CHENANGO COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

Position Title _____ Examination Number _____

NOTE: A separate application must be completed for each separately numbered examination you wish to take, and for each separately titled position you apply for. When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

1. NAME and LEGAL RESIDENCE (Please Print)

Last _____ First _____ MI _____

Street Address or Post Office Box _____

City _____ State _____ Zip Code _____

Phone Number (Include Area Code) .....

Home/Cell: _____ Business: _____

Email Address: _____

2. Social Security Number: _____

3. **ONLY FOR** the positions such as POLICE OFFICER, DEPUTY SHERIFF AND CORRECTION OFFICER or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

MONTH: --Select Month -- DAY: _____ YEAR: _____

4. Are you 18 years of age or older? ☐ YES ☐ NO

5. SPECIAL TESTING ARRANGEMENTS
(Optional: See Instruction D on page 4)

☐ I am a Saturday religious observer and cannot be tested on the scheduled test date.

☐ I require reasonable accommodations to take this test.

6. Are you authorized to work in the United States? ☐ YES ☐ NO

At time of appointment you will be required to produce documents which establish your identity and your eligibility to be employed in the United States.

7. State your actual permanent legal residence and indicate how long you have resided there continually, up to and including the date of the application.

	Name	Years	Months
School District:			
Village of:			
Town of:			
County of:			
State of:			

DO NOT WRITE IN THIS SPACE

Application:

☐ Approved ____ ☐ Disapproved ___ ☐ Conditional ___

Exam Fee:

☐ Collected ____ ☐ Not submitted __ ☐ Waived _____

8. Check Appropriate Box:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? ☐ YES ☐ NO

B. Did you ever resign from any employment rather than face dismissal? ☐ YES ☐ NO

C. Did you ever receive discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions? ☐ YES ☐ NO

D. Have you ever been convicted of any crime (felony or misdemeanor)? ☐ YES ☐ NO

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? ☐ YES ☐ NO

F. Are you now under charges for any crime? ☐ YES ☐ NO

G. Are you an exempt volunteer firefighter? ☐ YES ☐ NO

If you answered "YES" to any of the questions 8 A-G above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

9. Please answer the following questions for Veterans' Credits. Be sure that you read Instruction E on Page 4 relating to Veterans' Credits.

A. Are you a Veteran? ☐ YES ☐ NO

B. COMPLETE 9.B.i-iii IF YES TO 9A

i. Are you: ☐ A Disabled Veteran ☐ A Nondisabled Veteran

ii. Have you received or do you expect to receive a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States? (The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes.) ☐ YES ☐ NO

iii. Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? ☐ YES ☐ NO

10. Are you a United States Citizen or an alien lawfully admitted for permanent residence? ☐ YES ☐ NO

11. Are you currently a resident of New York State? ☐ YES ☐ NO

THIS AFFIRMATION MUST BE COMPLETED

☐ By checking this box, I affirm, subject to the penalties of perjury, that the statements made in this application and any supplemental papers are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment or examination and/or lead to revocation of my appointment, and I hereby authorize investigation of all matters contained in this application. I further agree that this is equivalent to my original signature and that I may be required to sign this application form at a future date.

Date: _____

Please print below any other last name by which you are or have been known: _____

12. EDUCATION

If college coursework or a college degree is required for appointment or examination a candidate **must** submit proof of education. Normally a college transcript will satisfy this requirement. Filing of applications should not be delayed while obtaining transcripts.

A. Have you graduated from High School? ☐ YES ☐ NO

If yes, indicated name and location of High School: _____

B. If you have a high school equivalency diploma, indicate issuing governmental authority: _____

Number: _____

C. APPLICANTS CLAIMING COLLEGE CREDITS MUST SUBMIT A COPY OF THEIR COLLEGE TRANSCRIPTS BY EMAIL TO: HR@chenangocountyny.gov

☐ Transcripts emailed to HR@chenangocountyny.gov ☐ Transcripts requested from college

	Name of School & City in which located	Were you graduated?	Type of Course or Major Subject	Number of credits received	Type of Degree	Date degree received or expected
College, University, Professional, or Technical School						
Special Courses						

13. PROFESSIONAL LICENSE OR CERTIFICATION

Complete the following if a license, certificate, or other authorization to practice a trade or profession is required for examination or appointment to the position sought. If not currently licensed, check this box: ☐

_____ Name of Trade or Profession | _____ License Number | _____ Granted by (Licensing Agency) | _____ City or State of

_____ Specialty | _____ Date License First Issued | _____ Registered From: (Mo./Yr.) To: (Mo./Yr.)

14. DRIVERS LICENSE

Certain positions require possession of a valid New York State Drivers License at time of appointment. If required for the position you are applying for, do you have a valid New York State Drivers License? ☐ YES ☐ NO CLASS: _____

15. DESCRIPTION OF EXPERIENCE

Starting with your most recent job first, describe in detail ALL your work experience below. **The employment section of this application must be completed in detail, a resume may not serve as a substitute but may be included with the application.** If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work showing its volunteer nature in the "Experience Type" box. Qualifying volunteer or unpaid experience will be considered if verifiable and fully documented. You are responsible for submitting an accurate, adequate, and clear description of your experience. **Omissions or vagueness will NOT be interpreted in your favor**. If you have had military service which includes experience pertinent to the position, describe such experience as a separate employment. If your title changed in the course of your service in any one organization, indicate such change clearly and as a separate employment (if more space is needed, attach 8 ½"x11" sheets of paper). **Under "Describe Duties" for each employment, describe in detail the nature of work personally performed by you and indicate the estimated percentage of time spent on each type of work**. State size and kind of work force, if any, supervised by you and the extent of such supervision.

