

**ONONDAGA COUNTY APPLICATION FOR OPEN COMPETITIVE EXAMINATION OR EMPLOYMENT Form P-200 rev 12/2013**

MAIL OR DELIVER TO: Onondaga County Department of Personnel, 421 Montgomery Street, 13th Floor, Syracuse NY 13202-2959 Phone (315) 435-3537 ❖www.ongov.net

Job / Exam Title \_\_\_\_\_ TYPE OR PRINT CLEARLY IN INK \_\_\_\_\_ Exam # \_\_\_\_\_

**NAME AND ADDRESS:** IMMEDIATE notice should be given to this office if any changes in address occur.

Last	First	Middle	Social Security #
<b>Legal Address</b> _____			<b>Mailing (If different from legal)</b>
Apt/Rd#	_____		Address _____
City/Village	_____		City/Village _____
Town	_____		State _____ ZIP _____
School District	_____		<b>E-Mail Address</b> _____
County	_____		<b>Home Phone</b> ( ) _____ - _____
State	_____ ZIP _____		<b>Work Phone</b> ( ) _____ - _____

**Veteran's Credit:** If you wish to claim additional credit as a disabled/non-disabled wartime veteran or current active member of the U.S. armed forces, you must do so NOW by checking the appropriate box. Documentation of your veteran status (i.e. discharge papers) should be attached to your application or mailed to this department prior to the eligible list establishment date. Current active duty military personnel must provide proof of active military status at time of application to receive conditional credit.

**Veteran**  **Disabled Veteran**  **Currently On Active Duty**

Since January 1, 1951, have you used additional credits as a disabled/non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? YES  NO

**COMPLETE FOR LAW ENFORCEMENT, CORRECTION, CUSTODY, FIREFIGHTER and SCHOOL BUS DRIVER POSITIONS ONLY**

Are you a citizen of the United States? YES  NO  Date of Birth / /

**Place An "X" In The Appropriate Space. Explain all "yes" responses in the space provided below.**

1. YES  NO  Were you ever dismissed or resigned in lieu of dismissal from any public employment due to disciplinary reasons?
2. YES  NO  **CONVICTION\*** Have you ever been convicted of any crime (felony or misdemeanor)?  
 Explain for each case: 1) Charge, 2) Place, 3) Date, 4) Action taken - You may omit parking violations.  
 \*Convictions will not necessarily disqualify you from taking an exam but may bar you from appointment. What you were convicted of and how long ago is important. Each case is evaluated in relation to the duties and responsibilities of the position for which you have applied.
3. YES  NO  Do you need special arrangements for this exam (religious accommodation or disabled?)\* If yes, explain below.  
 \*It is the candidate's responsibility to state accommodations needed for each and every exam for which the candidate applies.

**Use This Space For Explanations** (Attach additional sheets if more space is needed.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BACKGROUND INVESTIGATION:** Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

**DECLARATION** (this affirmation *must be signed and dated*) I understand that false statements made herein are punishable as a **Class A Misdemeanor**, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

**Payment Enclosed:** Check # \_\_\_\_\_ / Cash / Money Order / Visa / MC / Discover / Waived (proof must be attached) (check one)

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PERSONNEL DEPARTMENT USE ONLY:** Reviewer \_\_\_\_\_ Date \_\_\_\_\_ Approved  Disapproved

Reason/Comments: \_\_\_\_\_

Recv'd By \_\_\_\_\_

Education: If more space is needed, attach additional sheets.	Years Completed	Graduated yes /no	Major Course of Studies	College Credits Received	Type of Degree Receive	Date Degree Received
High School or Equivalency			XXXXXXXX XXXXXXXX	XXXXX XXX	XXXXX XXXXX	XXXXXX XXXXXX
College, University, Professional or Technical School						
Other Schools or Special Courses						

**License** Do you possess a license to practice a trade or profession? YES  NO  License/certificate# \_\_\_\_\_

Name of trade or profession \_\_\_\_\_ Licensing Agency \_\_\_\_\_

City/State \_\_\_\_\_ Original Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Driver's License** (Complete only if the position for which you are applying requires one.) Number \_\_\_\_\_

Date of Expiration \_\_\_\_\_ Class of license \_\_\_\_\_ Endorsements \_\_\_\_\_ Restrictions \_\_\_\_\_

**Experience:** You must complete this section whether or not you submit a resume. Beginning with your most recent, **describe in detail**, any employment, volunteer experience or military service that qualifies you for the position sought. **Duties:** Describe the nature of the work personally performed by you, with estimated % of time on each type of work. State size and kind of work force, if any, supervised by you and the extent of such supervision. If more space is needed, attach additional sheets. **All statements are subject to verification.**

Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Salary			
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Salary			
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above.		
Salary			
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above.		
Salary			
Hours per week			
Reason for Leaving			

**ONONDAGA COUNTY DEPARTMENT OF PERSONNEL  
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE**

The following information is voluntary and will be maintained confidentially. This information will not be released to any employing agency.

**SOCIAL SECURITY #:** \_\_\_\_\_

**EXAM TITLE:** \_\_\_\_\_

**EXAM DATE:** \_\_\_\_\_

**MALE**

**FEMALE**

**White/Non-Hispanic**

**Black**

**Hispanic**

**Asian/Pacific Islander**

**American Indian/Alaskan Native**

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**RECRUITING INFORMATION**

**How did you learn about this job?**

Onondaga County Personnel.....

NYS Employment Office

Private Employment Office

Community Organization .....

Newspaper

Relative/Friend

Government Employee .....

Radio and/or Television

Internet

Onondaga County does not discriminate because of race, creed, color, citizenship, national origin, age, sex, religion, marital status, conviction record, disability, genetic predisposition or carrier status, pregnancy, or sexual orientation. Onondaga County's programs are accessible to all as required by 45FR84.22B. If you have a disability for which you wish accommodation in visiting a county office or in receiving county services, please contact the head of the respective department or his/her representative to make arrangements. Onondaga County's Equal Employment Program and compliance with the Vocational Rehabilitation Act (Section 504) is coordinated by the County Personnel Department. NOTE: Federal law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S., and to provide for review certain documents establishing your identity and work authorization, such as birth certificate, etc.