LIVINGSTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT INSTRUCTIONS

READ ALL INSTRUCTIONS CAREFULLY. IF YOUR APPLICATION IS NOT PROPERLY COMPLETED, IT WILL BE DISAPPROVED.

- 1. **Fully Completed**. An application must be completed fully. If a field is not applicable, write "NA." If additional forms are required, an application is not complete without such completed forms.
- 2. <u>**Deadline for Submission**</u>. Applications must be received by the stated deadline to be accepted. Late applications will be disapproved. An application is "received" when:
 - a. It is actually received by the Livingston County Personnel Office within normal office hours (8 AM 4 PM), whether delivered, faxed, or emailed; or
 - b. As of the United States Postal Service postmark date on the mailing envelope. Applications placed under the office door or emailed after hours are deemed received the next business day. Faxes actually received after hours are deemed received the next business day. Applications sent by interoffice mail are received when actually received.
- 3. **Exam Fees.** Exam fees must be paid by cash or money order. Exam fees or fee waiver forms should accompany the application. Fees must be received or postmarked by the stated deadline. Late fees will result in application disapproval. The fee is non-refundable. No refunds will be made if your application is disapproved or you fail to appear for the test. We will not prescreen applications.
- 4. **Form of Application**. Application may only be made on the Livingston County Application for Examination or Employment form. Fully completed applications will be accepted in the following forms:
 - a. The original paper application (Submit to: Livingston County Personnel Office; 6 Court Street, Room 206; Geneseo, New York 14454);
 - b. A copy of the paper application;
 - c. A scanned and e-mailed application (Submit e-mail to: livcopers@co.livingston.ny.us); and
 - d. A faxed application (Submit fax to: 585-243-7936).

The application *must* contain the applicant's true signature (i.e. written *not* typed), and *must* have a current date.

- 5. <u>Applicant Qualifications</u>. In order for an application to be approved, the applicant must clearly show the training, education, experience and/or licensure/certification stated in the minimum qualifications for the title. All qualifying information must appear on the application form. The applicant has the burden of proving he/she has the required qualifications for the position. No credit will be given for information that is illegible and/or unclear.
- 6. <u>College Credit Hours</u>. If a position requires the applicant to have completed a number of college credit hours in a specified field of study, the applicant must submit a copy of his/her college transcript evidencing credit hours. If the application is conditionally approved, the applicant will be notified to have his/her college *directly* send an official transcript to the Livingston County Personnel Office. The original transcript must be received by the Livingston County Personnel Office before the eligible list is established if applying for an exam, or before appointment if applying for a vacant position.
- 7. **<u>Related College Degrees</u>**. If the applicant is relying on a related college degree to qualify for an exam or position, the applicant must supply a copy of his/her college transcript with the application. In the event the application is conditionally approved, the applicant must make arrangements to have an original transcript sent as described in paragraph 6.
- 8. <u>**Resumes**</u>. Resumes <u>*may not*</u> be submitted with applications. Resumes <u>*may*</u> be taken to employment interviews.



LIVINGSTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

Livingston County Personnel Office

Livingston County Government Center 6 Court St., Room 206 Geneseo, NY 14454 E-mail address: LivCoPers@co.livingston.ny.us Telephone: (585) 243-7570 Fax number: (585) 243-7936



1. <u>Examination/Position Title</u>

Complete all parts of this section.

I am applying for:	\Box A Civil Service examination.	The exam number is:
	\Box An open position with Livings	ston County 0
The title of the exam or position is:		

2. <u>My Personal Information</u>

Complete all parts of this section.

My name is:	
My current mailing address is:	
I currently live at (i.e. my physical address is):	\Box The same as my mailing address.
	\Box Different from my mailing address. My
	physical address is:
	F)
My physical address is my permanent	\Box True.
residence.	\Box False. My permanent residence physical
	address is:
I have lived within Livingston County for at	□True.
least the last 4 months.	\Box False.
My permanent address is located within	State:
(complete all categories that apply):	County:
	Town:
	Village:
	School District:
My e-mail address is:	
[Providing this address is optional. If you provide	
your e-mail address, it may be used for communications with you.]	
My phone number is:	

My Right to Work in the United States **3.**

Complete all parts of this section.	
I have the legal right to accept	□True.
employment within the United States.	\Box False.
I am at least 18 years of age.	□True.
	\Box False. I have working papers that allow me to do
	the type of work for which I have applied.
	\Box True. \Box False.

