

# CLINTON COUNTY APPLICATION FOR EMPLOYMENT

THIS FORM MAY BE USED FOR TITLES THAT DO NOT REQUIRE WORK EXPERIENCE AS A MINIMUM QUALIFICATION. AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

## APPLICATION TO BE COMPLETED BY EMPLOYEE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_ Social Security #: \_\_\_\_\_

Address of legal residence: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

List any other LAST names by which you have been known: \_\_\_\_\_

YES  NO  Has your permanent, legal residence been in Clinton County 30 continuous days up to and including appointment date?

If NO, indicate the county of your permanent legal residence: \_\_\_\_\_

YES  NO  Are you under 18? If YES, attach the appropriate Student General Employment Certificate if required.

YES  NO  Are you a citizen of the United States? If NO, attach proof of eligibility for employment in the US.

YES  NO  Are you an exempt volunteer firefighter?

YES  NO  Are you a veteran?

### ADDITIONAL QUESTIONS

YES  NO  Were you ever dismissed or discharged from any 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 discharge from the Armed Forces of the United States which was other than Honorable" or which was issued under other than honorable conditions?

YES  NO  Have you ever been convicted of any crime (felony or misdemeanor)?

YES  NO  Are you now under charges for any crime?

YES  NO  Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?

If you answered YES to any of the above ADDITIONAL QUESTIONS please provide details below:

Applicants may be required to undergo and pay for a state and national criminal history background investigation, which includes a fingerprint check, to determine suitability for appointment.

This affirmation must be signed: I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury. Attach supporting documentation to prove minimum qualifications listed on the position description.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## REPORT OF PERSONNEL CHANGE FORM TO BE COMPLETED BY COUNTY AGENCY

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Position Control # \_\_\_\_\_ Salary: \_\_\_\_\_

If minimum and/or maximum age limits are established for the position enter date of birth: \_\_\_\_\_

Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Permanent Full-Time

Temporary Full-Time

Temporary On-Call

Permanent Part-Time

Temporary Part-Time

NYS Retirement # \_\_\_\_\_ **OR**  Optional / Membership Declined

Print Name of Appointing Officer: \_\_\_\_\_

Signature of Appointing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY CLINTON COUNTY PERSONNEL DEPARTMENT

It is hereby certified that the employee listed on this Personnel Report has been employed in accordance with Civil Service Rules.

Unless changes occur, the salary payments listed are certified through your agencies fiscal year.

Approval Date:

Approved By:

Rev: 1/30/2012