

## ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER Essex County Department of Personnel and Civil Service

7551 Court Street, PO Box 217, Elizabethtown NY 12932 Phone: (518) 873-3360 / Fax: (518) 873-3372

## APPLICATION FOR EXAMINATION OR EMPLOYMENT For County, Towns, Villages and School Districts

Please Leave This Spac Number:	e Blank
Application Approved: Conditional: Disapproved:	

FORM FCPO-330

						FORM EC	PO-330
	Title of Pos	ition Applyiı	ng For	Exam No.	(if applicable)		
	his application is part of your examina ope. Attach additional sheets if necess ALL STA	sary in orde	er to give		l information.	Print in	ink or
	Last Name		First N	ame	Middle Nar	ne	
	lame:			0.11 Db #.			
Н	ome Phone #: PO Box and/or Street			Cell Phone #: Town/City	State	Zin	Code:
Add	ress:				- Cuato	,	
	Immediate Notice should	be given it	f any cha	anges in address before	e or after examina	ation.	
		5. State	your act	ual permanent legal resi	dence and indicate	for how	
2.		have res	ided the	re continuously, up to an	d including date of	this appli	cation: Months
	Social Security Number:					Tours	Wioritais
		School Dist					
	Date of Birth:	Village or C	ity of:				
<b>l</b> .		Town of:					
•	Email Address	County of:					
	Littali Address	State of:					
	heck appropriate box to the right of each . Were you ever dismissed or discharge of work or funds?	-	employn	nent for reasons other t	han lack	Yes:	No:
В	. Have you ever been convicted of any c	rime, (Felo	ny or Mi	sdemeanor)?		Yes:	No:
С	. Are you now under any charges for any If "yes", give particulars and disposi		charge o	on separate sheet and at		Yes:	No:
	NONE OF THE ABOVE CIRCU CONSIDERED AND EVALUATE TH	D ON INDIV	<b>IDUAL M</b>		THE DUTIES AND R		_
	heck appropriate box to the right of each	question:					
Α	<ul> <li>Are you currently a U.S. Citizen?</li> <li>(Citizenship is no longer a requirement</li> </ul>	t for employ	ımant ay	cent for nublic officer no		Yes:	No:
В	, , , , , , , , , , , , , , , , , , , ,				•	Yes:	No:
Ь	<ul> <li>If not a U.S. Citizen, do you have a le Please give alien registration number</li> </ul>		accept e	mployment in the Unite	ed States?	163.	NO.
С			l divisio	n thereof?		Voca 🗆	No.
_		-	i divisio	ii diologi.		Yes:	No: L
D	, Are you an exempt volunteer Fireman	ır				Yes:	No:
E	. Do you have a valid license to operate	a motor ve	hicle in l	New York State?		Yes:	No:
F	. If Yes, please provide the following:						
	Note: If a driver's license is required	d for the po	sition a	pplying for, a copy mus	st accompany you	ır applic	ation.

Date of Expiration:

Number:

Class:

8.	Veterans Credits: Are you a veteran?	Yes: No:	If "No", sl	kip to	number 9.					
	Do you claim additional credits on this education Disabled War Veteran Credit? Yes:  If "Yes" you must complete an Appli	No: No	n-Disabled V	Var V	eteran Credi	t? Yes: 🗌 N	lo:  lo: torm to			
	claim credit.  Since January 1, 1951, have you ever us veteran for appointment to any positior of its civil divisions?	ed additional credit n in the public empl	s as a disab oyment of N	led o	r non-disab ork State or	led Yes: any	☐ No: ☐			
9.	<b>EDUCATION:</b> If credit is claimed for partially completed college curriculum or correspondence course, att courses and credits or semester hours completed. Indicate how many credit hours or courses are graduation. DO NOT send transcripts unless required by announcement or to be used to mee qualifications.									
	Have you graduated from high school? Ye If "Yes", give year graduated:	es: No:	If ye	es, giv	e name and	location of high	school:			
	If "No", give highest grade complete	ed:								
	Have you successfully completed a typing	course? Yes:	No:							
	If you have a high school equivalency dipl		nd/or Date o	f Issu	e:					
CC	DLLEGE, UNIVERSITY, PROFESSIONAL ( TECHNICAL SCHOOL(S)	Date(s) of Attendance (Month & Year) From - To	Type of Course or Major	Coll	umber of ege Credits Earned	Degree Received	Date of Degree			
Na	me & Address:	110111 10								
Na	me & Address:									
Na	me & Address									
Na	me & Address:									
	LICENSES: If a license, certificate or othe announcement or the examination(s) for whether the examination (s) and the examination (s) are the examination (s) and the examination (s) and the examination (s) are the examination (s) and the examination (s) are the examination (s) and the examination (s) are the examination (s) are the examination (s) are the examina	nich you are applying				isted as a requi	irement on the			
_	If not currently licensed, check this box		<u> </u>		<b></b>					
TI	RADE OR PROFESSION:	LICENSE NUMBER:				.TION PERIOD: I/YY) TO (MM/Y	Y)			
S	PECIALTY:	LICENSING AGENC	Y NAME AN	D AD	DRESS:					

