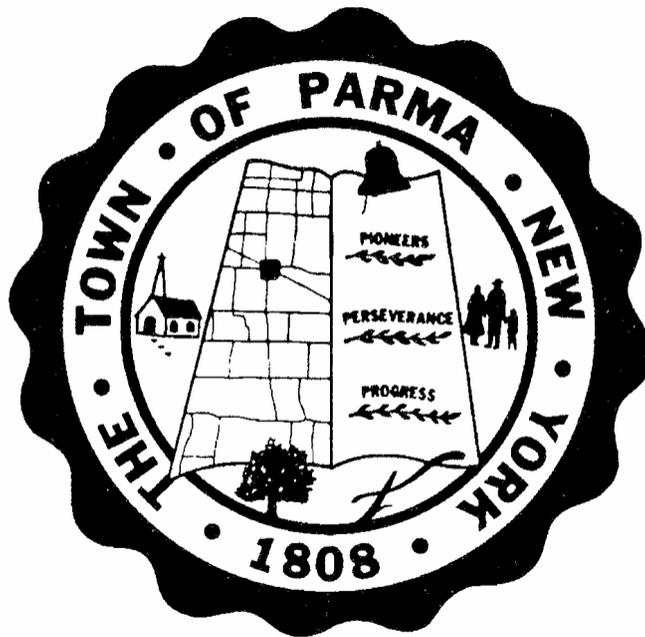


PARMA JUSTICE COURT OFFICER ATTENDANTS



APPLICATION

May, 2012

PARMA JUSTICE COURT OFFICER ATTENDANTS

APPLICATION

INSTRUCTIONS

1. Fill out all forms and fields completely and legibly in black or blue ink.
2. Incomplete / illegible applications will be rejected.
3. If any field does not apply to you, mark as N/A.
4. If you need more room, use the supplemental information sheet on page 8.
5. Attach a clear copy of your New York State Driver's License and your proof of citizenship.
6. Initial each page of the application, each paragraph on page 11.
7. Sign and notarize pages 11 and 12.
8. Refer to page 7 for more details.
9. You will be contacted upon the completion of your background investigation.
10. Omissions or false statements will disqualify applicant.

All applicants must meet basic requirements and pass all background checks including:

- Over the age of 18
- US citizen and permanent resident of Monroe County for at least 6 months.
- Criminal (felony or misdemeanor arrests/convictions/outstanding warrants will disqualify applicant).
Department of Motor Vehicles (valid Class D NYS Driver's license, no DWI/DUI).
- High School diploma or GED

Preferred Applicants may possess 1 or more of the following:

- NYS Security Guard (unarmed)
- NYS PEACE OFFICER
- NYS SPECIAL POLICE OFFICER
- NYS SECURITY GUARD (ARMED)
- CRIMINAL JUSTICE DEGREE FROM ACCREDITED INSTITUTION
- Current resident of the town of Parma

IF preferred candidates are not available the town of Parma Justice courts will provide the proper training for certification for a candidate. Candidates are not permitted to perform job duties until certification and appointment have been completed.

Applicants must be physically, medically and mentally able to perform the duties of a PARMA JUSTICE COURT OFFICER ATTENDANTS and meet the requirements herein. These duties include but may not be limited to:

- Stand and walk for long periods of time.
- Control large groups / crowds of people.
- Perform all duties in all types of weather, indoors and outdoors, day or night.
- Wear police uniform, insignia, duty gear
- Obey lawful orders and commands.
- Make arrests (using handcuffs and when necessary physical force).

Use of weapons and self-defense techniques including but not limited to:

- Hands and feet
- PR-24 Baton
- OC Spray (pepper spray)

Vision must be correctable to 20/20.

Use of two-way radio (hear, listen, speak clearly).

Good reflexes, hand-eye coordination and motor coordination.

Well groomed and professional appearance / demeanor under stressful conditions.

Speak to and interact with the public.

Have personal transportation available.

