Wayne County Human Resources
Employment/Civil Service Exam Application
Charles A. Dye, Human Resource Director

Qualified: Yes No Conditional
Reviewer’s Initials ___________
Position Applying For: ____________________________
Examination # ____________________________

Name: ____________________________________________________________________________
Last First Middle
Mailing Address: _____________________________________________________________________
Street City State Zip
Social Security Number: ____________________________
Date of Birth if applying for Deputy/Police Officer or Correction Officer: ________________
Home Telephone number: ____________________________ Work Telephone number: ____________
E-mail address: (optional) ___________________________________________________________________
Have you been a resident of Wayne County for at least one month? Yes No School District: ____________

An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered
and evaluated in relation to the duties and responsibilities of the position for which you are applying.

Were you ever convicted of any violation of law other than a minor traffic violation? Yes No
Were you ever removed from any type of employment? Or resign rather than face dismissal? Yes No
Were you ever discharged from the Armed Forces of the US which was other than “Honorable?” Yes No

If you answered Yes to any of these questions, you may give specifics under “remarks” on page 3 of this application. If you elect not to
provide specifics, however, if such explanation is insufficient you may be required to submit further information.

Veteran Credits. If, for this examination you wish to claim additional credit as an Honorable discharge veteran, complete the appropriate
section on the last page of this application. DD214 MUST be submitted before eligible list is established.

Section 50-B of the NYS Civil Law requires that all applicants for examination be asked the following:
1. Have you any loans made or guaranteed by the NYS Higher Education Services Corporation which is currently
   outstanding? Yes No
2. If so, are you presently in default of any such loans? Yes No

Have you objection to this department making inquiry regarding your character and qualifications from:
Your former employers? Yes No
Your present employer? Yes No

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined
by me and to the best of my knowledge and belief are true and accurate. Any false statements made may result in termination of
employment. Applicants may also 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.

Signature ____________________________ Date ____________________________

26 Church Street * Lyons, New York 14489
Phone: (315)946-7483 Fax: (315)946-7488 Web Site: co.wayne.ny.us
New York State Law prohibits discrimination on the basis of age, sex, race, creed, color, national origin, disability, sexual orientation or marital status
An Equal Opportunity Employer
Are you a Citizen of the United States?  Yes  No  If no, do you have a legal right to work in the U.S.?  Yes  No
Do you have a valid New York State Driver’s License?  Yes  No  If yes, what class _______________________________

LICENSE/CERTIFICATE  Do you have a license, certification or other authorization to practice a trade or profession?  Yes  No
Name of Trade/Profession: ________________________________  License/Certificate Number: ________________________________
Licensing Agency: ________________________________  Licensed from: ________________ to: ________________

EDUCATION
Have you received a High School Diploma?  Yes  No  If no, have you received a General Equivalency Diploma (G.E.D.)?  Yes  No
Name of High School ____________________________________________  Check the highest grade completed  8  9  10  11  12

EDUCATION above high school level

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location (State)</th>
<th>Course/Major</th>
<th>Credits Completed</th>
<th>Type of Degree</th>
<th>Date Degree Received</th>
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TRAINING  Other Training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received.

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<tr>
<th>Course/Program</th>
<th>Hours</th>
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WORK EXPERIENCE
Describe your employment, including military experience, beginning with your current and most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average # of hours in the workweek, final salary, and reason for leaving, specific job duties, your job title, etc. must be shown. If you supervised, state how many people and nature of such supervision.

Name & Address of current or most recent employer ________________________________________________________________
Starting Date: ________________  Ending Date: ________________
Month/Year  Month/Year
Salary: ________________________  Hours worked per week: ________________
Reason for leaving: ____________________________________________________________
Your job title: ________________________________________________________________
Immediate Supervisor’s name: _____________________  Title: ________________  Phone: _____________________
Description of duties: ____________________________________________________________
______________________________________________________________________________
WORK EXPERIENCE (continued)
Describe your employment, including military experience, beginning with your current and most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average # of hours in the workweek, final salary, and reason for leaving, specific job duties, your job title, etc. must be shown. If you supervised, state how many people and nature of such supervision.

