

TOMPKINS COUNTY APPLICATION FOR EMPLOYMENT AND/OR EXAMINATION

PERSONNEL OFFICE USE ONLY	
CONDITIONAL _____	APPROVED _____
TRAN _____	REFS _____ MI _____
DISAPPROVED: _____ MQ _____ RES _____ SEC 50 _____ INC _____	
_____	_____
_____	_____

Tompkins County Personnel
125 East Court Street
Ithaca, NY 14850
(607) 274-5526
<http://www.tompkins-co.org>

RECEIPT STAMP OFFICE USE ONLY

**Tompkins County is an Equal Opportunity employer.
 Minority candidates are strongly encouraged to apply.**

1. TITLE OF POSITION: _____ **EXAM NUMBER:** _____

2. SOCIAL SECURITY NUMBER: _____

3. NAME AND LEGAL ADDRESS:

LAST _____ FIRST _____ MI _____
 MAILING ADDRESS _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 VILLAGE _____
 TOWN _____
 COUNTY _____ YEARS AND/OR MONTHS THERE ____ / ____
 SCHOOL DISTRICT _____
 HOME TELEPHONE _____ BUSINESS TELEPHONE _____

Note: You must keep your address and telephone numbers current or risk missing employment opportunities.

4. VETERANS CREDIT (IF APPLICABLE, CHECK ONE): VETERAN DISABLED VETERAN

- 5. INDICATE YOUR ANSWER BY PLACING AN "X" IN THE APPROPRIATE SPACE**
- | | YES | NO |
|---|----------------------------|--------------------------|
| A. Are you an American citizen or, if not, do you have the legal right to accept employment in the US? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do you require special arrangements for examination (religious accommodation or disability)? | * <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do you now, or have you ever, worked for any agency under Tompkins County's jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you filed for or taken an examination with Tompkins County within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Were you ever dismissed from any employment for reasons other than lack of work? | * <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you ever forfeited a bail bond posted to guarantee your appearance in court? | * <input type="checkbox"/> | <input type="checkbox"/> |
| G. Have you ever been convicted of any crime (felony or misdemeanor)? | * <input type="checkbox"/> | <input type="checkbox"/> |
| H. Are you an exempt volunteer firefighter? | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Are you presently in default on any loan made or guaranteed by the New York State Higher Education Services Corporation? | * <input type="checkbox"/> | <input type="checkbox"/> |

*If yes, please use the space below to give a **full** explanation. Include location of incident, date, reason, type (violation, misdemeanor, felony-- indicate level of felony), and final outcome (probation, restitution, jail, parole, etc.) A "yes" answer to E, F, G or I above will not necessarily disqualify you. Each case is evaluated on an individual basis in relation to the duties and responsibilities of the position for which you have applied. You may omit parking violations.

6. Law enforcement positions and positions requiring a commercial driver's license have minimum age restrictions. If you are applying for one of these positions **OR if you are under the age of 18, enter your date of birth here: ____ / ____ / ____.**

YOU MUST THOROUGHLY COMPLETE ALL OF THE FOLLOWING SECTIONS OF THIS OFFICIAL APPLICATION FORM WHETHER OR NOT YOU SUBMIT A RÉSUMÉ.

7. TITLE, YOUR NAME, ADDRESS, ETC.: (Interviewers will only receive copies of pages 2, 3, 4 and any attachments.)

Title of Position:		Final Approval:	
Applicant's Name:			
Address:		Home Number:	
City/State/Zip Code:		Work Number:	
Social Security Number:	Driver's License Number:	Class:	
E-mail Address:			

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

Type of School	Name and Address of School	Type of Course or Major Subject	Total College Credits Received	Type of Degree Received
High School or GED		GED #	GRADUATED? STATE:	
Accredited College or University				
Accredited College or University				
Professional/ Technical School				
Other School or Special Coursework				

9. LICENSES: List below any licenses, certifications or other authorizations to practice a trade or profession.

Name of Trade or Profession:	License Number:	Granted by:
Specialty:	Date License First Issued:	Registered From: Registered To:
Name of Trade or Profession:	License Number:	Granted by:
Specialty:	Date License First Issued:	Registered From: Registered To:

