



Updated 3-8-18

CAYUGA COUNTY CIVIL SERVICE APPLICATION

Department of Human Resources and Civil Service Commission

County Office Building, 2nd Floor, 160 Genesee Street, Auburn, NY 13021

Website: www.cayugacounty.us/civilservice

Telephone: (315) 253-1284

POSITION or EXAM TITLE: _____ EXAM NUMBER: _____ (if applicable)

IMPORTANT INSTRUCTIONS: You must complete this entire application, even if you include a resume. If signing up for a civil service exam, you must read the exam announcement for additional instructions. Answer all questions thoroughly. All statements are subject to verification. Incomplete applications may be disapproved.

SECTION 1

APPLICANT NAME: _____ SOC. SEC. NO.: _____
Last Name First Name M.I.

MAILING ADDRESS: _____
(Can be P.O. Box or Street Address) City State Zip Code

LEGAL RESIDENCE: _____
(Must be a Street Address) City State Zip Code

Please indicate the number of years and/or months you have resided at your current LEGAL RESIDENCE listed above. _____ / _____
Years Months

PHONE NUMBERS: HOME: (____) - ____ - ____ WORK: (____) - ____ - ____ CELL: (____) - ____ - ____

EMAIL ADDRESS: (Print CLEARLY): _____

How would you prefer to receive correspondence from our office? (Check one): ☐ U.S. Postal Service Mail ☐ Email (listed above)

Your current LEGAL RESIDENCE is located in the County of _____ and the School District of _____

SECTION 2

- ☐ YES ☐ NO 1. Are you a war-time veteran or on active duty in the U.S. Armed Forces? If yes, check one: ☐ Disabled ☐ Non-Disabled
You must submit the required Veteran Credit forms by the date of the exam. Request these forms by calling (315) 253-1284, or download at: www.cayugacounty.us/Community/Civil-Service-Commission/Apps-Related-Forms. Include a copy of your DD-214.
- ☐ YES ☐ NO 2. Are you cross-filing? If you are applying for additional civil service exams (*other than Cayuga County exams*) which are scheduled on the same date, you must include a CROSS-FILING FORM with your application. Request this form by calling (315) 253-1284, or download at: www.cayugacounty.us/portals/0/civilservice/forms/cross-filing-form.pdf.
- ☐ YES ☐ NO 3. Do you require accommodations due to a religious observance? Most written tests are administered on Saturdays. If you are unable to take the exam on the scheduled date due to a conflict with a religious observance or practice, arrangements may be made for you to take the exam on an alternate date (usually the following Monday).
- ☐ YES ☐ NO 4. Do you require accommodations due to a disability? It is YOUR responsibility to submit the required written proof, as well as a description of the accommodations being requested. This documentation must be submitted with your application.

Use this space, if needed, to provide additional information regarding Questions 1 – 4: _____

SECTION 3

AFFIRMATION: By signing this application, I affirm under penalties of perjury that all statements made on this application (including any attachments) are true. I understand that all statements made by me in connection with the application are subject to investigation and verification, including that I may be subject to pre-employment drug testing and/or background investigation, and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X _____
Signature of Applicant Date Signed Print all other names by which you are or have been known.

(CIVIL SERVICE USE ONLY)

\$____ FEE RECEIVED: ____/____/____ ☐ In Person ☐ By Mail ☐ C ☐ MO ☐ V ☐ CK# _____ RECEIPT# _____

REVIEWED: ____/____/____ BY: _____

☐ APPR ☐ DISAPPR ☐ COND

REASON: _____

REVIEWED: ____/____/____ BY: _____

☐ APPR ☐ DISAPPR ☐ COND

REASON: _____

SECTION 10

EMPLOYMENT HISTORY

You must complete this section, even if you include a resume. To receive credit for employment experience, this section MUST be completed thoroughly. Be sure to include specific dates, hours per week, and earnings. Begin with your most recent employment. Describe in detail any employment that qualifies you for the position. Under DESCRIPTION OF DUTIES, describe the nature of the work you performed, with an estimated percentage of time spent on each type of activity. If you were a supervisor, state how many people you supervised and the nature of the supervision. Unless otherwise specified, experience will be interpreted to mean "PAID EXPERIENCE" only. Part-time paid work experience will be accepted based on its full-time equivalent.

DATES OF EMPLOYMENT From ____ / ____ / ____ MO. YR. To ____ / ____ / ____ MO. YR. APPROXIMATE HOURS PER WK (exclusive of overtime)	BUSINESS NAME	YOUR EXACT TITLE
	TYPE OF BUSINESS	PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/>
	STREET ADDRESS	NAME OF YOUR SUPERVISOR
	CITY STATE	TITLE OF YOUR SUPERVISOR
	BUSINESS PHONE NUMBER	

DESCRIPTION OF DUTIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT From ____ / ____ / ____ MO. YR. To ____ / ____ / ____ MO. YR. APPROXIMATE HOURS PER WK (exclusive of overtime)	BUSINESS NAME	YOUR EXACT TITLE
	TYPE OF BUSINESS	PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/>
	STREET ADDRESS	NAME OF YOUR SUPERVISOR
	CITY STATE	TITLE OF YOUR SUPERVISOR
	BUSINESS PHONE NUMBER	

DESCRIPTION OF DUTIES:

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DATES OF EMPLOYMENT From ____ / ____ / ____ MO. YR. To ____ / ____ / ____ MO. YR. APPROXIMATE HOURS PER WK (exclusive of overtime)	BUSINESS NAME	YOUR EXACT TITLE
	TYPE OF BUSINESS	PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/>
	STREET ADDRESS	NAME OF YOUR SUPERVISOR
	CITY STATE	TITLE OF YOUR SUPERVISOR
	EMPLOYERS PHONE NUMBER	

DESCRIPTION OF DUTIES:

REASON FOR LEAVING:

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