

ONONDAGA COUNTY APPLICATION FOR OPEN COMPETITIVE EXAMINATION OR EMPLOYMENT Form P-200 rev 12/2013

MAIL OR DELIVER TO: Onondaga County Department of Personnel, 421 Montgomery Street, 13th Floor, Syracuse NY 13202-2959 Phone (315) 435-3537 ❖ www.ongov.net

Job / Exam Title _____ TYPE OR PRINT CLEARLY IN INK _____ Exam # _____
NAME AND ADDRESS: IMMEDIATE notice should be given to this office if any changes in address occur.

Last _____	First _____	Middle _____	Social Security # _____
Legal Address _____			Mailing (If different from legal) _____
Apt/Rd# _____			Address _____
City/Village _____			City/Village _____
Town _____			State _____ ZIP _____
School District _____			E-Mail Address _____
County _____			Home Phone () _____ - _____
State _____ ZIP _____			Work Phone () _____ - _____

Veteran's Credit: If you wish to claim additional credit as a disabled/non-disabled wartime veteran or current active member of the U.S. armed forces, you must do so NOW by checking the appropriate box. Documentation of your veteran status (i.e. discharge papers) should be attached to your application or mailed to this department prior to the eligible list establishment date. Current active duty military personnel must provide proof of active military status at time of application to receive conditional credit.

Veteran ☐ **Disabled Veteran** ☐ **Currently On Active Duty** ☐

Since January 1, 1951, have you used additional credits as a disabled/non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? YES ☐ NO ☐

COMPLETE FOR LAW ENFORCEMENT, CORRECTION, CUSTODY, FIREFIGHTER and SCHOOL BUS DRIVER POSITIONS ONLY

Are you a citizen of the United States? YES ☐ NO ☐ Date of Birth / /

Place An "X" In The Appropriate Space. Explain all "yes" responses in the space provided below.

- YES ☐ NO ☐ Were you ever dismissed or resigned in lieu of dismissal from any public employment due to disciplinary reasons?
- YES ☐ NO ☐ **CONVICTION*** Have you ever been convicted of any crime (felony or misdemeanor)?
 Explain for each case: 1) Charge, 2) Place, 3) Date, 4) Action taken - You may omit parking violations.
 *Convictions will not necessarily disqualify you from taking an exam but may bar you from appointment. What you were convicted of and how long ago is important. Each case is evaluated in relation to the duties and responsibilities of the position for which you have applied.
- YES ☐ NO ☐ Do you need special arrangements for this exam (religious accommodation or disabled?)* If yes, explain below.
 *It is the candidate's responsibility to state accommodations needed for each and every exam for which the candidate applies.

Use This Space For Explanations (Attach additional sheets if more space is needed.)

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.

DECLARATION (this affirmation *must be signed and dated*) I understand that false statements made herein are punishable as a **Class A Misdemeanor**, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

Payment Enclosed: Check # _____ / Cash / Money Order / Visa / MC / Discover / Waived (proof must be attached) (check one)

APPLICANT'S SIGNATURE _____ **DATE** _____

PERSONNEL DEPARTMENT USE ONLY: Reviewer _____ Date _____ Approved ☐ Disapproved ☐

Reason/Comments: _____

Rec'd By _____

Name _____ Exam # _____

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Education: If more space is needed, attach additional sheets.	Years Completed	Graduated yes /no	Major Course of Studies	College Credits Received	Type of Degree Receive	Date Degree Received
High School or Equivalency			XXXXXXXX XXXXXXXX	XXXXX XXX	XXXXX XXXXX	XXXXXX XXXXXX
College, University, Professional or Technical School						
Other Schools or Special Courses						

License Do you possess a license to practice a trade or profession? YES ☐ NO ☐ License/certificate# _____

Name of trade or profession _____ Licensing Agency _____

City/State _____ Original Issue Date _____ Expiration Date _____

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

Date of Expiration _____ Class of license _____ Endorsements _____ Restrictions _____

Experience: You must complete this section whether or not you submit a resume. Beginning with your most recent, **describe in detail**, any employment, volunteer experience or military service that qualifies you for the position sought. **Duties:** Describe the nature of the work personally performed by you, with estimated % of time on each type of work. State size and kind of work force, if any, supervised by you and the extent of such supervision. If more space is needed, attach additional sheets. **All statements are subject to verification.**

Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Salary			
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Salary			
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Salary			
Hours per week			
Reason for Leaving			

**ONONDAGA COUNTY DEPARTMENT OF PERSONNEL
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE**

The following information is voluntary and will be maintained confidentially. This information will not be released to any employing agency.

SOCIAL SECURITY #: _____

EXAM TITLE: _____

EXAM DATE: _____

MALE ☐

FEMALE ☐

☐ **White/Non-Hispanic**

☐ **Black**

☐ **Hispanic**

☐ **Asian/Pacific Islander**

☐ **American Indian/Alaskan Native**

RECRUITING INFORMATION

How did you learn about this job?

