



APPLICATION FOR EXAMINATION/EMPLOYMENT

UPON COMPLETION MAIL OR DELIVER TO:
CITY OF OSWEGO
PERSONNEL DEPARTMENT
 City Hall 3rd Floor
 13 West Oneida Street, Oswego NY 13126
 315-342-8159

READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING This application is part of the examination and must be filled out completely and accurately. Answer all questions fully, printed in ink or typed. Attach additional sheets and documents, if needed, to give complete information. If you apply for more than one examination, a separate application or copy must be filed for each. (PLEASE PRINT OR TYPE)

THE CITY OF OSWEGO IS AN EQUAL OPPORTUNITY EMPLOYER-WOMEN AND MINORITIES ARE ENCOURAGED TO APPLY. It is the policy of The City of Oswego 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.

1. Last Name	First Name	MI
2. Mailing Address		
City /State/Zip		
Social Security No.		
REQUIRED INFORMATION		
LEGAL ADDRESS (Not a Post Office Box #)		
Number and Street		
City/ State/ Zip Code		
State length of time at residence		YEARS / MONTHS
3. Home Phone	Business Phone	

Please indicate, in the boxes below, each of the municipalities/districts in which you are a legal resident and have been for at least 30 days prior to the examination date. If your residency changes, you must immediately notify the City of Oswego Personnel Department, in writing.

County	City / Town / Village	School District

4. Exam Number	Title
5. Are you filing for examinations with other civil service commissions that are being held on the same date? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a separate sheet listing which commissions and the titles of the examinations.	
6. Are you requesting testing accommodation(s)? YES NO (such as for a disability or an alternate test date) <input type="checkbox"/> <input type="checkbox"/> Please submit your requests for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). Follow instruction "F" on the last page of this application.	
7. Check appropriate box:	
A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?	YES NO <input type="checkbox"/> <input type="checkbox"/>
B. Did you ever resign from any employment rather than face dismissal?	YES NO <input type="checkbox"/> <input type="checkbox"/>
C. 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 circumstances?	YES NO <input type="checkbox"/> <input type="checkbox"/>
D. Have you ever been convicted of any crime (felony, misdemeanor or violation including traffic infractions)?	YES NO <input type="checkbox"/> <input type="checkbox"/>
E. Have you ever forfeited a bail bond posted to answer any criminal charge (felony, misdemeanor or violation including traffic infractions)?	YES NO <input type="checkbox"/> <input type="checkbox"/>
F. Are you now under charges for any crime (felony, misdemeanor or violation including traffic infractions)?	YES NO <input type="checkbox"/> <input type="checkbox"/>
If you answered "YES" to any of the questions 7 A-F above, you must give specifics. (Attach additional 8½" by 11" sheets.) If such explanation is insufficient, a confidential investigation supplement will be sent to you. 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(s) for which you are applying.	

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. IT IS A CRIME PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, PUNISHABLE AS A CLASS "A" MISDEMEANOR, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

FOR CITY EMPLOYMENT: IN ACCORDANCE WITH CITY OF OSWEGO COMPREHENSIVE DRUG-FREE WORKPLACE POLICY AND PROCEDURES, AND COMMITMENT TO MAINTAIN A SAFE, ALCOHOL AND DRUG-FREE WORK ENVIRONMENT, YOU MAY BE REQUIRED TO SUBMIT TO URINANALYSIS, BREATH, AND/OR BLOOD TEST. IN ADDITION, IF OFFERED EMPLOYMENT, YOU WILL BE SUBJECT TO THE CITY OF OSWEGO FINGERPRINTING POLICY UNDER WHICH YOUR APPOINTMENT MAY BE CONDITIONED ON THE RESULTS OF A FINGERPRINTING INVESTIGATION.

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED: By my signature below, I hereby authorize the City of Oswego, and/or its respective Departments, Offices or Agencies to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records. I further release the City of Oswego and/or its respective Departments, Offices or Agencies, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand the "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of the front page of the Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for examination/employment are subject to investigation and verification, including a background investigation by the prospective appointing authority.)

Signature of Applicant _____ **Date** _____

Is additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your school and/or work record? YES NO
If yes, please indicate here: _____

DO NOT WRITE BELOW - FOR PERSONNEL DEPT. USE		
<input type="checkbox"/> Approved by: _____ Date: _____ <input type="checkbox"/> Conditional: _____ <input type="checkbox"/> Disapproved: _____	PAID	DATE RECEIVED

VETERANS: If you served or if you are an active member of the Armed Forces of the United States, read and fill out **Section G** on page 4
(**FORM DD214 or proof of current service MUST BE ATTACHED**)

CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY: In conformance with section 85a of the New York State Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this department of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.

