



**APPLICATION FOR EXAMINATION / EMPLOYMENT**  
**Town of Wilna Highway Department**  
**39767 NYS Route 3, Carthage, New York 13619**  
**Phone: (315) 493-3330**  
**wilnahd@westelcom.com**

*This application is part of your examination. Answer all questions thoroughly. Incomplete applications may be disapproved.*  
 Before filling out your application, read carefully the announcement for this examination. When completing your application, be sure to enter the examination title and number which identifies the examination for which you are filing.

|   |        |               |                    |
|---|--------|---------------|--------------------|
| <b>Position or Exam Title:</b>  |        | <b>Exam #</b> |                    |
| <b>Social Security Number:</b>  |        |               |                    |
| <b>Name and Legal Address:</b> IMMEDIATE notice should be given to this office of any changes in address.   |        |               |                    |
| Last Name   |        | First Name    | M.I.               |
| Street  | City   | State         | Zip                |
| <b>Mailing Address:</b> (if different from above)   | Street | City          | State Zip          |
| <b>Phone Number:</b> ( ) _____ ( ) _____ ( ) _____  | Home   | Business      | Cell Email Address |
| <b>PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:</b>   |        |               |                    |
| State your permanent legal residence as of the date of this application ( <b>IMPORTANT</b> ) This section will determine what resident list (if any) your name will be certified to. I currently reside ( <b>indicate one of the three</b> ) in the: (1) City of _____, <b>OR</b> (2) Town of _____, <b>OR</b> (3) Village of _____, in the School District of _____ located in the County of _____ in the State of _____.  |        |               |                    |
| <b>TESTING ACCOMMODATIONS:</b> We provide reasonable accommodations in testing for persons with disabilities. If you require special arrangements; a written request should be attached to this application describing the type of special arrangements required.   |        |               |                    |
| <input checked="" type="checkbox"/> <b>Yes, I need testing accommodations.</b> (Attach description describing accommodation request)  |        |               |                    |
| <b>ALTERNATE TEST DATE:</b> If you cannot take the test on the announced test date because of any of the following reasons, arrangements may be made for you to take the test on an alternate test date. If applicable, check the appropriate box below and attach supporting documentation with this application. In the case of an emergency, please notify the Department of Human Resources on the next business day following the exam date. You may be required to submit documentation of your emergency.  |        |               |                    |
| <input type="checkbox"/> A death in the immediate family or household within the week preceding the examination.<br><input type="checkbox"/> A medical emergency involving you or a member of the immediate family.<br><input type="checkbox"/> Military Orders.<br><input type="checkbox"/> Religious Observance.<br><input type="checkbox"/> Participant or immediate family member of a participant in a religious or civil ceremony (e.g. wedding, graduation, baptism, bar mitzvah).<br><input type="checkbox"/> Vacation plans for which a non-refundable down payment was made before the exam announcement was issued.<br><input type="checkbox"/> A required court appearance or grand jury duty.<br><input type="checkbox"/> A conflicting professional or educational examination. |        |               |                    |

Civil Service use only: Reviewer \_\_\_\_\_ Approved  Disapproved  Conditioned  Recv'd By \_\_\_\_\_  
 Reason/Comments: \_\_\_\_\_ PD  W

Are you 18 years of age or older?  YES  NO If no, you must supply a work permit.

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  
 If YES, NAME AND LOCATION OF HIGH SCHOOL: \_\_\_\_\_

Or, a High School Equivalency Diploma (GED)?  YES  NO  
 If YES, GOVERNMENT AUTHORITY (GED) NUMBER: \_\_\_\_\_

**EDUCATION:**

Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.

| INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL, or TECHNICAL SCHOOLS(S) IN SPACE BELOW: | TOTAL CREDITS EARNED | TYPE OF DEGREE EARNED | MAJOR SUBJECT OR COURSE | DID YOU Graduate | DEGREE EXPECTED |
|---|----------------------|-----------------------|-------------------------|------------------|-----------------|
|---|----------------------|-----------------------|-------------------------|------------------|-----------------|

|                 |  |  |  |   |            |
|-----------------|--|--|--|---|------------|
| NAME OF SCHOOL: |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | MO YR<br>/ |
|-----------------|--|--|--|---|------------|

Address (City, State):

|                 |  |  |  |   |            |
|-----------------|--|--|--|---|------------|
| NAME OF SCHOOL: |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | MO YR<br>/ |
|-----------------|--|--|--|---|------------|

Address (City, State):

**LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE OR PROFESSION:**

| Skill, Trade or Profession | License or Certificate Number | Issued by: (Name of City, State, or Agency) | License Dates (Mo/Day/Yr) |    | Permanent |    |
|----------------------------|-------------------------------|---|---------------------------|----|-----------|----|
|                            |                               |   | From                      | To | From      | To |
|                            |                               |   |                           |    |           |    |
|                            |                               |   |                           |    |           |    |

Driver's License (Complete only if the position for which you are applying requires one.) Number: \_\_\_\_\_ State \_\_\_\_\_  
 Date of Expiration: \_\_\_\_\_ Class of License: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**COMPLETE ALL QUESTIONS:**

|                              |                             |   |                                    |
|------------------------------|-----------------------------|---|------------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?   |                                    |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Did you ever resign from any employment rather than face discharge?   |                                    |
| <input type="checkbox"/> YES | <input type="checkbox"/> 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? |                                    |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever been convicted of any crime(s) (felony or misdemeanor)?   |                                    |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you now under charges for any crime(s)?   |                                    |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you an Exempt Volunteer Firefighter?  | If yes, indicate years of service: |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation?                         |                                    |

If you answered (YES) to any of these questions, provide full details on a separate 8 1/2 x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide sufficient details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.

**EXPERIENCE:** Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the position. 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 the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. Part-time experience will be prorated unless otherwise stated on the announcement. 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 of employment, etc.)

|   |                                |                 |                |                              |
|---|--------------------------------|-----------------|----------------|------------------------------|
| <b>LENGTH OF EMPLOYMENT</b><br>Month/Year to Month/Year |                                | <b>EMPLOYER</b> | <b>ADDRESS</b> | <b>CITY, STATE, ZIP CODE</b> |
| <b>HOURS WORKED PER WEEK</b>                            | <b>EARNINGS PER HOUR</b><br>\$ | <b>DUTIES:</b>  |                |                              |
| YOUR TITLE  |                                |                 |                |                              |
| TYPE OF BUSINESS  |                                |                 |                |                              |
| NAME AND TITLE OF SUPERVISOR                            |                                |                 |                |                              |
| REASON FOR LEAVING                                      |                                |                 |                |                              |
| <b>LENGTH OF EMPLOYMENT</b><br>Month/Year to Month/Year |                                | <b>EMPLOYER</b> | <b>ADDRESS</b> | <b>CITY, STATE, ZIP CODE</b> |
| <b>HOURS WORKED PER WEEK</b>                            | <b>EARNINGS PER HOUR</b><br>\$ | <b>DUTIES:</b>  |                |                              |
| YOUR TITLE  |                                |                 |                |                              |
| TYPE OF BUSINESS  |                                |                 |                |                              |
| NAME AND TITLE OF SUPERVISOR                            |                                |                 |                |                              |
| REASON FOR LEAVING                                      |                                |                 |                |                              |
| <b>LENGTH OF EMPLOYMENT</b><br>Month/Year to Month/Year |                                | <b>EMPLOYER</b> | <b>ADDRESS</b> | <b>CITY, STATE, ZIP CODE</b> |
| <b>HOURS WORKED PER WEEK</b>                            | <b>EARNINGS PER HOUR</b><br>\$ | <b>DUTIES:</b>  |                |                              |
| YOUR TITLE  |                                |                 |                |                              |
| TYPE OF BUSINESS  |                                |                 |                |                              |
| NAME AND TITLE OF SUPERVISOR                            |                                |                 |                |                              |
| REASON FOR LEAVING                                      |                                |                 |                |                              |
| <b>LENGTH OF EMPLOYMENT</b><br>Month/Year to Month/Year |                                | <b>EMPLOYER</b> | <b>ADDRESS</b> | <b>CITY, STATE, ZIP CODE</b> |
| <b>HOURS WORKED PER WEEK</b>                            | <b>EARNINGS PER HOUR</b><br>\$ | <b>DUTIES:</b>  |                |                              |
| YOUR TITLE  |                                |                 |                |                              |
| TYPE OF BUSINESS  |                                |                 |                |                              |
| NAME AND TITLE OF SUPERVISOR                            |                                |                 |                |                              |
| REASON FOR LEAVING                                      |                                |                 |                |                              |

## INSTRUCTIONS AND INFORMATION

**ADMISSION TO EXAMINATION:** Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements. Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time, those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score. Telephone this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

**ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-A:** If you are a child of a police officer or firefighter who was killed in the line of duty in the service of the municipality for which you are applying for employment, you may be entitled for additional examination credits pursuant to Civil Service Law Section 85-a. For further information, please contact this office.

### EXTRA CREDIT FOR WAR TIME VETERANS:

Answering these questions means that you are requesting the extra credits. Do not answer the questions if you are not a war time active duty member of the armed forces or a War Time Veteran or if you do not want to request the extra credits. If you are currently in the Armed Forces on full-time active duty (other than for training) or if you are a War Time Veteran or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have these extra credits added to your exam score, you must answer the questions now. You can waive the extra credits later if you wish. At the time of application, you will be required to produce the documentation, such as discharge papers, to prove that you are eligible for the extra credits.

### DO NOT COMPLETE THIS SECTION UNLESS YOU:

1. Wish to claim War Time Veterans Credits, AND
2. Have NOT used veterans credits for appointment to a position in New York State or Local Government employment since January 1, 1951.

### EXTRA CREDIT FOR WAR TIME VETERANS YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS.

YES  NO I received, or expect to receive, a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. (The "Armed Forces 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 I served, or am serving, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

In the Armed Forces: Aug. 2, 1990 to the date when the Persian Gulf hostilities ends: Dec. 22, 1961 to May 7, 1975; June 27, 1950 to Jan. 31, 1955; Dec. 7, 1941 to Dec. 31, 1946;

or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in: \*(Panama) Dec. 20, 1989 to Jan. 31, 1990; \*(Lebanon) June 1, 1983 to Dec. 1, 1987; \*(Grenada) Oct. 23, 1983 to Nov. 21, 1983;

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

### To claim additional credits as a Disabled Veteran, you must also answer YES to this question:

YES  NO I have a service-connected disability rated at 10% or more incurred during a "Time of War" period listed above.

### To claim conditional credits, please check:

YES  NO I am currently on active duty in the Armed Forces and wish to apply for veterans credits.

### EQUAL OPPORTUNITY EMPLOYMENT

It is the policy of Jefferson County to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination on the basis of age, sex, race, creed, color, national origin, sexual orientation, disability, military status, marital status, predisposing genetic characteristics, domestic violence victim status, or criminal record in connection with employment.

### THIS AFFIRMATION MUST BE COMPLETED

I affirm that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. Any false statements made in this application are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

Signature \_\_\_\_\_

Date \_\_\_\_\_