

State of New York
Schoharie County
Personnel & Civil Service Department
Application for Employment
(Please Print or Type)

Date: _____

Position Applied for: _____

Agency: _____

Agency=Town, Village, School or County

NAME _____ SSN _____
Last First Middle Social Security Number

ADDRESS _____ PHONE _____
Number Street City State Zip Code Home & Cell

Please list any other names that you may have gone by

OTHER NAME(S) _____

DRIVERS LICENSE NUMBER _____ STATE OF ISSUE _____

COMMERCIAL DRIVERS LICENSE NUMBER _____ CLASS _____

If you are applying for a position that requires driving, your driving record will be verified and reviewed as part of the hiring process through our NYS LENS Program

EDUCATION

Type of School	Name of School	Location of School	Major or Course	# of yrs. Attended	From (Mo/Yr) to (Mo/Yr)	Diploma or Degree & Year
High School Or GED Issuer & #						
College (Undergraduate)						
College (Undergraduate)						
College (Graduate)						
Business or Trade						

Professional Licenses and Registrations: (List States & Expiration Dates) _____

Professional Memberships: _____

Briefly describe additional trainings/classes, experiences, skills or qualifications you believe would qualify you for the position for which you applied:

EMPLOYMENT HISTORY

Have you ever been employed by any of Schoharie County's departments or agencies? Yes No

If yes, Full Time Part Time Temporary For Summer Programs

If yes, what Department/Agency _____ Dates _____

Important Instructions for Completing **Employment History**

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION COULD BE REJECTED. List your entire work history including part-time, temporary and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate your qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Please be thorough and specific in the detailing of duties. *SPECIAL NOTE: If additional space is needed, attach separate sheets.*

Employer #1	From (MO. & YR.) To: _____
Telephone	_____
Complete Address	Last Weekly Pay \$ _____
Your Job Title	Hours/Week
Describe your duties	Supervisor's Name & Title
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	If no, please explain:
Employer #2	From (MO. & YR.) To: _____
Telephone	_____
Complete Address	Last Weekly Pay \$ _____
Your Job Title	Hours/Week
Describe your duties	Supervisor's Name & Title
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	If no, please explain:
Employer #3	From (MO. & YR.) To: _____
Telephone	_____
Complete Address	Last Weekly Pay \$ _____
Your Job Title	Hours/Week
Describe your duties	Supervisor's Name & Title
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	If no, please explain:

Employer #4	From (MO. & YR.) To:
Telephone	_____
Complete Address	Last Weekly Pay \$
Your Job Title	Hours/Week
Describe your duties	Supervisor's Name & Title
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	If no, please explain:

Background Check

A background check may be required for the position you are applying for so, please fill out the information accurately

Have you ever been convicted of any violation of law by any court of law? Yes No

PLEASE REMEMBER TO INCLUDE: Any military court martial and any guilty pleas.

DO NOT INCLUDE any conviction(s) occurring before your 18th birthday, or traffic violation(s), unless the conviction was for operating a vehicle under the influence (DUI or DWI) or resulted in your driver's license being suspended.

If yes, please list: Offense(s) _____ Date of Conviction(s) _____

Please Note: Not all conviction(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.

Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment.

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Are you at least 18 years of age? Yes No

Are you willing to travel on the job? If yes, are you willing to use your own vehicle? Yes No

Are you willing to work overtime? Yes No

What shifts are you willing to work? Days Evenings Nights

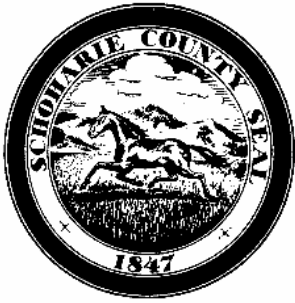
Are you willing to work: Saturdays Sundays Holidays

If you got this job how soon could you start? _____

References

Please list three references (preferably PROFESSIONAL & other than RELATIVES) that you have worked with

NAME	ADDRESS	TITLE	PHONE #	YRS. ACQUAINTED



State of New York
Schoharie County
Personnel & Civil Service Department
284 Main Street, Room 310
P.O. Box 675
Schoharie, NY 12157-0675
Phone: (518) 295-8374 Fax: (518) 295-8434
<http://www.schohariecounty-ny.gov>

RELEASE AUTHORIZING CHECK OF APPLICANT CREDENTIALS & CERTIFICATION OF ACCURACY

(PLEASE READ AND SIGN YOUR NAME)

In consideration of Schoharie County's evaluation of my suitability for employment, I hereby authorize the 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 the County, in its sole discretion, believes may have relevant information regarding my suitability for employment. I further authorize the County to perform the following checks on my credentials: request of police and/or background check, and such other checks as the County deems appropriate.

I AGREE NOT to assert any claims of causes of action of any kind against the County, its agents, its employees, or any individual contacted by the County, arising out of the County's investigation. I further release and forever discharge the County, its agents, its employees, and the individuals and companies contracted by the County as part of its investigation, from any and all claims, demands, damages, actions, cause of actions, or suits of any kind of nature whatsoever arising from the County's investigation of my credentials. I acknowledge that the 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 with the County I will be required to submit to and pass a drug test and a medical physical prior to placement in a position. I understand that I will have a probationary period for a minimum of eight (8) and/or (12) twelve weeks for a maximum of fifty-two (52) weeks during which time I must demonstrate my ability for continued employment with the County. I also understand that if I am hired in a Competitive position I cannot be put into the position permanently until after I have taken the required Civil Service Exam, pass and be reachable.

I am aware that willfully withholding information or making false statements on this application may be the basis for dismissal from County Service. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

I understand that by signing below I am acknowledging that I have read and understand the above statement.

Signature of Applicant

HOW DID YOU FIND OUT ABOUT THIS POSITION?

County Website

Friend or Family

County Bulletin Boards

Newspaper Name _____

Other _____

(7/06 cre)

Office Use Only Application Status

Qualified

Not Qualified

More Information Required