

**CLINTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT**

LAST NAME:	FIRST NAME:	MI:	POSITION TITLE:	EXAM #:
SOCIAL SECURITY #:			IF APPLYING FOR AN EXAM: SUBMIT APPLICATION TO DEPT. OF PERSONNEL 137 MARGARET ST., ROOM 212, PLATTSBURGH, NY 12901 PHONE: (518) 565-4676 WEBSITE: www.clintoncountygov.com  IF APPLYING FOR A VACANCY : SUBMIT APPLICATION DIRECTLY TO AGENCY WITH VACANCY  COMPLETING THIS APPLICATION CORRECTLY IS CONSIDERED PART OF YOUR EXAM AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL – PRINT IN INK OR TYPE ALL STATEMENTS ARE SUBJECT TO VERIFICATION - KEEP A COPY FOR YOUR RECORDS	
STREET/CITY/ZIP:				
LEGAL RESIDENCE IF DIFFERENT THAN ABOVE:				
HOME PHONE:	BUSINESS:	CELL:		
( ) ( ) ( ) E-MAIL ADDRESS:			Are you under 18? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth (MM/DD/YYYY): _____ If under 18, do you possess the appropriate Student General Employment Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/> (attach a copy if required for the position)	
Has your permanent, legal residence been in Clinton County 30 continuous days up to and including the exam/appointment date? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Are you a citizen of the United States? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If NO, do you have the legal right to accept employment in the US? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Non-citizens will be required to provide proof establishing identity and eligibility for employment in the US.	
E-MAIL ADDRESS: If NO, indicate the			ARE YOU AN	

NO

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 conditions? YES  NO

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

Are you now under charges for any crime? YES  NO

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

If you answered YES to any of these questions provide details in REMARKS on the back page. Your failure to answer any of these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities. 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.

THIS AFFIRMATION MUST BE SIGNED : I affirm that the statements made on this application (including any attachments) are true and correct under the penalties of perjury. An original signature and current date are required on all applications.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

LIST ANY OTHER LAST NAME(S) BY WHICH YOU HAVE BEEN KNOWN: \_\_\_\_\_

EDUCATION: Read the exam announcement for specific educational requirements. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you completed.

Do you have a high school or equivalency diploma:  YES  NO

If YES, indicate the name and address of high school or issuing governmental authority:

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S):	TYPE OF DEGREE AWARDED	DID YOU GRADUATE? YES/NO	DEGREE EXPECTED MO/YR
Name:			
Address:			
Name:			
Address:			

REGISTRATION PERIOD:

LICENSE OR CERTIFICATION FROM (MO/YR) TO (MO/YR)

SPECIALTY:	LICENSING AGENCY NAME AND ADDRESS:		

DESCRIBE YOUR WORK EXPERIENCE : Beginning with the most recent, list all employment, military service, or volunteer experience that proves you meet the minimum qualifications for the exam. We cannot interpret imprecisions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. For DUTIES describe the nature of the work which you usually performed including the estimated percentage of time spent on each type of activity. If you supervised state how many people and the nature of such supervision. **DO NOT SUBMIT A RESUME.**

1. DATES WORKED MO/YR TO MO/YR      CHECK ONE: PAID  VOLUNTEER       HOURS WORKED PER WEEK (NO OVERTIME):

3. DATES WORKED  
MO/YR TO MO/YR

CHECK ONE:  
PAID   
VOLUNTEER

HOURS WORKED PER  
WEEK (NO OVERTIME):

YOUR TITLE

SUPERVISOR'S  
NAME/TITLE

% OF TIME

## **INSTRUCTIONS AND INFORMATION**

**EQUAL OPPORTUNITY:** The New York State Human Rights Law prohibits discrimination in employment because of age, creed, color, national origin, sex, sexual orientation, disability, genetic predisposition or carrier status, marital status or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, color, national origin, sex, sexual orientation, disability, genetic predisposition or carrier status, marital status, criminal record or any other characteristic protected by the New York State Human Rights Law or other applicable federal and state laws and regu