

## APPLICATION FOR CIVIL SERVICE PROMOTION EXAM

### ONEIDA COUNTY DEPARTMENT OF PERSONNEL

County Office Building ♦ 800 Park Avenue ♦ Utica, NY 13501  
 Paulette Z. Nickerson, LMSW ~ Commissioner of Personnel  
 Phone: (315) 798-5726 Fax: (315) 798-6490  
 www.ocgov.net

POSITION TITLE _____	EXAM NUMBER _____
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**SOCIAL SECURITY #:** \_\_\_\_\_

(Last Name) _____	(First) _____	(MI) _____
(House Number and Street Name) _____		
(City / Town) _____	(State) _____	(Zip Code) _____
( ) _____ (Area Code) (Home Phone)	( ) _____ (Area Code) (Business Phone)	

**EXAM FILING FEE:**  I have enclosed the fee.  
 (See Instruction B on back)

**SPECIAL ARRANGEMENTS** (Optional - See Instruction E)

Religious Accommodation     Military     Disability

**CIVIL SERVICE USE ONLY**

DATE OF PERMANENT APPOINTMENT: \_\_\_\_\_  
(MO / DAY / YR)

DEPARTMENT: \_\_\_\_\_

PERMANENT TITLE: \_\_\_\_\_

DEPARTMENT SENIORITY: \_\_\_\_\_  
(MO / DAY / YR)

Approved  
 Conditioned  
 Disapproved

(DATE STAMP BELOW)

Check appropriate box to the right of each question:

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

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

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

D. Have you ever been convicted of any crime (felony or misdemeanor)? If Yes, attach completed form, Request for Criminal Offense YES  NO

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

If you answered "YES" to any of the Questions A-E above, you may give specifics under "Remarks" on the back 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(s) for which you are applying.

**VETERANS' CREDITS** (See Instruction F, on back of application)  
 If you wish to claim additional credits as an honorably discharged veteran, check the appropriate boxes below.

Disabled War Veteran (5 Points)       Non-disabled War Veteran (2.5 Points)

1. Have you ever served in the Armed Forces of the United States? YES  NO

1a. If 'YES' did you receive a discharge which was honorable or were you released under honorable circumstances? YES  NO

2. Did you serve in the Armed Forces of the United States during any of the following periods? YES  NO   
(12/7/41 - 12/31/46) (6/27/50 - 1/31/55)  
 (02/28/61 - 5/7/75) (Persian Gulf: 8/2/90 - present)  
 (Lebanon: 6/1/83 - 12/1/87) (Grenada: 10/23/83 - 11/21/83)  
 (Panama: 12/20/89 - 1/31/90)

**NOTE:** Credits for Lebanon, Grenada, and Panama will be limited to those who received the following Expeditionary Medals:  
 Armed Forces, Navy, or Marine Corps.  
 (U.S. Public Health Service: 7/29/45 - 12/31/46 OR 6/27/50 - 7/3/52)

3. Since January 1, 1951, have you received a permanent appointment in New York State using your veterans credits? YES  NO

**BE SURE TO ANSWER THIS SECTION.** Section 50-b of the NYS Civil Law requires that all applicants for examination be asked the following questions:

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. If yes, are you presently in default on any such loan? \_\_\_\_\_ YES \_\_\_\_\_ NO

**THIS AFFIRMATION MUST BE COMPLETED**

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. (SEE BACK)

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(Signature of Applicant) (Date)

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Indicate any other surname (last name) by which you are or have been known.  
 (Please Print)

## INSTRUCTIONS AND INFORMATION

For more information and help completing the application, call (315) 798-5726

**A. EXAM APPLICATION:** Before filling out your application, read the announcement and/or job description carefully. **This application is part of your examination.** Answer all questions fully and carefully and make sure all boxes are filled in or checked. Resumes will **NOT** be accepted in lieu of application. Print in ink or use typewriter. Attach additional sheets, if necessary, to give complete and detailed information.

