BROOME COUNTY GOVERNMENT
CIVIL SERVICE EXAMINATION APPLICATION

Department of Personnel

Broome County Office Building, 3rd Floor, 60 Hawley Street,
PO Box 1766, Binghamton, NY 13902 www.gobroomecounty.com/personnel

DO NOT WRITE IN THIS SPACE

Processing Fees: CASH NOT ACCEPTED.

- **Open-Competitive Exams** $20.00

Except Uniformed Protective Services - (Police Officer, Deputy Sheriff, Firefighter, Correction Officer) $30.00

- **Promotional Exams** $10.00

Except Uniformed Protective Services - (Police Officer, Deputy Sheriff, Firefighter, Correction Officer) $20.00

CREDIT CARDS, CHECKS, OR MONEY ORDERS PAYABLE TO "BROOME COUNTY OFFICE OF MANAGEMENT AND BUDGET". CASH CANNOT BE ACCEPTED. FAXED APPLICATIONS WILL NOT BE ACCEPTED.

Applications and/or processing fees will not be accepted after the Last Date to File. Please be sure to include applicant's name and examination number on your check or money order. A check returned for insufficient funds may disqualify your application and result in further action and/or service charges.The fee will not be refunded if your application is disapproved.

Application Fee Waiver: A waiver of application fee will be allowed if you are unemployed and primarily responsible for the support of a household, are determined eligible for Medicaid, or receiving Supplemental Security Income payments, or Public Assistance (Temporary Assistance for Needy Families/ Family Assistance or Safety Net Assistance) or are certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency. All claims for application fee waiver are subject to verification. Fee waiver forms are available at the Broome County Department of Personnel, the Department of Social Services or online at www.gobroomecounty.com and MUST be submitted with your application.

THE NEW YORK STATE HUMAN RIGHTS LAW prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex or marital status.

A Separate Application Must Be Completed For Each Examination Number.
This Application Is Part Of Your Examination.
Please answer all questions completely and accurately.
Attach additional sheets if necessary to provide required information.

EXACT EXAMINATION TITLE AND NUMBER AS STATED ON ANNOUNCEMENT:

Exam Title: _____ ***Exam No.:*** _____

Exam Date: _____ ***Last Date to File:*** _____

1. NAME AND LEGAL RESIDENCE: (Please notify the Department of Personnel in writing immediately of any information changes)

_____
Last Name First Name M.I. Social Security No.

_____
Street City State Zip Code Town

_____
COUNTY SCHOOL DISTRICT

2. MAILING ADDRESS: _____
(if different from above) Street City State Zip Code

3. EMAIL ADDRESS: _____

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

FOR DEPARTMENT USE ONLY

☐ Approved ☐ Disapproved Reviewer's Initials _____

Comments: _____

_____

_____

Raw Score _____
Veteran _____
Seniority _____
Final Score _____

Fee Waived: _____ Conf #: _____ Credit Card: _____ Money Order: _____ Check and Amount: _____

5. AGE: If applying for a position with minimum or maximum age limits, please state date of birth: _____

6. CITIZENSHIP/ELIGIBILITY FOR EMPLOYMENT:
Before you can be employed in any position, you will be required to produce documents that establish your identity and your eligibility to be employed in the United States.

7. a. Were you ever discharged from employment for reasons other than lack of work or funds, disability or medical condition? ☐ Yes ☐ No
b. Did you ever resign rather than face discharge? ☐ Yes ☐ No
c. Have you ever been convicted of a crime (felony or misdemeanor)? ☐ Yes ☐ No
d. Are you now under charges for any crime? ☐ Yes ☐ No
e. Did you ever receive a discharge from the Armed Forces of the United States that was "Other Than Honorable", or which was issued under "Other Than Honorable" conditions? ☐ Yes ☐ No

If you answered YES to any portion of questions 7a-e, provide details on a separate sheet. Your failure to answer 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 represent an automatic bar to employment. Each case is considered and evaluated on individual merit in relation to the duties and responsibilities of the position for which you are applying.

8. SPECIAL TESTING ARRANGEMENTS:

RELIGIOUS ACCOMMODATION: Most written tests are held on Saturdays. If you cannot take the test on the announced test day due to a conflict with a religious observation or practice, check the box below and complete and submit a Religious Accommodation Form by the Last Date to File.

☐ I cannot be tested on the scheduled examination date due to a conflict with a religious observance or practice.

SPECIAL ACCOMMODATIONS IN TESTING: Broome County provides reasonable accommodations for individuals with a disability during application, examination, interview and employment. If you need a reasonable accommodation, check the box below and attach a written description of the accommodation sought. Medical documentation is required.

