Application for Examination or Employment

City of Oswego Department of Personnel

13 West Oneida Street, Oswego, NY 13126
Phone: (315) 342-8159 Fax: (315) 342-8248
Web: www.oswegony.org

This application is part of your examination. Please answer all questions completely and accurately. Print in black ink or type application. Attach additional 8 ½ x 11 sheets if necessary to provide required information.

INSTRUCTIONS AND INFORMATION

There is a non-refundable application filing fee per examination number. **No cash accepted**. A check or money order only (payable to The City of Oswego) must accompany this application. One check may be used. Record all exam numbers on the check. Applications received without the filing fee will be returned.

A. EXAMINATION ANNOUNCEMENT
Before filling out your application, carefully read the examination announcement. Announcements may be viewed at the City of Oswego, City Hall, Personnel Department 3rd Floor, Oswego NY or the Department's website, www.oswegony.org.

B. QUALIFICATIONS
The burden of establishing required qualifications is the responsibility of the applicant. Fees are not refunded for disqualification. Out-of-title experience cannot be credited towards meeting the minimum qualifications. Applications will be rejected for lateness, if postmarked or received after the last filing date. Part-time experience will be pro-rated.

C. ADMISSION TO EXAMINATION
Admission notices are mailed the week prior to the examination date. If you do not receive a notice three days prior to the exam date, call (315) 342-8159. Candidates will be required to bring proof of identification to the examination such as a passport, photo driver license, or a photo non-driver I.D. Participation in the examination does not mean you have been found to meet the announced requirements. Applicants may be admitted on the basis of statements made on the application which are subject to review and verification. Scores will not be available if a disqualification determination is made subsequent to the examination.

D. DISQUALIFICATION APPEAL
Any appeal of a disqualification notice must be made in writing and received in the Personnel Department by the date and time indicated on the notice.

E. LEGAL ADDRESS CHANGES (IMPORTANT)
You must report a change in address to insure proper notification of test results, canvass letters and certification of civil service lists. Residency must be established 30 days prior to the examination date in order to meet residence preference requirements.

SOCIAL SECURITY NUMBER: _____

NAME AND LEGAL RESIDENCE: (Is additional information relative to change of name, use of an assumed name or nickname to enable a check on your school and/or work record? (If so, please indicate here :_____)

_____
LAST NAME FIRST NAME MIDDLE INITIAL

_____
STREET CITY STATE ZIP

MAILING ADDRESS: _____
(If different from above) STREET CITY STATE ZIP

PHONE NUMBER: (____) _____ (____) _____ (____) _____
Home Business Cell

EMAIL ADDRESS: _____

		OFFICE USE ONLY:		
EXAM/JOB TITLE	EXAM NUMBER	FEE PAID	STATUS	DATE & INTIALS
			Approved____ Disapproved____ Conditional ____ Reason:	
Are you filing for examinations with other civil service commissions that are being held on the same date? YES____ NO____ If yes, please complete the City Of Oswego Cross Filer Notification form.				

PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:

State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **(IMPORTANT)** This section will determine what resident list (if any) your name will be certified to.

I currently reside (**indicate one of the three**) in the: **(1) City** of _____
OR (2) Town of _____, **OR (3) Village** of _____
in the **School District** of _____ located in the **County** of _____ in the **State** of _____. I have lived at this residence for (indicate) number of years _____ and months _____.

Are you 18 years of age or older?	☐YES ☐NO	If no, you must supply a work permit.
Are you a citizen of the United States?	☐YES ☐NO	If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.
Do you have a **High School diploma?** ☐YES ☐NO If **YES, NAME AND LOCATION OF HIGH SCHOOL:** _____		
Or, a **High School Equivalency Diploma (GED)?** ☐YES ☐NO If **YES, GOVERNMENT AUTHORITY (GED) NUMBER:** _____		
Please check college degree program(s) completed: ☐Associate ☐Bachelor ☐Master ☐Doctorate		

EDUCATION:

Read the exam announcement for educational requirements, if any. 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 have completed.

INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL or TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU GRADUATE	DEGREE EXPECTED
NAME OF SCHOOL:				☐YES ☐NO	MO / YR
Address (City, State):					
NAME OF SCHOOL:				☐YES ☐NO	MO / YR
Address (City, State):					
NAME OF SCHOOL:				☐YES ☐NO	MO / YR
Address (City, State):					

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:

Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr) From	To	Permanent From	To

Driver's License (Complete only if the position for which you are applying requires one.) Number: _____ State: _____

Date of Expiration: _____ Class of License: _____ Endorsements: _____ Restrictions: _____

VETERANS CREDITS: Are you at Veteran? _____YES _____NO

Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as a veteran or disabled veteran must submit an **"Application for Veterans' Credit"** form and a copy of their discharge papers (form DD-214). You may download the form at http://www.oswegony.org under Employment Opportunities Applications or call the Personnel Office at (315) 342-8159 to request a form be mailed to you.

ADDITONAL CREDITS FOR CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY

In conformance with Section 85-a of the Civil Service Law, children of firefighters and police officer killed in the line of duty shall be entitled to receive an additional ten points in a competitive examination for original appointment in the same municipality in which his or her parent had served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this office of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.

I am claiming credit as a child of a firefighter or police officer killed in the line of duty. YES _____ NO _____

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.

EXPERIENCE: Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. You may include a resume but **do not substitute a resume**. Under **"DUTIES"** describe the nature of work which you personally 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. Part-time experience will be prorated unless otherwise stated on the announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain **all** information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc...)

LENGTH OF EMPLOYMENT Month/Year to Month/Year /	**EMPLOYER**	**ADDRESS**	**CITY, STATE, ZIP CODE**
HOURS WORKED PER WEEK	EARNINGS PER HOUR $	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

LENGTH OF EMPLOYMENT Month/Year to Month/Year /	**EMPLOYER**	**ADDRESS**	**CITY, STATE, ZIP CODE**
HOURS WORKED PER WEEK	EARNINGS PER HOUR $	DUTIES:	
YOUR TITLE			
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NAME AND TITLE OF SUPERVISOR			
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LENGTH OF EMPLOYMENT Month/Year to Month/Year /	**EMPLOYER**	**ADDRESS**	**CITY, STATE, ZIP CODE**
HOURS WORKED PER WEEK	EARNINGS PER HOUR $	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

LENGTH OF EMPLOYMENT Month/Year to Month Year /	**EMPLOYER**	ADDRESS	**CITY, STATE, ZIP CODE**
HOURS WORKED PER WEEK	EARNINGS PER HOUR $	DUTIES	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

COMPLETE ALL QUESTIONS:

☐YES	☐NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?	
☐YES	☐NO	Did you ever resign from any employment rather than face discharge?	
☐YES	☐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)? For crimes other than traffic tickets you must provide a **Certificate of Conviction** from the court as soon as possible.	
☐YES	☐NO	Are you now under charges for any crime?	
☐YES	☐NO	Have you ever forfeited a bail bond posted to answer any criminal charge (felony, misdemeanor or violation including traffic violations)?	
☐YES	☐NO	Are you an Exempt Volunteer Firefighter?	If yes, indicate years of service: _____

If you answered **(YES)** to any of these questions, provide details on a separate 8 ½ x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.

REFERENCES: List below the names of three individuals familiar with your ability to perform the job for which you are applying.

NAME	ADDRESS	PHONE (BUSINESS OR HOME)

TESTING ACCOMMODATIONS:

We provide reasonable accommodations in testing for persons with disabilities. If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

☐ Yes, I need testing accommodations. (**Attach description describing accommodation request**).

ALTERNATE TEST DATE:

If you cannot take the test on the announced test date because of any of the following reasons, arrangements may be made for you to take the test on an alternate test date. If applicable, **check** the appropriate box below **and attach supporting documentation** with this application. In the case of an emergency, please notify the Department of Personnel on the **next** business day following the exam date. You will be **required** to submit documentation of your emergency. A complete copy of the policy is available in the Personnel Office.

- ☐ A death in the immediate family or household within the week preceding the examination.
- ☐ A medical emergency involving you or a member of the immediate family. (Medical certification required)
- ☐ Military Orders.
- ☐ Religious Observance.
- ☐ Participant or immediate family member of a participant in a religious or civil ceremony (wedding, graduation, baptism, bar mitzvah).
- ☐ Vacation plans for which a non-refundable down payment was made before the exam announcement was issued.
- ☐ A required court appearance.
- ☐ Conflicting professional or education examination
- ☐ Emergency weather conditions with verification from a local public safety agency

STATEMENT:

I affirm under penalties of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize the City of Oswego to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application for employment by the City of Oswego does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

Signature _____ **Date** _____

CITY OF OSWEGO IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the City of Oswego Personnel Department to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, color, religion, national origin, sex, disability, military status, sexual orientation, marital status, or criminal record.