I claim additional credit as a child of a firefighter or police officer killed in the line of duty. Yes No

Are you 18 years of age or older? Yes No If NO, Date of Birth Month/Day/Year

Are you a citizen of the United States? Yes No If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

Do you have a High School Diploma? Yes No Name and Location of High School

Or a High School Equivalency (GED) Diploma? Yes No Issuing Governmental Authority Document Number

TRANSCRIPTS: previously filed on request from school

An official transcript is required as verification within 60 days after the date of the examination for periodic examinations; and prior to participation in continuous recruitment examinations. If the examination announcement asks for specific course work, list the courses which you have passed on an attached sheet. If you claim credit for a partially completed college curriculum, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation.

COLLEGE/UNIVERSITY

Name of School and City in which located	Dates of Attendance (Month/Year) From To	Type of Course or Major	Number of College Credits Received	Were you graduated?	Type of Degree Received	Date Degree Received or Expected

PROFESSIONAL SCHOOLS, RESIDENCIES, MILITARY SERVICE SCHOOLS, OTHER SCHOOLS

LICENSE: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination, or posting, for which you are applying, complete the following and **attach a copy:**

Name of Trade or Profession	Specialty	License Number
Granted by (Licensing Agency) City or State	Date License First Issued	Registered From (Mo/Yr) To (Mo/Yr)

Do you currently have a valid driver's license? _____ If YES, what class? _____

List all traffic violations incurred over the last three years. _____

Note: If a position requires a specified license to operate a motor vehicle, the applicant must provide the appointing authority with proof of a current, valid license (subject to verification) prior to appointment.

REFERENCES: List below the names of three individuals familiar with your ability to perform the job for which you are applying.

NAME	ADDRESS	PHONE (Business or Home)

DESCRIPTION OF EXPERIENCE

ALL SECTIONS MUST BE FILLED OUT COMPLETELY. DO NOT LEAVE BLANK. A RESUME IS NOT A SUBSTITUTE.

Carefully read the minimum qualifications for the position/examination for which you are applying.

Fee(s) will not be refunded if you do not meet the established qualifications.

List below all relevant work experience. A resume is not a substitute. Be more specific in describing your experiences relating to the minimum qualifications of the position or examination for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be interpreted in your favor. Include military service experience when appropriate. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job description or examination announcement. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8½" X 11" sheets of paper using the same format.)

Length of Employment Mo. Yr. / / From / To /		Name of Employer	Address	City and State
Earnings	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of Business		Describe duties below :		
Your Exact Title				
Name of your Supervisor				
Supervisor's Title				
Reason for Leaving				
Length of Employment Mo. Yr. / / From / To /		Name of Employer	Address	City and State
Earnings	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of Business		Describe duties below :		
Your Exact Title				
Name of your Supervisor				
Supervisor's Title				
Reason for Leaving				
Length of Employment Mo. Yr. / / From / To /		Name of Employer	Address	City and State
Earnings	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of Business		Describe duties below :		
Your Exact Title				
Name of your Supervisor				
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Length of Employment Mo. Yr. / / From / To /		Name of Employer	Address	City and State
Earnings	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of Business		Describe duties below :		
Your Exact Title				
Name of your Supervisor				
Supervisor's Title				
Reason for Leaving				
Length of Employment Mo. Yr. / / From / To /		Name of Employer	Address	City and State
Earnings	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of Business		Describe duties below :		
Your Exact Title				
Name of your Supervisor				
Supervisor's Title				
Reason for Leaving				

Have you answered all appropriate questions? An incomplete application may be disapproved.

Student Loan Supplement

Do you have any loans made or guaranteed by the NYS Higher Education Services Corporation which are currently outstanding? Yes No

If so, are you presently in default on any such loan? Yes No

Name _____ Address _____

Signature _____ Date _____

INSTRUCTIONS AND INFORMATION

There is a non-refundable application filing fee per examination number. **No cash accepted.** A check or money order only (payable to The City of Oswego) must accompany this application. One check may be used. Record all exam numbers on the check. Applications received without the filing fee will be returned.

