



# Department of Human Resources

Monroe County, New York

Adam J. Bello  
County Executive

Andrea M. Guzzetta Zury  
Director

## Employment/Civil Service Exam Application

Rev. 8/2023

Position applying for: \_\_\_\_\_ Examination #: \_\_\_\_\_

Name: \_\_\_\_\_ Examination date: \_\_\_\_\_  
 Last First Middle

State any other name, assumed name or nickname, by which you are/have been known: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street City State Zip Code

Residence Address: \_\_\_\_\_  
 Street (P.O. Box will not be accepted, must use current home address) City State Zip Code County

Have you been a resident of Monroe County for the past four months? Yes  No

Main Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Alt. Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

If applying for Police Officer, Deputy Sheriff or Firefighter position, please indicate date of birth: \_\_\_\_\_

Have you served in the Armed Forces of the U.S.A.? Yes  No  Dates of active service: From \_\_\_\_\_ To \_\_\_\_\_

**Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must submit a form VC-1 and/or form VC-4 and a copy of their discharge papers (form DD-214) with our office.**

Have you ever been permanently appointed or promoted in the service of NY State or any of its civil divisions from an eligible list as a result of additional veterans credits granted you on such list? Yes  No  If yes, name agency that established the eligible list: \_\_\_\_\_

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, do you have a legal right to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a valid New York State Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what class _____		
Will you accept part-time work?	<input type="checkbox"/>	<input type="checkbox"/>	Will you accept temporary work?	<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No	

Have you ever been dismissed from employment other than reduction in staff?  
 Have you ever resigned from employment rather than face discipline or dismissal?

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Any false statements made may result in termination of employment or removal from Civil Service eligibility. I further understand, and will otherwise submit thereto, that in accordance with the County's pre-employment drug testing policy, I may be required to submit to a urinalysis test as a condition for employment. Applicants may also 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## License/Certification

Do you have a license, certification, or other authorization to practice a trade or profession? Yes  No  Is this certification permanent? Yes  No

Name of trade or profession: \_\_\_\_\_ License/Certificate Number: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_ Licensed from: \_\_\_\_\_ to: \_\_\_\_\_

## Education

Have you received a High School Diploma? Yes  No  If no, have you received a General Equivalency Diploma (G.E.D.)? Yes  No

Check the highest grade completed 8  9  10  11  12

## Education above high school level

Name of School	State or Country	Major	Credits Completed		Type of Degree	Graduated?	
			Sem. Hrs.	Qtr. Hrs.		Yes	No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

## Training

Other training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received:

Course/Program	Hours
_____	_____
_____	_____
_____	_____

## Work Experience

Describe your employment, including military experience, beginning with your current or most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average number of hours in the workweek, reason for leaving, specific job duties, your job title, etc. must be shown.

Starting Date: \_\_\_\_\_ Ending date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name & address of current or most recent employer: \_\_\_\_\_  
\_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Was the position  Paid or  Volunteer?

Reason(s) for leaving: \_\_\_\_\_  
\_\_\_\_\_

Your job title \_\_\_\_\_

Immediate Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Experience (continued)**

Starting Date: \_\_\_\_\_  
Month/Day/Year

Ending date: \_\_\_\_\_  
Month/Day/Year

Name & address of employer: \_\_\_\_\_  
\_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Was the position  Paid or  Volunteer?

Reason(s) for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Your job title:** \_\_\_\_\_

Immediate Supervisor's name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_  
Month/Day/Year

Ending date: \_\_\_\_\_  
Month/Day/Year

Name & address of employer: \_\_\_\_\_  
\_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Was the position  Paid or  Volunteer?

Reason(s) for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Your job title:** \_\_\_\_\_

Immediate Supervisor's name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

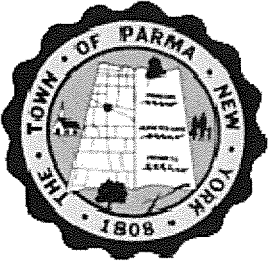
**If you have additional work experience, please copy this page and attach additional sheets as needed. Be sure to include your name and social security number on all attachments. Volunteer experience must be documented by statement of verification from the agency representative regarding number of hours worked per week and activities performed.**

## **ATTENTION: This Page is for Examination Applications Only**

### **Special Arrangements for Examination**

If you need special arrangements because you are a Religious Observer [for religious reasons, cannot be tested on date of examination(s)], or if you have a disability that requires you to have special accommodations or assistance for the completion of this application or for you to participate in an examination, you must notify this Department at 585-753-1700 no later than the last date of filing for this (these) examination(s). Your request must include examination number(s) and title(s) and the type of special arrangements required accompanied by all supporting documentation.

Monroe County, as an employer, does not discriminate on the basis of a disability and will make reasonable accommodations for employees with special needs, due to a disability. It is the responsibility of the applicant or employee to voluntarily disclose that they require an accommodation based on their disability.



# TOWN OF PARMA

1300 Hilton Parma Road  
P.O. Box 728  
Hilton, New York 14468

Office: (585) 392-9461  
Fax: (585) 392-6659

## VERIFICATION CHECK

I, the undersigned, \_\_\_\_\_ hereby authorize the release to the Town of Parma, any and all records that relate to my background, experience and qualifications for the position of \_\_\_\_\_ and that reflect upon my merit and fitness for public service, including but not limited to a license and criminal record check, and records and reports of: education, personal employment military services, credit bureaus, local/state and federal bureaus, welfare and unemployment services, hospitals and institutions, medical, physical and psychological histories.

Driver's License # \_\_\_\_\_ Birth date \_\_\_\_\_

I authorize that inquiry may be made of my past employer(s) \_\_\_\_\_(initial)

I authorize that inquiry may be made of my present employer(s) \_\_\_\_\_(initial)

Please note if you do not want your present employer contacted and why \_\_\_\_\_

\_\_\_\_\_

If you wish to receive copies of the information we receive, please notify the Town.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to be before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Signature \_\_\_\_\_