Firm Name:	Address:	City & State:	Phone Number:

Length of Employment (MM/YYYY)

FROM: ____ | ____ TO: ____ | ____

Experience Type: ☐ Paid ☐ Volunteer

Your exact title: _____

Name of Supervisor: _____

Supervisor's title: _____

Number hours worked per week: _____
(Exclusive of Overtime)

Describe Duties:

Reason for Leaving:

Firm Name:	Address:	City & State:	Phone Number:

Length of Employment (MM/YYYY)

FROM: _____ | _____ TO: _____ | _____

Experience Type: ☐ Paid ☐ Volunteer

Your exact title: _____

Name of Supervisor: _____

Supervisor's title: _____

Number hours worked per week: _____
(Exclusive of Overtime)

Describe Duties:

Reason for Leaving:

Firm Name:	Address:	City & State:	Phone Number:

Length of Employment (MM/YYYY)

FROM: _____ | _____ TO: _____ | _____

Experience Type: ☐ Paid ☐ Volunteer

Your exact title: _____

Name of Supervisor: _____

Supervisor's title: _____

Number hours worked per week: _____
(Exclusive of Overtime)

Describe Duties:

Reason for Leaving:

Firm Name:	Address:	City & State:	Phone Number:

Length of Employment (MM/YYYY)

FROM: _____ | _____ TO: _____ | _____

Experience Type: ☐ Paid ☐ Volunteer

Your exact title: _____

Name of Supervisor: _____

Supervisor's title: _____

Number hours worked per week: _____
(Exclusive of Overtime)

Describe Duties:

Reason for Leaving:

Firm Name:	Address:	City & State:	Phone Number:

Length of Employment (MM/YYYY)

FROM: _____ | _____ TO: _____ | _____

Experience Type: ☐ Paid ☐ Volunteer

Your exact title: _____

Name of Supervisor: _____

Supervisor's title: _____

Number hours worked per week: _____
(Exclusive of Overtime)

Describe Duties:

Reason for Leaving:

MAIL OR DELIVER TO:

Chenango County Human Resources and
Civil Service Department
Chenango County Office Building
5 Court Street, Norwich, NY
https://www.chenangocountyny.gov/197/Human-Resources

INSTRUCTIONS AND INFORMATION

A. ANNOUNCEMENTOF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application, be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

B. ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test may NOT be notified of their score.

Call this agency immediately if you do not receive a notice within three days of examination informing you whether or not you are to be admitted to the examination.

C. CHANGE OF ADDRESS or PHONE NUMBER

Notify this agency immediately of any change of address or phone number. When writing give the number and title of examinations.

D. SPECIAL TESTING ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination), or if you require reasonable accommodations in order to participate in the examination, you must EITHER:

1. Check the appropriate box in question 5 and indicate the special arrangements you require in the remarks section below

OR

2. Write to this agency no later than the last date of filing for this examination. Your request must include examination number and title and the special type of arrangements required.

E. VETERANS' CREDITS

If you are making a claim for veterans' credits with this application, be sure you read the following information very carefully.

Any claim for additional credit as a disabled or non-disabled veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check the appropriate category in question 9A and answer all questions 9.A-B.i-iii. Failure to do so accurately and completely may result in a denial of your claim.

If you are claiming credits as a disabled veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions 9.A and 9.B, and a "NO" answer to question 9.B.iii, be certified by the veterans' administration as being entitled to receive payments for a service-connected disability rated at 10 percent (10%).

Persons claiming credit as disabled veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veterans' credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment from any eligible list on which you have been granted additional credit as a result of such misstatement or fraud.

Chenango County is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of one's race, including hairstyles or traits associated with race, creed, color, national origin, age, sex, religion, disability, sexual orientation, gender identity or expression, marital status, military status, familial status, domestic violence victim status, predisposing genetic characteristics, prior arrest or conviction record, reproductive health decision making, or any other status protected by State or Federal Law. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to race, including hairstyles or traits associated with race, creed, color, national origin, age, sex, religion, disability, sexual orientation, gender identity or expression, marital status, military status, familial status, domestic violence victim status, predisposing genetic characteristics, prior arrest or conviction record, reproductive health decision making, or any other status protected by State or Federal Law.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2"x11" sheets).

Signature: _____ **Date:** _____

CHENANGO COUNTY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

REV 02/2026