<ol> <li>Check box below if you desire special acc Sabbath Observer - For religious rea Handicapped Person</li> </ol>	/s			Yes  Yes	No 🗌				
Please indicate type of assista									
I2. Have you any objections to this department or contacting your former or present en		quiry regai	rding your c	haracto	er and	quali	ifications	Yes:	No:
I3. EXPERIENCE: Beginning with the morproves you meet the minimum qualification vagueness in your favor. You are respondescribe the nature of the work which yeach type of activity. If you supervised, EXPERIENCE MUST BE COMPLETED EXPERIENCE SUBMITTED ON A RESUM	ations for the consible for you personal, state how one on THE A	ne position an accura ally perfor many peo	n you are ap ate and clear med includi ople and the ION FORM.	pplying r descr ng the nature CREI	for. Wiption estimated of such	Ve ca of you ated   th su	unnot inter our experi percentag upervision	rpret omis ence. For e of time s	sions or DUTIES pent on
APPLICANTS MAY BE REQUIRE Employer Name	Address	NISH SATI	SFACTORY	PROO	City/St			LAINED.	
Phone Number Supervisor's Name		Superviso	or's Title			You	r Title		
Length of Employment Check One	Hours Pe	r Week							
From To Paid	(No Over			Туре с	f Busin	ess			
Month Year Month Year Voluntee		or Leaving	ı						
% of time On each duty  DUTIES: Describe below the nate and kind of working force super			•		_	of time	on each type	e of work. Stat	e size
					ı				
Employer Name	Address City/State/Zip					<u>Zip</u>			
Phone Number Supervisor's Name		Superviso	or's Titlo			Valu	r Title		
Thore Number Supervisors Name		Superviso	or s Tille			Toul	Tiue		
Length of Employment Check One				Type o	of Busin	<b>688</b>			
From To Paid	(No Over		.	Турс	, Duoin	000			
Month   Year   Month   Year     Voluntee		or Leaving	)						
% of time DUTIES: Describe below the natu		performed by	v vou. with estim	ated per	centage (	of time	on each type	e of work. Stat	e size
on each duty and kind of working force super			•		_				

Employer Name			Address				City/State/Zip					
Dharra Niverban Comaniis arta Narra			Companies de Title			Your Title						
Phone Number   Supervisor's Name						Supervisor's Title				Your	Title	
Len	Length of Employment Check One					r Week		Type o	of Busine	000		
From To Paid					(No Overt			1 ype o	n busine	555		
Month	Year	Month	Year		Reason fo	or Leavin	g					
				Volunteer								
	f time								•	f time o	on each type of work. State size	
On each duty and kind of working force supervised by you and extent of such supervision (if any).												
Employe	er Name	!			Address				City/Sta	ate/Zi	р	
Phone N	lumber	Supervi	sor's Nar	me		Supervi	sor's Title		,	Your Title		
						\	Т					
	_	mploym		Check One	Hours Per (No Overt			Туре о	of Busine	ess		
Fro Month	Year	T Month	Year	Paid	Reason for Leaving							
WOTH	1 Cai	WOTHER	Teal	Volunteer			<u> </u>					
% of	time	DUTIES	3: Describ	e below the nature of	the work pe	erformed b	y you, with es	stimated perce	entage of	time or	n each type of work. State size	
on eac	h duty	and kin	d of work	ing force supervise	ed by you ar	nd extent o	of such supe	ervision (if an	ıy).			
IF MOI	RE SPAC	E IS REQI	JIRED, US	SE ADDITIONAL SH	IEETS ARRA	ANGED IN	THE SAME	MANNER. A	TTACH S	UCH S	SHEETS AT TOP OF PAGE.	
	NOTE										n answered. An	
		ine	complete	application may	result in i	ts disapp	roval. A re	esume may	not be s	ubsti	tuted.	
	Т	HIS AFF	IRMATI	ON MUST BE C	OMPLET	ED FOR	ACCEPTA	ANCE OF	APPLIC	ATIO	N FORM	
		l affir	m that t	he statements	made on	this app	lication (	including a	any atta	ched	papers)	
				are true	e under th	e PENA	LTIES OF	PERJURY	<b>.</b> .			
Signature of Applicant										Date		
		•		de any other na	me vou h	ave use	d in educa	ation or en	nplovm	ent		
				will outlot the	y ou 11	3 466				J.16		
The Ne	w York	State F	luman F	Rights Law pro	hibits dis	crimina	tion in em	nplovment	becaus	se of	age, race, creed, nation	
The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, national origin, sex, disability, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, greed, color, national												
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