Ability to learn, complete and pass training including but not limited to:

- **Peace Officer**
- **First Aid and CPR**
- **Conflict Management**
- **Self-Defense techniques**
- **Use of Force / Deadly Physical Force**
- **PR-24 Baton**
- **OC Spray (pepper Spray)**

Individuals of the PARMA JUSTICE COURT OFFICER ATTENDANTS are not police officers.

Appointed individuals are designated as Peace Officers by the Parma Town Board per New York State Criminal Procedure Law Section 2.10(54) and New York State Town Law Section 158(1) upon completion of Peace Officer training and appointment by the Town of Parma Justices and Town Board. A copy of these laws may be found on pages 9.

**PARMA JUSTICE COURT OFFICER ATTENDANTS
APPLICATION FOR MEMBERSHIP**

NAME: _____ DATE: _____
 LAST FIRST INITIAL SUFFIX

STREET: _____ CITY: _____

PHYSICAL TOWN/CITY OF RESIDENCE: _____ COUNTY: _____

STATE: _____ ZIP: _____ DATE OF BIRTH: _____

TELEPHONE: HOME: _____ WORK: _____ MOBILE: _____

E-MAIL: _____ PLACE OF BIRTH: _____

DRIVER'S LICENSE #: _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____ BLOOD: _____

PHYSICAL / MEDICAL / MENTAL CONDITIONS: _____

LIST ALL PHYSICAL ADDRESSES FOR THE PAST TEN (10) YEARS (no PO Boxes):

ADDRESS	PHYSICAL TOWN / VILLAGE	COUNTY	STATE	DATES
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

OF DEPENDENTS: _____ OWN / RENT HOME: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP: _____

NAME: _____ ADDRESS: _____

TELEPHONE: _____ RELATIONSHIP: _____

QUESTIONNAIRE

1. HAVE YOU EVER PERFORMED POLICE OR SECURITY RELATED WORK? YES NO

IF YES, WHERE/WHEN: _____

TRAINING RECEIVED: _____

2. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME? YES NO
(NOT INCLUDING MINOR TRAFFIC OFFENSES)

IF YES, LIST WHEN, WHERE, THE CHARGE(S), AND DISPOSITION OF CASE:

3. DO YOU AGREE TO FINGERPRINTING AND A BACKGROUND CHECK? YES NO

4. DO YOU AGREE TO BE AVAILABLE FOR TUESDAY AND THURSDAY EVENINGS? YES NO

5. DO YOU HOLD A VALID CARRY CONCEALED PERMIT IN NEW YORK? YES NO
IF YES, PROVIDE A COPY OF BOTH SIDES OF YOUR PERMIT

6. DO YOU AGREE TO ATTEND AND COMPLETE ALL MANDATORY TRAINING AND APPOINTMENT AS A PEACE OFFICER AND TO BE LISTED ON THE NEW YORK STATE BUREAU OF MUNICIPAL POLICE PEACE OFFICER REGISTRY? YES NO

7. ARE YOU UNDER ANY TREATMENT FOR ANY PHYSICAL, MENTAL OR EMOTIONAL ILLNESS, INJURY OR DISORDER? IF YES, DESCRIBE: YES NO

8. DESCRIBE ANY VOLUNTEER WORK THAT YOU HAVE DONE, PAST OR PRESENT:

9. REASON FOR APPLYING TO THE **PARMA JUSTICE COURT OFFICER ATTENDANTS**

:

REFERENCES

Please provide four (4) personal references. Do NOT include any immediate family members.

- 1. NAME: _____ PHONE: _____
ADDRESS: _____ RELATIONSHIP: _____

- 2. NAME: _____ PHONE: _____
ADDRESS: _____ RELATIONSHIP: _____

- 3. NAME: _____ PHONE: _____
ADDRESS: _____ RELATIONSHIP: _____

- 4. NAME: _____ PHONE: _____
ADDRESS: _____ RELATIONSHIP: _____

ATTACH A CLEAR PHOTOCOPY OF YOUR NEW YORK STATE DRIVER'S LICENSE AND YOUR PROOF OF CITIZENSHIP TO THIS APPLICATION.