4. <u>Examination Information</u> Qpn{'bqo rugvg'ij ku'ligevkqp'Wt{qw'ctg'bwttgpvn{'crrn{kpi 'iq'icmg'c'EkxknUgtxkeg'gzco 0'If you are not applying for an exam, proceed to section 5.

I have taken this exam within	\Box True.
the last 6 months.	\Box False.
I am applying for the Police	□True. My date of birth is:
Officer and/or Deputy	\Box False.
Sheriff/Road Patrol exam.	
I wish to apply for veterans'	\Box True. You must attach a completed veterans' credits form
credits.	with your DD214 form. Contact the Personnel Office for the
	veterans' credits form.
	□False.
I need an alternate test date.	\Box True. You must review the alternate test date policy to
	determine if you are potentially eligible. If so, you must
	apply for the alternate test date at least 2 weeks prior to the
	exam if the need for the alternate test date is known at that
	time. Otherwise, you must apply within 3 business days of
	the date on which you become aware of your need for an
	alternate test date. Contact the Personnel Office for the
	request form.
	□False.
I need special arrangements for	\Box True. No later than 2 weeks prior to the exam, you must
this exam due to my religious observance.	submit a written request explaining the special arrangements
observance.	you need and providing an explanation of why the
	arrangements are needed.
	□False.
I need special arrangements for this area due to my disability	\Box True. No later than 2 weeks prior to the exam, you must
this exam due to my disability.	submit a completed Exam Accommodation Request form.
	Contact the Personnel Office for this form.
	□False.

5. <u>My Background Information</u>

Complete all parts of this section.	
 I have : Been discharged from employment for reasons other than lack of work; Resigned from employment in lieu of termination; AND/OR Been <u>dishonorably</u> discharged from the U.S. Armed Forces. 	 True. Submit a completed Employment Discharge form with your application for <u>each</u> of your terminations that fall within any of these categories. Contact the Personnel Office for this form. False.
I have been convicted of one or more misdemeanor and/or felony crimes.	 □ True. Submit a completed Sworn Statement form with your application for <u>each</u> conviction. Contact the Personnel Office for this form. □ False.
I work for Livingston County presently.	□ True. I work for the following department: I work in the following job title: □ False.
I have worked for Livingston County in the past.	 True. I worked for the following department(s): I worked in the following job title(s): False.

6. <u>My License Information</u> Complete all sections.

Complete an sections.	
I have a valid New York State	\Box True.
driver's license.	My license has no restrictions that would affect my ability
	to work.
	\Box True.
	\Box False. The restrictions on my license are:
	□False.
	I have a valid driver's license from another state within the
	U.S.
	\Box True. My license is from the state of:
	\Box False.

I have a valid New York State commercial driver's license.	□True. The class of my license is: I have endorsements. □True. My endorsements are:
	□False. My license has no restrictions that would affect my ability to work. □True. □False. The restrictions on my license are:
I have one or more New York State professional licenses and/or certifications (not including a commercial driver's license).	□False. □True. For each professional license/certification, provide the following: The type of license/certification: License/certification number: Date license/certification first issued: Date current license/certification expires:
(If you have more than one New York State professional license and/or certification please use page 13 for the others.)	Whether the license/certification is currently in good standing with no restrictions? Yes. No. If there are any restrictions on the license, explain those restrictions and how they affect your ability to work in the title for which you are applying:
	□False.
I have one or more currently valid professional licenses and/or certifications issued by a state within the U.S. <i>other than</i> New York.	□ True. For each professional license/certification, provide the following: The type of license: The state that issued the license: □False.
(If you have more than one currently valid professional license and/or certification please use page 13 for the others.)	