☐ I require special accommodation to take this examination.

OTHER ACCOMMODATIONS NEEDED: If you require accommodation for reasons other than religious or disability, check the box below and attach a written description of the accommodation sought.

☐ I require special accommodation to take this examination.

9. COMPLETE THIS SECTION IF YOU:

1. Wish to claim War Time Veterans' Credits, AND
2. Have **NOT** used veterans' credits for appointment to a position in New York State or its civil divisions.

☐Yes ☐No I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in service of the United States pursuant to call as provided by law, on a **full-time active duty other than active duty for training purposes.**

EXTRA CREDITS FOR WAR TIME VETERANS **Your answers must be "YES" to be eligible for additional credits.**

☐Yes ☐No I am now serving, or have served, on an active duty basis other than active duty for training purposes, during one or more of the following Time of War periods.

In the Armed Forces:
- August 2, 1990 to the end of such hostilities (date not yet determined);
- February 28, 1961 to May 7, 1975;
- June 27, 1950 to January 31, 1955;
- December 7, 1941 to December 31 1946;

Or earned the armed forces, navy, or marine corps expeditionary medal for service in:
- (Panama) December 20, 1989 to January 31, 1990;
- (Lebanon) June 1, 1983 to Dec. 1, 1987;
- (Grenada) October 23, 1983 to November 21, 1983;

Or in the U.S. Public Health Service:
- June 27, 1950 to July 3, 1952;
- July 29, 1945 to December 31, 1946.

☐Yes ☐No I am a United States citizen or an alien lawfully admitted for permanent residence.
☐Yes ☐No I am a New York resident.

Veterans' credits can be applied for on all examinations but may be used only once. You may not claim additional credits after the eligible list has been established. Effective January 1, 1998, the State Constitution was amended to permit a candidate in the armed forces to apply for and be conditionally granted veterans' credit in examinations. Any candidate who applies for such credit must provide proof of military status to receive the conditional credit.

10. YOUR EDUCATION:

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

Do you have a High School or Equivalency Diploma? ___ YES ___ NO	If YES, name and location of High School or issuing government authority:

College, University, Professional or Technical School(s):	College Credits Received	Dates of Attendance	Type of Degree Received	Major Subject or Type of Course	Did You Graduate?	Degree Expected/ Received
Name of School & City in which located					___ YES ___ NO	Mo. / Yr.
Name of School & City in which located					___ YES ___ NO	Mo. / Yr.
Name of School & City in which located					___ YES ___ NO	Mo. / Yr.
Other Schools or Special Courses					___ YES ___ NO	Mo. / Yr.

11. LICENSE OR CERTIFICATION:

Complete the following if a license, certificate or other authorization to practice a trade or profession is required on the announcement(s).

Trade or Profession	License Number	Date License First Issued	Registration From Mo. / Yr. To Mo. / Yr.	If you are not currently licensed check this box: ☐
Specialty	Granted by (licensing agency)		City/State	

12. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State?

☐ Yes ☐ No License Number: _____ Expiration Date: _____

Class of License: _____ Endorsements: _____ Restrictions: _____

13. DESCRIBE YOUR EXPERIENCE: All sections must be filled out completely; a resume does not substitute.

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. DO NOT SUBMIT YOUR RESUME. Under DUTIES describe the nature of work which you personally performed. 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.

LENGTH OF EMPLOYMENT FROM MO / YR TO MO / YR	FIRM NAME ADDRESS CITY AND STATE
EARNINGS (Circle One) $ WK / MO / YR	DUTIES
TYPE OF BUSINESS	
YOUR EXACT TITLE	
NAME OF YOUR SUPERVISOR	
SUPERVISOR'S TITLE	
Number of hours worked per week (exclusive of overtime):	

LENGTH OF EMPLOYMENT MO / YR MO / YR FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) $ WK / MO / YR	DUTIES		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime):			

LENGTH OF EMPLOYMENT MO / YR MO / YR FROM TO	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) $ WK / MO / YR	DUTIES		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime):			

14. REFERENCES: Do you have any objection to our contacting present or past employers to verify above?

☐ Yes ☐ No If yes, comment_____

DECLARATION: I declare, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection 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.

_____ _____

Signature of Applicant Date

Please print any other names by which you are or have been known. _____

NOTE: Have you answered all appropriate questions? An incomplete application may be disapproved. An application will be disqualified if the processing fee or qualifying information is postmarked after the Last Date to File. This Department does not make formal acknowledgement of the receipt of an application or take responsibility for non-delivery or postal delay.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION: The information that you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied.