

Leave this space blank

Leave this space blank

Date Received
Fee Received
\$
By

GREENE COUNTY CIVIL SERVICE COMMISSION

PHONE: 518-719-3253 FAX: 518-719-3772

GREENE COUNTY HUMAN RESOURCES DEPARTMENT

PHONE: 518-719-3775 . FAX: 518-719-3772

411 MAIN STREET, CATSKILL, NY 12414

www.greenegov.com

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Application	
Approved	_____
Disapproved	_____
Conditional	_____

PLEASE PRINT OR TYPE - READ INSTRUCTIONS CAREFULLY This application, when used for Civil Service, is part of your examination process. Answer all questions fully and carefully. Some questions can be answered with an "X" in the box which applies to you. Attach additional sheets if necessary.

Position Applying for:	Civil Service Exam No. (if applicable)
---------------------------	---

Name:																									
	Last												First								MI				
Soc. Sec. #:																									
Legal Address:																									
																	Apt No.								
Mailing Address: (if different)																	State				Zip Code				
																	State				Zip Code				
Home Telephone:																									
	Area Code																								
Work Telephone:																									
	Area Code																								

2. Are you able to fulfill the essential functions of this job with or without reasonable accommodations? ☐ YES ☐ NO
Note: If you require special testing arrangements due to a disability, religious observance, active military duty, or an alternate test date you must obtain and complete the appropriate form from this office.

3. Are you under 18 years of age? ☐ YES ☐ NO
If you are applying for a Police Officer or Deputy Sheriff position,
Please provide Date of Birth

If you are applying for a Corrections Officer position, are you under 21 years of age? ☐ YES ☐ NO

4. Have you ever taken any other examinations given by this department? YES NO

☐ ☐

If “yes” give titles and dates.

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered.

AN INCOMPLETE APPLICATION MAY RESULT IN ITS DISAPPROVAL.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

5. State your actual, permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

NAME	YEARS	MONTHS
School District		
City or Village		
Town of		
County of		
State of		

Notify Civil Service immediately of any change of address. When writing, give the number and title of exam.

6.Check appropriate box to the right of each question:

A. Were you ever dismissed or discharged from any employment for reason other than lack of work or funds?

YES
☐

NO
☐

B. Did you ever resign from any employment rather than face dismissal?

YES
☐

NO
☐

C. Did you ever receive a dishonorable discharge from the armed forces of the United States?

YES
☐

NO
☐

D. Except for minor traffic violations, have you ever been convicted of a violation of the law? (A YES answer does not necessarily preclude you from employment with Greene County and/or a particular agency). You must disclose violations, misdemeanors, and felony convictions including all DWI and DWAI convictions. You should answer NO if you have had a conviction sealed by a court, the offense resulted in a youthful offender adjudication, or if it was adjourned in contemplation of dismissal (ACOD) and the adjournment period has ended.

YES
☐

NO
☐

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charge?

YES
☐

NO
☐

F. Are you now under charges for any crime?

YES
☐

NO
☐

If you answered ‘YES’ to any of the questions above, give specifics below or on an additional sheet. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

7. Do you have a New York State Driver’s License?

YES
☐

NO
☐

Class:

Date of Expiration:

8. Cross-Filling: If you cross-file for an exam with more than one civil service agency, you must notify each agency so that arrangements can be made for you to take a single written test for all jurisdictions for which you apply. Please indicate the names of the jurisdictions where other applications have been filed and the location where you wish to take this test. Failure to notify each agency may result in disqualification from one or more examinations in the series.

9. If, for this examination, you wish to claim additional credits as an honorable discharged veteran, you must obtain an application from Gr. Co. Civil Service or their website, for veterans credits and attach to this application, check the appropriate box below and answer questions A-D below:

☐ DISABLED WAR VETERAN

☐ NON-DISABLED WAR VETERAN

Answer questions A-D ONLY if you are claiming additional credits as a disabled or non-disabled veteran for the examination (s) indicated on this application.

A. Have you ever served in the Armed Forces of the United States? (The “Armed Force 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 active duty basis other than active duty for training purposes.)

YES
☐

NO
☐

B. If “YES” did you receive a DISHONORABLE discharge?

YES
☐

NO
☐

C. Did you serve in the Armed Forces of the United States during any of the following periods?

YES
☐

NO
☐

- Dec. 7, 1941 to Dec. 31, 1946; June 27, 1950 to Jan. 31, 1955; Feb. 28, 1961 to May 7, 1975; Persian Gulf conflict Aug. 2, 1990 to the date upon which such hostilities end.

- U.S. Public Health Service: July 29, 1945 to Sept. 2, 1945 or June 26, 1950 to July 3, 1952.

- The armed Forces expeditionary medal, Navy expeditionary medal or Marine Corps expeditionary medal for: Hostilities in Lebanon: June 1, 1983 to Dec. 1, 1987; Hostilities in Grenada: Oct. 23, 1983 to Nov. 21, 1983; Hostilities in Panama: Dec. 20, 1989 to Jan. 31, 1990.

D. 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? If yes, name agency that established list:

YES
☐

NO
☐

Note: All claims and grants of veterans 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 appointment on which you have been granted additional credits as a result of such material misstatement or fraud.

