VOLUNTEER FIREFIGHTER (proof will be required at time of hire.)  YES  NO
5. \*Do you require SPECIAL ARRANGEMENTS FOR EXAMINATION, i.e. religious observance or disability?  YES  NO
6. \*Do you now, or have you ever, WORKED FOR A FRANKLIN COUNTY AGENCY?  YES  NO
7. \*Were you ever DISMISSED OR DISCHARGED from any employment for reasons other than lack of work or funds?  YES  NO
8. \*Did you ever RESIGN FROM ANY EMPLOYMENT rather than face dismissal?  YES  NO
9. \*Did you ever receive a DISHONORABLE DISCHARGE from the Armed Forces of the U.S.?  YES  NO
10. \*Have you ever been CONVICTED OF A FELONY OR MISDEMEANOR? If applying for law enforcement positions or exams, list sealed and youthful offender records. If yes, court documentation and/or written explanation must be provided. You may omit traffic violations.  YES  NO
11. \*Are you NOW UNDER CHARGES FOR ANY CRIME?  YES  NO
12. \*Have you ever FORFEITED A BAIL BOND POSTED to guarantee your appearance in court?  YES  NO

\*If you answered YES to 5 – 12 above please use this SPACE TO PROVIDE ADDITIONAL INFORMATION for Section 2 as necessary or attach an 8 1/2" by 11" sheet.

**FOR PERSONNEL / CIVIL SERVICE USE ONLY**

<b>FEE:</b> PAID _____ Check/MO#: _____ WAIVED _____	Date Received: _____	APPROVED BY: _____ DISAPPROVED BY: _____	Raw Score: _____ Sr. Credits: _____ Vet. Credits: _____ Final Score: _____
Veterans Credits: <input type="checkbox"/> On File <input type="checkbox"/> Gave Form Review of Forms: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Approved For: <input type="checkbox"/> VC <input type="checkbox"/> DVC		NOTES: _____	

**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:	(Circle One) PER:    week / bi-wkly / monthly / yrly	Reason for Leaving:	
Job Duties: _____ _____ _____ _____			

Name of Applicant: \_\_\_\_\_

Dates of Employment <b>Month/Day/Year</b>	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
Earnings:	(Circle One) PER: week / bi-wkly / monthly / yrly	Reason for Leaving:	
Job Duties: _____ _____ _____			

Dates of Employment <b>Month/Day/Year</b>	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
Earnings:	(Circle One) PER: week / bi-wkly / monthly / yrly	Reason for Leaving:	
Job Duties: _____ _____ _____			

Dates of Employment <b>Month/Day/Year</b>	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
Earnings:	(Circle One) PER: week / bi-wkly / monthly / yrly	Reason for Leaving:	
Job Duties: _____ _____ _____			

Dates of Employment <b>Month/Day/Year</b>	Firm Name:	Address:	City/State/Zip:
FROM:	Job Title:	Supervisor's Name & Title:	No. of Hours Worked per week (exclusive of overtime):
TO:			
Earnings:	(Circle One) PER: week / bi-wkly / monthly / yrly	Reason for Leaving:	
Job Duties: _____ _____ _____			

Name of Applicant: \_\_\_\_\_

~ 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:

~ 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.