Onondaga County Personnel..... ☐

NYS Employment Office ☐

Private Employment Office ☐

Community Organization ☐

Newspaper ☐

Relative/Friend ☐

Government Employee ☐

Radio and/or Television ☐

Internet ☐

Onondaga County does not discriminate because of race, creed, color, citizenship, national origin, age, sex, religion, marital status, conviction record, disability, genetic predisposition or carrier status, pregnancy, or sexual orientation. Onondaga County's programs are accessible to all as required by 45FR84.22B. If you have a disability for which you wish accommodation in visiting a county office or in receiving county services, please contact the head of the respective department or his/her representative to make arrangements. Onondaga County's Equal Employment Program and compliance with the Vocational Rehabilitation Act (Section 504) is coordinated by the County Personnel Department. NOTE: Federal law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S., and to provide for review certain documents establishing your identity and work authorization, such as birth certificate, etc.

Applicant Authorization/Consent & Release

We truly welcome your application with Town of Skaneateles, or one of its divisions ("Company"). Your signature below certifies that all the information provided as part of your application for employment, including without limitation, the information below, is true and complete to the best of your knowledge and that you have reviewed this entire document and a separate document entitled, "Disclosure." Your signature below acknowledges that any false or misleading information in your application materials or interview may result in denial of employment or termination, if hired, and that any personal information requested below, including date of birth, is requested solely for identification purposes.

Your signature below also authorizes the preparation of consumer reports and/or investigative consumer reports on you for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any further notice.

Your signature further authorizes all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, credit bureaus, courts and any governmental, law enforcement, licensing and record-keeping agencies, and any other source of information to provide all information requested concerning your background, including any criminal records, to the Company and/or its agent HRPLUS.

Your signature further voluntarily and knowingly releases Company, HRPLUS and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

Your signature certifies that you have read and understood this entire document and you agree that a copy of this document is as valid as the original.

For prompt processing, use all UPPERCASE and avoid touching the sides of the boxes:

J O N E S 4 5 6 7 8

Social Security Number:

- -

Date of Birth:

/ /

Home Telephone Number:

-

Last Name (as it appears on Driver's License):

First Name:

Middle Name:

Former Name and/or Other Names Used:

Date of Name Change:

/ /

Driver's License Number (Omit Spaces and Dashes):

State:

License Expiration Date:

/ /

Current Street Address (NOT P.O. Box):

Current City:

Current State:

Zip Code:

How Long?

Years

Current County (NOT Country):

Months

Please list the City, State and Zip Code of all other addresses you have lived at in the past 7 years.

City:

State:

Zip Code:

How Long?

Years

Months

Years

Months

Years

Months

6 2 7 6

64902



DISCLOSURE

Please be advised that we and/or our agent HRPLUS, may obtain consumer reports and/or investigative consumer reports about you for employment purposes, including without limitation, for the purposes of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any additional notice. Consumer reports and/or investigative consumer reports (reference checks) may include, without limitation, information about your character, general reputation, personal characteristics and mode of living, whichever are applicable, as well as salary history, reason for termination, eligibility for rehire and any disciplinary actions taken against you. An investigative consumer report may involve personal interviews with sources, including without limitation, employers, supervisors, coworkers, clients, friends, associates and neighbors.

The Fair Credit Reporting Act (FCRA) provides you with the right to request from us, in writing within a reasonable amount of time, a disclosure of the nature and the scope of any investigative consumer report (reference check). The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the date on which the report was first requested, whichever is later. You may also request a "Summary of Your Consumer Rights under the FCRA" as prepared by the Federal Trade Commission. These can be obtained at no charge.

To obtain a disclosure of the nature and the scope of any investigative consumer report (reference check), please provide us a written request. To obtain a "Summary of Your Consumer Rights", simply let us know that you would like a copy.

AUTHORIZATION/CONSENT & RELEASE

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including date of birth, is requested solely for identification purposes.

I hereby authorize **Town of Skaneateles** ("Company") and/or its agent HRPLUS, to prepare consumer reports and/or investigative consumer reports (reference checks) about me for employment purposes, including without limitation, for the purpose of evaluating me for employment, promotion, reassignment and retention as an employee, at any time prior to or during my employment and without giving me any additional notice.

I FURTHER AUTHORIZE ALL PERSONS, EMPLOYERS, SUPERVISORS, COWORKERS, SCHOOLS, COMPANIES, CORPORATIONS, ORGANIZATIONS, CREDIT BUREAUS, COURTS AND ANY GOVERNMENTAL, LAW ENFORCEMENT, LICENSING AND RECORD-KEEPING AGENCIES, AND ANY OTHER SOURCE OF INFORMATION TO PROVIDE ALL INFORMATION REQUESTED WITH RESPECT TO MY BACKGROUND, INCLUDING ANY CRIMINAL RECORDS, TO COMPANY AND/OR ITS AGENT HRPLUS.

I hereby voluntarily and knowingly release and discharge Company, HRPLUS and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

I certify that I have read and understand this entire document, including the above **DISCLOSURE**, and I agree that a copy of this document is as valid as the original.

Applicant's Printed Name

Applicant's Signature

Date