10. Are you an exempt volunteer firefighter?

YES
☐

NO
☐

11. Are you legally authorized to work in the United States?

YES
☐

NO
☐

(Note: You will be required to produce proof of identity and employment authorization at the time of hire.)

GREENE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

IT IS THE POLICY OF GREENE COUNTY TO PROVIDE FOR AND PROMOTE THE EQUAL OPPORTUNITY OF EMPLOYMENT, COMPENSATION AND OTHER TERMS AND CONDITIONS OF EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, OR ANY OTHER PROTECTED STATUS. ABSOLUTELY NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION OF ANY PROTECTED CLASS.

12. EDUCATION. If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and location of High School										
If you have a high school equivalency diploma, indicate issuing Governmental Authority						Number		Date of Issue		
College, University, Professional or Technical School	Name of School and City in which located	Date of Attendance (Month & Year) From	To	Day or Night	Full or Part-	# of yrs credited	Did you graduate	Type of Course or Major Subject	# of college credits rec'd	Type of Degree Rec'd
Other Schools or Special Courses										

13. LICENSES. If a license, certificate or other authorization to practice a trade or profession is a requirement for this position to which you are applying, complete the following question. If not currently licensed, check this box ☐

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date License First Issued	Registered From (Mo./Yr.)	To:(Mo./Yr.)

14. EXPERIENCE: **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. You may include a resume but do not substitute a resume. Under “DUTIES” describe in detail the nature of work which you personally performed. If you supervised, state how many people and the nature of such supervision. ALL EXPERIENCE IS CONSIDERED FULL-TIME unless specified in the minimum qualifications or on the exam announcement. Verified and documented volunteer experience, paid internship and education will only be credited when specifically stated in the minimum qualifications or on the examination announcement. Unpaid internship does not qualify. If more space is needed, attach 8 1/2 x 11 sheets of paper. Sheets must contain all information as requested on this form. (E.g. number of hours worked per week, dates (month & year) of employment & etc...)**

Length of Employment From To Mo.____ Yr.____ Mo.____ Yr.____	Firm Name	Address	City and State
Exact Title_____	Describe Duties_____		
Name of Your Supervisor _____	_____		
Supervisor’s Title_____	_____		
Final Salary_____	_____		
No. of hours worked per week_____	_____		
Reason for Leaving_____	_____		
Length of Employment From To Mo.____ Yr.____ Mo.____ Yr.____	Firm Name	Address	City and State
Exact Title_____	Describe Duties_____		
Name of Your Supervisor _____	_____		
Supervisor’s Title_____	_____		
Final Salary_____	_____		
No. of hours worked per week_____	_____		
Reason for Leaving_____	_____		

Length of Employment From To Mo. ___ Yr. ___ Mo. ___ Yr. ___	Firm Name	Address	City and State
Exact Title _____ Name of Your Supervisor _____ Supervisor's Title _____ Final Salary _____ No. of hours worked per week _____ Reason for Leaving _____	Describe Duties _____ _____ _____ _____ _____		
Length of Employment From To Mo. ___ Yr. ___ Mo. ___ Yr. ___	Firm Name	Address	City and State
Exact Title _____ Name of Your Supervisor _____ Supervisor's Title _____ Final Salary _____ No. of hours worked per week _____ Reason for Leaving _____	Describe Duties _____ _____ _____ _____ _____		
Length of Employment From To Mo. ___ Yr. ___ Mo. ___ Yr. ___	Firm Name	Address	City and State
Exact Title _____ Name of Your Supervisor _____ Supervisor's Title _____ Final Salary _____ No. of hours worked per week _____ Reason for Leaving _____	Describe Duties _____ _____ _____ _____ _____		

15. Have you any objections to our contacting your previous or current employers?

YES ☐ NO ☐

Explain: _____

16. Please list all other legal names used, including maiden name if applicable.

17. THIS AFFIRMATION MUST BE COMPLETED

An unsigned application will result in its disapproval.

I affirm that the statements made on the application (including any attached papers) are true under the penalties of perjury. I authorize investigation of all matters contained in this application.

Signature of Applicant _____ Date _____

BACKGROUND INVESTIGATION, FINGERPRINTING AND DRUG SCREENS

For original appointments to positions in the classified service, which require background checks, applicants may be required to undergo a State & National criminal history background investigation, which will include a fingerprint check to determine suitability for employment. In addition, candidates receiving a conditional offer of employment with a Greene County Department, must successfully pass a drug screen. Failure to meet the above standards may result in disqualification.

Applicant's Signature _____

APPLICANT CONSENT FORM FOR PRE-EMPLOYMENT INVESTIGATION & RELEASE

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of Greene County's review of my application for employment (herein referred to as EMPLOYER), I hereby voluntarily consent to and authorize EMPLOYER, or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include the following:

- Employment Verification, Education Verification, Credentials Verification
- Personal Identity Verifications, Past Employment Verification, Reference Checks
Criminal Records, Civil Cases, Motor Vehicle Records, Credit Report

I authorize all persons and organizations that may have information relevant to this research to disclose such information to EMPLOYER or its authorized agents. I hereby release EMPLOYER, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act (FCRA), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

Confidentiality: The records obtained pursuant to this release will be maintained in a confidential manner.

(Signature of Applicant)

(Date)

(Printed Name)

(Social Security Number)

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
	Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051