Title of Position:

Applicant's Name:

10. EXPERIENCE:

On the following pages list a consecutive history of all employment or occupations that you ever had, including military experience. Start with your current or most recent employment first and work your way backward. Include any verifiable volunteer experience that you feel is relevant. Applicants may be required to furnish satisfactory proof of experience claimed. If unemployed at any time, write "unemployed" in the space for firm name and give the reason for unemployment. The "DUTIES" section should contain only the work personally performed by you with estimated percentages of time for each type of work. State the size and kind of work force, if any, supervised by you and the extent of such supervision. You are responsible for submitting an accurate, adequate and clear description of your experiences. Omissions, vagueness or fabrications will not be interpreted in your favor. Attach additional sheets as necessary in the same format as below.

Length of Employment	Firm Name	Address	City/State/Zip
FROM: Mo. Yr.			
TO: Mo. Yr.	Type of Business	Your Title	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:	Duties:		

Length of Employment	Firm Name	Address	City/State/Zip
FROM: Mo. Yr.			
TO: Mo. Yr.	Type of Business	Your Title	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:	Duties:		

Length of Employment	Firm Name	Address	City/State/Zip
FROM: Mo. Yr.			
TO: Mo. Yr.	Type of Business	Your Title	Name of Your Supervisor
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:	Duties:		

Title of Position:
Applicant's Name:

11. EXPERIENCE CONTINUED:

Length of Employment	Firm Name	Address	City/State/Zip
FROM: Mo. Yr.	Type of Business	Your Title	Name of Your Supervisor
TO: Mo. Yr.			
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:	Duties:		

Length of Employment	Firm Name	Address	City/State/Zip
FROM: Mo. Yr.	Type of Business	Your Title	Name of Your Supervisor
TO: Mo. Yr.			
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:	Duties:		

Length of Employment	Firm Name	Address	City/State/Zip
FROM: Mo. Yr.	Type of Business	Your Title	Name of Your Supervisor
TO: Mo. Yr.			
TOTAL: Yrs. Mo.			
HOURS WORKED PER WEEK:	Duties:		

CONSTITUTIONAL OATH

(Signing the constitutional oath is required for appointment)

I do hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position specified on this application according to the best of my ability.

AFFIRMATION AND RELEASE

I affirm under the penalty of perjury that the statements made on this application (including any attachments) are true. I authorize the Commissioner of Personnel of Tompkins County, or his/her representatives, to obtain from all persons, schools, companies, corporations, credit bureaus and law enforcement agencies any records, documents and other information relative to my suitability to perform the duties of the position and I further release all parties supplying said information from all liability and responsibility arising from their supplying said information.

SIGNATURE: _____ DATE: _____ SIGNATURE: _____ DATE: _____

YOU MUST SIGN AND DATE BOTH THE CONSTITUTIONAL OATH AND THE AFFIRMATION AND RELEASE.

Tompkins County is an equal opportunity/affirmative action employer.

CANDIDATE DEMOGRAPHIC QUESTIONNAIRE

This confidential and voluntary reply will be used to evaluate recruitment, application, interview and hiring methods. This reply will be used for statistical purposes only and will be separated from your application prior to consideration for acceptance or employment.

1. What position are you applying for? _____
2. Date: _____ 3. Social Security Number: _____
4. Sex: Male Female 5. Age: _____ Date of Birth: _____
6. Ethnic Group (Check only one box which identifies your group):
- White (not of Hispanic origin) - a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not of Hispanic origin) - a person having origins in any of the black racial groups.
- Hispanic - a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander - a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native – a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- Multi-Ethnic - a person having origins in more than one of the groups listed above.
Please specify: _____
7. Do you qualify for any of the categories below? Yes No
- Person with a Disability - a person who has some particular impairment. This includes physical disabilities or other related disabilities.
- Disabled Veteran - disabled veteran means a veteran who is receiving at least 10% disability pay for a service related ailment or injury.
- Vietnam Era Veteran - Vietnam veteran means a person who served on active duty (not active duty for training) for a period of more than 180 days, any part of which occurred between January 1, 1963 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge.