

City of Oneida

Civil Service Examination and Employment
Application
109 North Main St., Oneida, NY 13421
Phone: 315-363-2022

DO NOT WRITE IN THIS SPACE

Notified: _____
Approved: _____
Conditioned: _____

Please print or type

Read Instructions Carefully

Position Applying for: _____ Exam No: _____
Home telephone: _____ SS#: _____
Work Telephone: _____ Email Address: _____
Name: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____

If you require special testing arrangements due to a disability, religious observance or active military duty, please explain:

Are you under 18 years of age? Yes No
If you are applying for a Police Officer position, please provide date of birth: _____

State your permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application (if less than 1 month, also list previous address):
City/Town: _____
County: _____
State: _____
Number of years and/or months at this address: _____

Date Received by CSC: _____

CITY OF ONEIDA

An Equal Opportunity/Affirmative Action Employer

It is the policy of the City of Oneida to provide accommodations in testing to individuals with disabilities and religious observers and to provide for & promote equal opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, or marital status. NOTE: When filing out your application form, check to make sure that all appropriate questions have been answered. Incomplete applications may result in disqualification.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

I affirm that all statements made on this application (including any attached 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

If you answer "yes" to any of the following questions, give specifics below or on a separate sheet. None of the below circumstances represents an automatic bar to employment. Each case is evaluated on the individual merits in relation to the position for which you are applying:

- Were you ever dismissed or discharged from employment for reasons other Than lack of work or funds? Yes No
- Did you ever resign from any employment rather than face dismissal? Yes No
- Did you ever receive a dishonorable discharge from the Armed Forces of The United States? Yes No
- Have you ever been convicted of any crime (felony or misdemeanor)? Yes No
- Are you now under charges for any crime?

Do you have a NYS Driver's license? Yes No Class & Date of Expiration:

I am a U.S. citizen or an alien lawfully authorized to work in the U.S.: Yes No

(NOTE: The Immigration Control and Reform Act of 1986 requires that employers hire only U.S. citizens and aliens lawfully authorized to work in the United States. New employees are required under the Act to provide proof of work eligibility.)

I am a New York State resident: Yes No

Extra Credit for War Time Veterans: Please refer to the back page of this application for complete claim information.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:

The information an applicant provides on this application is 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 exam(s) for which they have been applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disqualification of the application. This information will be maintained by the Oneida City Civil Service Commission.

EDUCATION: Have you graduated from high school? Yes No If yes, year graduated: _____

If No, highest grade completed? _____ Name & Location of High School: _____

If you have a high school equivalency diploma, indicate issuing gov't authority: _____

and date of issue: _____

HIGHER EDUCATION:

If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. If required to indicate specific course work, do so on a separate sheet of paper.

Name of school & City where located:	Dates of Attendance: From ___ to ___	Type of Course or Major Subject	# of Credits & Type of Degree	Were you graduated?	Date Degree received or Expected:

Other Schools or Special Courses:

LICENSES: If a license, certificate, or other authorization to a practice a trade or profession is listed as a requirement on the exam announcement for which you are applying, complete the following: (If not currently licensed, please indicate so.)

Name of trade or profession:	License number:	Granted by: (licensing agency)	City/State of:
Specialty:	Date License First Issued:	Registered:	From: (mo/yr) To: (mo/yr)

DESCRIPTION OF EXPERIENCE: Beginning with the most recent, describe below in detail all employment that is pertinent to the position applied for. If the exam announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work showing its volunteer nature in the earnings box. You are responsible for submitting an accurate, adequate, and clear description of your experience. Omissions or vagueness will not be interpreted in your favor. If your military service includes experience pertinent to the position, describe such as separate employment. If your title or duties changed materially in the course of your service, indicate such clearly.

Length of Employment: From: _____ Mo _____ Yr To: _____ Mo _____ Yr	EXACT TITLE:	Firm name and Address:
Supervisor & Supervisor's title:	Describe Duties:	
Final Salary:		
# of Hrs worked/week:		
Reason for leaving:		
Length of Employment: From: _____ Mo _____ Yr To: _____ Mo _____ Yr	EXACT TITLE:	Firm name and Address:
Supervisor & Supervisor's title:	Describe Duties:	
Final Salary:		
# of Hrs worked/week:		
Reason for leaving:		

(Continued on next page).

Length of Employment: From: To: ____ Mo ____ Yr ____ Mo ____ Yr	EXACT TITLE:	Firm name and Address:
Supervisor & Supervisor's title:	Describe Duties:	
Final Salary:		
# of Hrs worked/week:		
Reason for leaving:		
Length of Employment: From: To: ____ Mo ____ Yr ____ Mo ____ Yr	EXACT TITLE:	Firm name and Address:
Supervisor & Supervisor's title:	Describe Duties:	
Final Salary:		
# of Hrs worked/week:		
Reason for leaving:		

EXTRA CREDIT FOR WAR TIME VETERANS

Certain veterans are entitled to receive additional credit in competitive Civil Service examinations. Article V, Section 6 of the State Constitution provides that to receive additional credit a veteran:

- Must have served or be serving in time of war (see below);
 - Must have received or expect to receive an honorable discharge or have been released under honorable circumstances;
 - Must be a resident of NYS at time of application for examination.
-

1. 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 U.S. pursuant to call as provided by law on a full-time active duty basis, other than active duty for training purposes.)

_____ Yes _____ No

If Yes, check for which of the following time of war periods you are claiming extra credit (If you answered "No" to question #1, credits may not be claimed.):

2a. I am now serving or have served on an active duty basis other than active duty for training purposes in the U.S. Armed Forces during one or more of the following:

____ Korean Conflict (June 27, 1950 to January 31, 1955)

____ Viet Nam Conflict (December 22, 1961 to May 7, 1975)

____ Persian Gulf Conflict (August 2, 1990 to the date upon which such hostilities end)

2b. I earned the Armed Forces, Navy, or Marine Corps expeditionary medals for:

____ Hostilities in Lebanon (June 1, 1983 to December 1, 1987)

____ Hostilities in Grenada (October 23, 1983 to November 21, 1983)

____ Hostilities in Panama (December 20, 1989 to January 31, 1990)

(NOTE: If claiming any time of war service prior to 1950, please discuss with the Civil Service Secretary.)

3. I am receiving payments from the U.S. Dept of Veterans Affairs for a service-connected disability rated at 10% or more incurred during a war time period listed above: _____ Yes _____ No

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 establishment of the eligible list. You may make application for such credit at any time between date of application for exam & the establishment of the eligible list. Credit may not be granted after an eligible list has been established. If it is determined, based on required proof submitted in a timely manner, that you are entitled to veterans' credits, they shall be granted as follows: Disabled veterans- 10 pts on open competitive exam, 5 pts. On promotion exam; Non-disabled veterans- 5 pts on open competitive exam, 2.5 pts on promotion exam. To be eligible for disabled veterans' credits, one must be certified by the VA as being entitled to receive payments for a service-connected disability rated @ 10% or more, which was incurred during war time, and must provide required proof of that disability. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by the City. 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 appointment(s).

CITY OF ONEIDA CIVIL SERVICE COMMISSION, 109 N MAIN ST, ONEIDA NY 13421

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