



# SCHOHARIE COUNTY DEPARTMENT OF PERSONNEL & CIVIL SERVICE

## APPLICATION FOR EMPLOYMENT IN THE CLASSIFIED CIVIL SERVICE

284 Main Street, Room 310, P.O. Box 675, Schoharie, NY 12157

Phone: (518) 295-8374 Fax: (518) 295-8434

www.schohariecounty-ny.gov

Schoharie County is an Equal Opportunity & EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications & without regard to race, sex, religion, national/ethnic origin, disability, age, veteran status, or sexual orientation.

**Please complete entire application. You may attach a résumé; however, only the information provided on this application will be considered during review.**

Last Name	First Name	MI	Date:  Title of Position Applying For:  Location (County Department/Civil Division):  Social Security Number:  E-mail:  Primary Telephone Number:
Other names you have been known as:			
Physical Address:			
City:	State:	Zip:	
Mailing Address (if different):			
City:	State:	Zip:	

Are you eligible to work in the United States?       YES     NO

Are you at least 18 years of age?                       YES     NO                      If NO, provide current age: \_\_\_\_\_

If required for position, do you have a valid driver's license?       YES     NO                      If special class required, indicate class: \_\_\_\_\_

**EDUCATION:**  
 Are you a high school graduate?  YES     NO    If YES, Name of High School: \_\_\_\_\_  
 Location of High School (City/State): \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 If NO, do you have a G.E.D.?  YES     NO    If YES, indicate Issuing Government Authority: \_\_\_\_\_  
 G.E.D. Certificate #: \_\_\_\_\_ Year G.E.D. Received: \_\_\_\_\_

College, Professional or Technical School Name:	Location (City/State):	Did you graduate?	Type of Degree Received:	Major Subject/Course Type:	Date Degree Awarded:
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

Other credentials, licenses, professional affiliations or skills relevant to the position in which you are applying:

**EXPERIENCE:** Please detail your work history, beginning with your current/most recent employer. If you held more than one position within the same organization, list each position separately. Attach additional sheets if necessary. **Do not complete this section with the notation, "see résumé."**

<b>Dates Employed:</b> From:                      To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Organization Name & Address:	
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:		Reason for Leaving:
	Reference Name & Phone #:		
Primary Duties:			

<b>Dates Employed:</b> From:                      To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Organization Name & Address:	
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:		Reason for Leaving:
	Reference Name & Phone #:		
Primary Duties:			

<b>Dates Employed:</b> From:                      To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Organization Name & Address:	
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:		Reason for Leaving:
	Reference Name & Phone #:		
Primary Duties:			

**EXPERIENCE (continued):** If you held more than one position within the same organization, list each position separately. Attach additional sheets if necessary. **Do not complete this section with the notation, "see résumé."**

<b>Dates Employed:</b> From:            To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Organization Name & Address:
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:	Reason for Leaving:
	Reference Name & Phone #:	
Primary Duties:		

<b>Dates Employed:</b> From:            To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Organization Name & Address:
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:	Reason for Leaving:
	Reference Name & Phone #:	
Primary Duties:		

<b>Dates Employed:</b> From:            To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Organization Name & Address:
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:	Reason for Leaving:
	Reference Name & Phone #:	
Primary Duties:		

**REFERENCES:** Do you have any objection to our contacting present or past employers to verify the above?     YES     NO

If YES, please comment:

**BACKGROUND CHECK:** A background check may be required for the position you are applying for. Complete this section accurately. Not all convictions are not an automatic bar to employment, but will be considered in relation to specific job requirements. Omission or representation of this information will result in employment ineligibility.

Have you ever been convicted of any violation of law by any court of law? (Do not include convictions prior to your 18<sup>th</sup> birthday, or traffic violations, unless for operating a vehicle under the influence, or resulted in suspension of your driver's license)  YES  NO

If YES, list offense(s) and date(s) of conviction:

**RELEASE AUTHORIZING CHECK OF APPLICANT CREDENTIALS & CERTIFICATION OF ACCURACY**

I certify that all statements made on this application (including any attachments) are accurate. I understand and agree that failure to fully complete this application, or any misrepresentation/omission of facts, represents grounds for elimination from consideration of employment, or termination of employment if discovered at a later date. I authorize Schoharie County to investigate, without liability, all statements on this application and supporting materials. In consideration of the evaluation of my suitability for employment, I hereby authorize Schoharie County to perform all checks of my credentials allowed by law, including, but not limited to: discussions with supervisors, co-workers, friends, business associates, or other individuals that Schoharie County, in its sole discretion, believes may have relevant information regarding my suitability for employment.

I further authorize Schoharie County to perform the following checks on my credentials: request of police and/or background check, and such other checks that Schoharie County deems appropriate. I agree not to assert any claims or causes of action of any kind against Schoharie County, its agents, its employees, or any individual contacted by Schoharie County, arising from Schoharie County's investigation. I further release and forever discharge Schoharie County, its agents, its employees, or any individual contacted by Schoharie County, arising from Schoharie County's investigation, from any and all claims, demands, damages, actions, cause of actions, or suits of any kind of nature whatsoever, arising from Schoharie County's investigation of my credentials. I acknowledge that Schoharie County has made no representation of any kind as to whether employment will be offered at the conclusion of its investigation. I also understand that if I am offered a position, I will be required to pass all applicable pre-employment physical/medical tests prior to appointment. If employed, I may be required to furnish proof of eligibility to work in the United States, to file a State Security Questionnaire and State Loyalty Oath, and will be required to comply with all Civil Service and agency regulations applicable to my appointment. I am aware that willfully withholding information or making false statements on this application may result in dismissal from employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Approved  Conditional  Pending  Disapproved Reason: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Form updated: Dec. 2019