- Applicants must answer every question on the application and make sure it is complete in all respects.
- **Incomplete applications will be disapproved. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.**
- **Any subsequent findings of false, misleading or unverified information may result in exam disqualification.**

**B. NON-REFUNDABLE EXAM FILING FEE:** Refer to the front of the exam announcement for the required filing fee. Enclose a **MONEY ORDER ONLY** for the total amount, made payable to **ONEIDA COUNTY**. Do NOT send cash or a check. IF YOUR APPLICATION IS DISAPPROVED, THE FEE WILL NOT BE REFUNDED.

**C. ADMISSION TO EXAM:** Applications are reviewed for qualifying status. If your application is disapproved, you will be notified of the reason. All amendments to applications are due no later than three (3) days before the scheduled examination. IF YOU DO NOT RECEIVE AN ADMISSION LETTER THREE (3) DAYS BEFORE THE EXAM DATE, **CALL: (315) 798-5726**. Collect calls will not be accepted.

**D. CHANGE OF ADDRESS:** Notify Oneida County Department of Personnel immediately of any change of address or any name change. It is your responsibility to complete and return the form **CHANGE OF INFORMATION**. Oneida County Department of Personnel is not responsible for undeliverable mail.

**E. SPECIAL ARRANGEMENTS:** If you need special arrangements because you are a person with a disability, are requesting a military make-up exam, or need a religious accommodation you must, EITHER: (1) Check the appropriate box on the first page of the application and indicate the special arrangements you require in the "REMARKS" section on Page 3; OR (2) Write to our office no later than the last filing date for this exam. Your request must include the exam number and title, and type of special arrangements required.

**Military Service Members:** If you apply for an examination during the filing period but are on active duty on the date the examination is scheduled, you may request a military make-up examination. Contact Oneida County Department of Personnel at (315) 798-5726 for more information. If you are on active duty or discharged after the filing period has begun, you may apply for the examination up to ten (10) days before the test date.

It is the policy of the New York State Department of Civil Service and Oneida County to provide qualified persons with disabilities, an equal opportunity to participate in and receive the benefits, services, programs and activities of the Department, and to provide such persons reasonable accommodations and reasonable modifications as are necessary, to enjoy such equal opportunity, including accommodations in the examination process. Further, it is the policy of the Department to provide reasonable accommodation for religious observers.

**F. VETERANS' CREDIT:** Disabled or non-disabled veterans who have served on active duty during the creditable periods of war, who have been honorably discharged/released, and who are New York State residents at the time of application for examination, will be eligible for veterans' credit. **Eligible veterans must submit, with their application, a copy of the Honorable Discharge Form (DD-214).** The copy of your DD-214 must be submitted prior to the establishment of the eligible list. An option of waiving this credit will be allowed after completion of the examination. An applicant who claims additional credit as a disabled veteran will be sent the necessary forms. If you do not receive these forms by an exam date, you should request them from the Oneida County Department of Personnel.

Candidates currently serving in the Armed Forces of the United States may apply for veterans' credit provided the criteria for a veteran is met and proof of service was in time of war and the discharge or release was under honorable circumstances. Candidates currently serving in the Armed Forces will receive conditional veterans' credit until a copy of the Honorable Discharge Form (DD-214) is submitted to the Oneida County Department of Personnel.

(The "Armed Forces of the United States" includes all components of the Army, Navy, Marine Corps, Air Force and Coast Guard, 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.)

**G. PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:** The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. For further information, relating *only* to the Personal Privacy Protection Law, call (518) 457-9375.

**H. 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.

### Oneida County is an Equal Opportunity/Affirmative Action Employer

It is the policy of the New York State Department of Civil Service and Oneida County to provide for and promote equal employment opportunity in employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, religion, sexual orientation, disability, military status, marital status or genetic predisposition or carrier status or political affiliation or belief.

REMARKS: Use this space to provide any additional information, as necessary. If more space is required, attaché additional 8.5 X 11 sheets.