USE THE SUPPLEMENTAL INFORMATION SHEET TO PROVIDE FURTHER INFORMATION THAT YOU WERE UNABLE TO FIT ONTO THE APPLICATION.

INITIAL ALL PAGES.

SIGN THE LAST TWO PAGES OF THIS APPLICATION IN THE PRESENCE OF A NOTARY.

MAIL THE COMPLETED, SIGNED AND NOTARIZED APPLICATION INCLUDING THE AFFIDAVIT AND RECORDS RELEASE AUTHORIZATION, AND COPIES OF YOUR New York STATE DRIVER'S LICENSE AND PROOF OF CITIZENSHIP:

**TOWN OF PARMA
1300 HILTON-PARMA CORNERS ROAD
HILTON, NY 14468
Attention: Joseph Silivestro**

DIRECT ANY QUESTIONS TO:

**Joseph Silivestro
Phone: (585) 392-9470 (Leave message with Court Clerk)**

UPON RECEIPT OF THIS APPLICATION, THE PARMA JUSTICE COURTS WILL BEGIN A BACKGROUND AND REFERENCE CHECK. UPON COMPLETION OF OUR INVESTIGATION, YOU WILL BE CONTACTED.

APPLICABLE LAWS PERTAINING TO PEACE OFFICERS

New York State Criminal Procedure Law

§ 2.10 Persons designated as peace officers.

Notwithstanding the provisions of any general, special or local law or charter to the contrary, only the following persons shall have the powers of, and shall be peace officers:

54. Special policemen appointed pursuant to section one hundred fifty-eight of the town law; provided, however, that nothing in this subdivision shall be deemed to authorize such officer to carry, possess, repair or dispose of a firearm unless the appropriate license therefore has been issued pursuant to section 400.00 of the penal law.

§ 2.20 Powers of peace officers.

1. The persons designated in section 2.10 of this article shall have the following powers:

(a) The power to make warrantless arrests pursuant to section 140.25 of this chapter.

(b) The power to use physical force and deadly physical force in making an arrest or preventing an escape pursuant to section 35.30 of the penal law.

(c) The power to carry out warrantless searches whenever such searches are constitutionally permissible and acting pursuant to their special duties.

(d) The power to issue appearance tickets pursuant to subdivision three of section 150.20 of this chapter, when acting pursuant to their special duties. New York city special policemen shall have the power to issue an appearance ticket only when it is pursuant to rules and regulations of the police commissioner of the city of New York.

(e) The power to issue uniform appearance tickets pursuant to article twenty-seven of the parks, recreation and historic preservation law and to issue simplified traffic information's pursuant to section 100.25 of this chapter and section two hundred seven of the vehicle and traffic law whenever acting pursuant to their special duties.

(f) The power to issue a uniform navigation summons and/or complaint pursuant to section nineteen of the navigation law whenever acting pursuant to their special duties.

(g) The power to issue uniform appearance tickets pursuant to article seventy-one of the environmental conservation law, whenever acting pursuant to their special duties.

(h) The power to possess and take custody of firearms not owned by the peace officer, for the purpose of disposing, guarding, or any other lawful purpose, consistent with his duties as a peace officer.

(i) Any other power which a particular peace officer is otherwise authorized to exercise by any general, special or local law or charter whenever acting pursuant to his special duties, provided such power is not inconsistent with the provisions of the penal law or this chapter.

2. For the purposes of this section a peace officer acts pursuant to his special duties when he performs the duties of his office, pursuant to the specialized nature of his particular employment, whereby he is required or authorized to enforce any general, special or local law or charter, rule, regulation, judgment or order.

3. A peace officer, whether or not acting pursuant to his special duties, who lawfully exercises any of the powers conferred upon him pursuant to this section, shall be deemed to be acting within the scope of his public employment for purposes of defense and indemnification rights and benefits that he may be otherwise entitled to under the provisions of section fifty-k of the general municipal law, section seventeen or eighteen of the public officers law, or any other applicable section of law.