7. <u>My Education</u>

Complete this table ful	ly.
I have participated in	\Box High school. Complete the "a" section below.
the following type(s)	□Trade School or Program. Complete the "b" section below.
of education. (Check	Undergraduate Degree Program. Complete the "c" section below.
every category that	Graduate Degree Program. Complete the "d" section below.
applies.)	\Box Other schools or special courses. Complete the "e" section below.
	\Box I have college credit hours meeting the minimum qualifications of
	the title for which I am submitting this application. Complete the "f"
	section below.

For each of the types of education you checked above, complete the corresponding section(s) below.

a. High school

I have a high school diploma or	□True. My diploma was issued by:
high school equivalency	\Box False.
diploma.	

b. Trade school or program

I participated in an official trade school and/or	□True. The school or program was:
trade program.	
	□False.
The trade for which I received training was:	
I successfully completed the program.	\Box True.
	□False.
The trade for which I received training is a	□True. My training and/or experience places
skilled building and/or construction trade.	me at the following skilled trade level:
	\Box Apprentice.
	□Journeyman.
	□Master.
	□Other. Please specify:
	□False.

c. Undergraduate degree program (for Associate's and/or Bachelor's degrees)

The name(s) of the college(s)/university(ies) I	
attended was/were:	
My major(s) was/were:	
The degree I received was:	□Associate's degree in:
	□Bachelor's degree in:
	\Box I did not receive a degree.
My degree is:	\Box A degree named in the minimum
	qualifications for this title.
	\Box Closely related to a degree named in the
	minimum qualifications for this title.
	(Complete section "f" below.)
	\Box I do not have a degree.
	\Box None of the above apply.
Date degree expected.	

d. Graduate degree program (for advanced degrees, i.e. beyond Bachelor's degrees)

The name(s) of the college(s)/university(ies) I	
attended was/were:	
My major(s) was/were:	
The degree I received was:	□Master's degree in:
	□Doctorate degree in:
	\Box I did not receive a degree.
My degree is:	\Box A degree named in the minimum
	qualifications for this title.
	\Box Closely related to a degree named in the
	minimum qualifications for this title.
	(Complete section "f" below.)
	\Box I do not have a degree.
	\Box None of the above apply.

e. Other schools or programs

<u><u><u>a</u></u> 1 1 //1</u>			
School or program #1	The name of the school was:		
	The subject of study was:		
	The degree or certification I received was:		
School or program #2	The name of the school was:		
	The subject of study was:		
	The degree or certification I received was:		
School or program #3	The name of the school was:		
	The subject of study was:		
	The degree or certification I received was:		

- f. College credit hours:
 - Toward meeting minimum qualifications (if the minimum qualifications require a certain number of credit hours in a field of study), OR
 - You are claiming your degree is a closely related degree to the degrees specified in the minimum qualifications.

Name of course	Area of study	Credit hours earned	Grade for class

Complete the table below with your relevant course work.

8. <u>My Work Experience</u>

Current job.	(If you have more than one current job, enter data here for the job you consider to
be your prima	ry job.)

I am currently working.	\Box True.			
	□False. Pro	oceed to the next tab	ole.	
My current job is paid.	\Box True.			
	□False. Co	mplete the remaind	er of this table w	rith
		meaning the person		
	work as a/an		2	
	□Vo	lunteer.		
	\Box Inte	ern.	The Type of W	ork is:
	□Otł	ner unpaid worker.		
My current employer is:	Employer na	ame:		
My employer's address is:	Town/City:			
	State:			
My job title is:				
I began working in this title in:	Month	Year		
My primary job duties are:	1.			
(If you need more space,	2.			
please use page 13)	3.			
	4			
Other ich duties I nerform	3.			
Other job duties I perform regularly are:				
My average hours of work per				
week are (<i>not</i> including				
overtime):				
OPTIONAL . This is additional				
information I would like to				
provide about this work				
experience.				

Current or prior relevant jobs.

I have had prior employment or other current employment not described above that is relevant to the title for which I am applying.	 True. Describe your relevant prior experience below. All qualifying experience must be described fully on this application. You do not need to repeat the current job you described above. "Employer" as used below means any person for whom you worked, even if not paid
	not paid. □False. Proceed to section 9.