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<td>Hours worked per week:__________</td>
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<tr>
<td>Reason for leaving:________</td>
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</table>

Your job title:_____________________________________________________

Immediate Supervisor's name: ___________________ Title: ____________ Phone: ____________

Description of duties:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Name & Address of employer
____________________________________________________________________
____________________________________________________________________

Starting Date:_____________ Ending Date:_____________ |
Salary:___________________ Hours worked per week:__________
Reason for leaving:________ |

Your job title:_____________________________________________________

Immediate Supervisor’s name: ___________________ Title: ____________ Phone: ____________

Description of duties:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Remarks:

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION: The information which you are providing on this application is being requested pursuant to Section 50.3 of the NYS Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivision (b)(e) and (f). Failure to provide this information may result in disapproval of the application. For further information, relating only to the Personal Privacy Protection Law, call (518)457-9375.
ANNOUNCEMENT OF EXAMINATION
Before filling out the application, read carefully the announcement for this examination. When completing your application be sure to enter the title of position/examination applying for. YOU MUST SUBMIT A SEPARATE APPLICATION FOR EACH POSITION YOU ARE APPLYING FOR.

ADMISSION TO EXAMINATION
Do not interpret a notice to appear for, or actual participation in the examination to mean that you have been found to meet fully the announced requirements. Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the applicant. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualifications.

Please call the Personnel Office immediately if you do not receive an admission notice within three days of the date of examination.

APPLICATION FEE FOR EXAMINATION
If the examination announcement indicates that an application fee is required for the examination for which you are applying, you must submit the required fee for each separate examination. The required fee amount for each examination will be listed on the announcement. Cash/Check/money orders will be accepted. Your application fee will not be refunded if you do not meet the requirements for admission to the examination. Compare your qualifications carefully to the requirements stated on the announcement and file only for those examinations for which you are clearly qualified.

CHANGE OF ADDRESS
You must send written notification to this office of address change. Please include phone number, examination or eligible list you wish to update.

SPECIAL ARRANGEMENTS FOR EXAMINATIONS
If you need special arrangements because you are a Religious Observer (for religious reasons, cannot be tested on date of examination, or if you have a disability that requires you to have special accommodations or assistance for the completion of this application or for you to participate in an examination, you must notify this Department at 315-946-7483 no later than the last date of filing for this examination. Your request must include examination numbers and titles and the type of special arrangements required accompanied by all supporting documentation.

Wayne County, as an employer, does not discriminate on the basis of a disability and will make reasonable accommodations for employees with special needs, due to a disability. It is the responsibility of the applicant or employee to voluntarily disclose that they require an accommodation based on their disability.

APPLICATION FEE WAIVER: A waiver of application fee will be allowed if you are unemployed and primarily responsible for the support of household. In addition, a waiver of application fee will be allowed if you 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. If you can verify eligibility for application fee waiver, complete a “Request for Application Fee Waiver and Certification” form and submit it with your application by the close of business on the Application Deadline as listed on the Examination Announcement. The form is available on our web site co.wayne.ny.us

VETERAN CREDITS
Please submit a copy of your DD214 verifying the character of your discharge and dates of service.

Branch of Service: ____________________________ From: ____________________________ To: ____________________________

If you are claiming credits as a disabled war veteran, you must in addition to meeting the requirements as indicated by a “YES” answer to questions 10A-D and a “NO” answer to question 10E, be certified by the veteran’s administration as being entitled to receive payments for a service-connected disability rated at ten(10) percent or more, incurred during a “Time of War” as indicated in question C.

Check the appropriate box. Failure to do so, accurately and completely may result in denial of your claim. Disabled War Veteran Non-Disabled War Veteran

All claims and grants of veteran’s credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointments on which you have been granted additional credits as a result of such material misstatement or fraud.

a. Have you ever served in 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 the service of the United States pursuant to call as provided by Law on a full-time basis other than active duty for training purposes.) YES NO

b. If “YES” did you receive a discharge which was honorable or were you released under honorable circumstances? YES NO
c. Did you serve in the Armed Forces of the United States during any of the following periods? YES NO

- World War I…April 6, 1917-November 11, 1918
- World War II…December 7, 1941-December 31, 1946
- Viet Nam Conflict…February 28, 1961-May 7, 1975
- Persian Gulf Conflict…August 2, 1990-the date upon which such hostilities end

OR

Commissioned corps of the US public health services; YES NO

July 29, 1945-September 1, 1945 and June 26, 1950-1952

OR

The armed forces expeditionary medal, navy expeditionary medal, or Marine Corps expeditionary medal for: YES NO

- Hostilities in Lebanon…June 1, 1983-December 1, 1987
- Hostilities in Grenada…October 23, 1983-November 21, 1983

d. Are you currently a resident of New York State? YES NO

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