A. EXAMINATION ANNOUNCEMENT

Before filling out your application, carefully read the examination announcement. Announcements may be viewed at the City of Oswego, City Hall, Personnel Department 3 rd Floor, Oswego NY or the Department's website, www.oswegony.org.

B. QUALIFICATIONS

The burden of establishing required qualifications is the responsibility of the applicant. Fees are not refunded for disqualification. Out-of-title experience cannot be credited towards meeting the minimum qualifications. Applications will be rejected for lateness, if postmarked or received after the last filing date. Part-time experience will be pro-rated based on a 35-hour work week.

C. ADMISSION TO EXAMINATION

Admission notices are mailed the week prior to the examination date. If you do not receive a notice three days prior to the exam date, call (315) 342-8159. Candidates will be required to bring proof of identification to the examination such as a passport, photo driver license, or a photo non-driver I.D. Participation in the examination does not mean you have been found to meet the announced requirements. Applicants may be admitted on the basis of statements made on the application which are subject to review and verification. Scores will not be available if a disqualification determination is made subsequent to the examination.

D. DISQUALIFICATION APPEAL

Any appeal of a disqualification notice must be made in writing and received in the Personnel Department by the date and time indicated on the notice.

E. LEGAL ADDRESS CHANGES

You must report a change in address to insure proper notification of test results and certification of civil service lists. Residency must be established 30 days prior to the examination date in order to meet residence preference requirements.

F. TESTING ACCOMMODATION (ATTACH REQUEST)

If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required. Most written tests are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a documented religious observance or practice we will make arrangements for you to take the test on a different date. Please check the appropriate box below.

AN ALTERNATE TEST DATE MAY BE REQUESTED ONLY FOR ONE OF THE FOLLOWING REASONS: (CHECK APPROPRIATE BOX)

- 1. A death in the immediate family or household within the week preceding the examination.
- 2. Medical emergencies involving the candidate or member(s) of the immediate family.
- 3. Military Orders (A copy of orders is required).
- 4. Religious Observance - Candidate must submit required form.
- 5. Wedding - must be a member of the wedding party or member of the immediate family of the bride or groom.
- 6. Vacation for which a non-refundable down payment was made before the exam announcement was issued.
- 7. Required court appearances.

WITH THE EXCEPTION OF REASONS 1 AND 2, REQUESTS MUST BE MADE IN WRITING WITH DOCUMENTATION ATTACHED TO THE APPLICATION.

G. VETERANS CREDITS

If you received or expect to receive an honorable discharge from the Armed Forces of the United States, as a war-time veteran or disabled veteran as defined below, you may claim extra credits to be added to your exam score, if you pass. The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, and 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.

Discharged Veterans are required to submit a copy of their **DD214** discharge papers. Active duty members of the Armed Forces must submit proof of active duty status, such as current Military I.D., Military Orders or other official Military document that substantiates active duty status. To claim credits as a Disabled Veteran, you must be entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.

Are you claiming credit as a Veteran? Yes No Active service member? Yes No As a Disabled Veteran? Yes No

Have you used your Veterans credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951?
 Yes No

CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED OR ARE SERVING IN THE ARMED FORCES OF THE UNITED STATES

	FROM MO/YR	TO MO/YR
<input type="checkbox"/> World War II:	December 7, 1941- December 31, 1946	().....()
<input type="checkbox"/> US Public Health Service:.....	July 29, 1945-September 2, 1945.....	().....()
<input type="checkbox"/> Korean Conflict:.....	June 27, 1950-January 31, 1955.....	().....()
<input type="checkbox"/> US Public Health Service:.....	June 26, 1950-July 3, 1952	().....()
<input type="checkbox"/> Vietnam Conflict:	December 22,1961-May 7,1975	().....()
<input type="checkbox"/> *Hostilities in Lebanon:.....	June 1,1983-December 1, 1987	().....()
<input type="checkbox"/> *Hostilities in Grenada:.....	October 23, 1983-November 21, 1983	().....()
<input type="checkbox"/> *Hostilities in Panama:.....	December 20, 1989-January 31, 1990	().....()
<input type="checkbox"/> Persian Gulf Conflict:.....	August 2, 1990 - ().....	().....()
<input type="checkbox"/> Active Duty:.....		().....()

*For these service dates Veterans must have received the Armed Forces Expeditionary Medal for Service in Zone of Conflict.