Relevant Job #1

• Note: If you had more than one job with the same employer, each job should be listed as a separate job.

My employer is/was:		
My employer's address is:	Town/City: State:	
My job title is/was:		
I began working in this title in:	Month	Year
My work ended:	□ My work My work □ I re □ I □ I □ I W □ I w	ended in: Month Year ended because: esigned or retired. I resigned/retired to avoid being fired. I did <u>not</u> resign/retire to avoid being fired. ras fired. ras laid off due to lack of work.
		loyment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. 2. 3. 4. 5.	
Other job duties I perform regularly are:		
My average hours of work per week are (<i>not</i> including overtime):		
This work is:	□Paid. □Unpaid vo □Unpaid in □Other unp	
OPTIONAL . This is additional information I would like to provide about this work experience.		
I have had other relevant job experience I would like to describe.		ntinue below. oceed to section 9.

Relevant Job #2

My employer is/was:	
My employer's address is:	Town/City: State:
My job title is/was:	
I began working in this title in:	Month Year
My work ended:	 ☐ My work ended in: Month Year My work ended because: ☐ I resigned or retired. ☐ I resigned/retired to avoid being fired. ☐ I did <u>not</u> resign/retire to avoid being fired. ☐ I was fired. ☐ I was laid off due to lack of work. ☐ This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. 2. 3. 4. 5.
Other job duties I perform regularly are:	
My average hours of work per week are (<i>not</i> including overtime):	
This work is:	 Paid. Unpaid volunteer. Unpaid intern. Other unpaid work. The type of work is:
<i>OPTIONAL</i> . This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	□True. Continue below. □False. Proceed to section 9.

Relevant Job #3

My employer is/was:	
My employer's address is:	Town/City: State:
My job title is/was:	
I began working in this title in:	Month Year
My work ended:	 My work ended in: Month Year My work ended because: □I resigned or retired. □I resigned/retired to avoid being fired. □I did <u>not</u> resign/retire to avoid being fired. □I was fired. □I was laid off due to lack of work. □This employment has not ended.
My primary job duties are:	1.
(If you need more space, please use page 13)	2. 3. 4. 5.
Other job duties I perform regularly are:	
My average hours of work per week are (<i>not</i> including overtime):	
This work is:	 Paid. Unpaid volunteer. Unpaid intern. Other unpaid work. The type of work is:
<i>OPTIONAL</i> . This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	 □ True. Obtain additional work experience pages and attach them to your application. The additional pages may be obtained from the Personnel Office or from the Personnel page of the County's website at: www.livingstoncounty.us (go to "Departments," select "Personnel Department," and select "Employment Application and Other Forms." □ False. Proceed to section 9.

9. Equal Employment Opportunity statement

New York and Federal law prohibits discrimination in employment because of race, creed, color, sex, sexual orientation, religion, age, national origin, familial status, marital status, disability, military status, predisposing genetic characteristics, domestic violence victim status, gender identity, gender expression, pregnancy and/or pregnancy-related conditions. <u>Accordingly</u>, nothing in this application should be viewed as expressing any limitation, specification, or discrimination as to these protected classifications or any others, in connection with employment by Livingston County municipalities.

10. Affirmation, Signature, and Date

I affirm that the statements made in this application, including any attached/included documents (in any format including, but not limited to, electronic and paper), are true under penalties of perjury. I understand that any misrepresentations may result in my disqualification for examination/appointment or my removal from employment following appointment.

My signature:		
(Signature must be		
hand written. It may		
not be typed.)		
Date:		

Date Received:

	:		
Reasons for d	lisapproval or conditional appr		
1			
2			
3			
•	employment? □ Yes □ No Dept.	Title	
	Dates of most recent employ	ment:	

Additional Information

Please note that this page is to provide more detail where you may not have had enough room within the application. This is not space to provide a resume and/or cover letter. Resumes and cover letters are not accepted at the time of application and will not be reviewed.

Continued from page:	Item:	Additional Information: