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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Legal Address</th>
<th>Mailing (If different from legal)</th>
<th>Apt/Rd#</th>
<th>City/Village</th>
<th>Town</th>
<th>School District</th>
<th>County</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

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. Current active duty military personnel must provide proof of status at time of application to receive conditional credit. Veteran credit claims must be verified before the eligible list is established.

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 ☐

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

YES ☐   NO ☐ Are you an Exempt Volunteer Firefighter?

YES ☐   NO ☐ Were you ever dismissed or resigned in lieu of dismissal from any public employment due to disciplinary reasons?

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.

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.

YES ☐   NO ☐ Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? (Section 50-b of NY State Civil Service Law)

YES ☐   NO ☐ If you do have a loan, are you presently in default on any such loan?

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

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.

APPLICANT’S SIGNATURE ___________________________ DATE ______________________

PERSONNEL DEPARTMENT USE ONLY: Reviewer ___________________ Date ___________ Approved ☐   Disapproved ☐

Reason/Comments: ________________________________

Payment Type: Ck# _______ / Money Order / Visa/MC Waived (proof attached) ___________________ Recv’d By ______
**Education:** If more space is needed, attach additional sheets.

<table>
<thead>
<tr>
<th>Years Completed</th>
<th>Graduated yes/no</th>
<th>Major Course of Studies</th>
<th>College Credits Received</th>
<th>Type of Degree Received</th>
<th>Date Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highschool or Equivalency</th>
<th>College, University, Professional or Technical School</th>
<th>Other Schools or Special Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
</tbody>
</table>

**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.**

<table>
<thead>
<tr>
<th>Length of Employment</th>
<th>Firm Name</th>
<th>Address</th>
<th>City and State</th>
<th>Type of Business</th>
<th>Your Title</th>
<th>Name / Title of Supervisor</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Mo. Yr. To: Mo. Yr.</td>
<td>Firm Name</td>
<td>Address</td>
<td>City and State</td>
<td>Type of Business</td>
<td>Your Title</td>
<td>Name / Title of Supervisor</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Total Yrs. Mos.</td>
<td>DUTIES: See directions above</td>
<td>Salary</td>
<td>Hours per week</td>
<td>Reason for Leaving</td>
<td></td>
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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 (circle):        A. White/Non-Hispanic        B. Black        C. Hispanic        D. Asian/Pacific Islander        E. American Indian/Alaskan Native
FEMALE (circle):   G. White/Non-Hispanic         H. Black         I. Hispanic         J. Asian/Pacific Islander         K. American Indian/Alaskan Native

RECRUITING INFORMATION

How did you learn about this job?
A) Onondaga County Personnel ........  B) NYS Employment Office
D) Community Organization...............  E) Newspaper
G) Government Employee.................. H) Radio and/or Television

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.