New York State Town Law

I have read and understood the laws pertaining to PEACE OFFICER in the State of New York, and I further understand that these powers may be exercised only when and if I am on-duty, in full uniform, within the confines of the Town of Parma Justice Court and property and when acting within the scope of my duties as directed by the Parma Court Justices and the Parma Town Board or other event where Peace Officer powers has been approved and granted by the Parma Town Supervisor. Misuse or unauthorized use of Peace Officer powers is cause for immediate termination and/or criminal prosecution.

PRINT NAME

SIGNATURE

DATE

STATEMENT OF APPLICATION

I, _____ HEREBY APPLY FOR PARMA JUSTICE COURT OFFICER ATTENDANT IN THE TOWN OF PARMA AS A PEACE OFFICER AS DEFINED UNDER NEW YORK STATE LAW. EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITHOUT NOTICE, FOR ANY REASON, AND WITHOUT CAUSE **INITIAL HERE:** _____

I READ AND UNDERSTOOD THE QUALIFICATIONS, REQUIREMENTS AND DUTIES OF A PARMA JUSTICE COURT OFFICER ATTENDANT OUTLINED IN THIS APPLICATION. I WILL OBEY ALL LAWFUL ORDERS OF THE JUSTICES AND COMMAND OFFICERS. **INITIAL HERE:** _____

I AGREE TO ABIDE BY ALL LAWS, RULES, REGULATIONS, POLICIES AND PROCEDURES SET FORTH BY THE UNITED STATES OF AMERICA, STATE OF NEW YORK, COUNTY OF MONROE, TOWN OF PARMA AND PARMA JUSTICE COURT. I UNDERSTAND THE LIMITATIONS OF MY POWERS AS A PEACE OFFICER AND TO EXERCISE SUCH POWERS WHEN ON-DUTY, WITHIN THE CONFINES OF THE PARMA JUSTICE COURT PROPERTIES AND AS DIRECTED BY THE PARMA COURT JUSTICES AND THE PARMA TOWN BOARD. **INITIAL HERE:** _____

I WILL REPORT TO ASSIGNED DETAILS ON TIME, IN FULL UNIFORM, NEATLY GROOMED WITH THE PROPER INSIGNIA AND EQUIPMENT. I WILL MODIFY MY PERSONAL SCHEDULE IN SUCH A WAY TO ALLOW ME TO PERFORM THESE ASSIGNED DUTIES. **INITIAL HERE:** _____

I WILL NOTIFY THE JUSTICE COURT OF ANY ADDRESS, TELEPHONE OR EMPLOYMENT CHANGES. I WILL NOTIFY THE JUSTICE COURT OF ANY CHANGES IN MY PHYSICAL, MEDICAL, EMOTIONAL OR MENTAL CONDITION THAT WILL AFFECT THE MY ABILITY TO CARRY OUT THE DUTIES OF A SPECIAL POLICE OFFICER. I WILL BE REQUIRED TO PRESENT A DOCTOR'S RELEASE TO RETURN TO DUTY UPON RECOVERY FROM SURGERY, PROLONGED ILLNESS, MENTAL OR EMOTIONAL DISORDER OR SERIOUS INJURY. **INITIAL HERE:** _____

I AGREE TO REFRAIN FROM ANY IMMORAL OR ILLEGAL ACTIVITY THAT MAY BRING DISCREDIT UPON ME, THE PARMA JUSTICE COURT OR TOWN OF PARMA, AND THAT I WILL IMMEDIATELY REPORT SUCH ACTIVITIES BY ANY OTHER EMPLOYEE OF THE UNIT TO THE PARMA COURT JUSTICES. I UNDERSTAND THAT I AM REQUIRED TO NOTIFY THE PARMA COURT JUSTICES IN WRITING IF I AM ARRESTED AND/OR THE SUBJECT OF CRIMINAL INVESTIGATION OR PROSECUTION AND THAT I WILL BE IMMEDIATELY SUSPENDED FROM THE PARMAJUSTICE COURT OFFICER ATTENDANTS, AND I AM TO IMMEDIATELY RETURN ALL UNIFORMS, IDENTIFICATION AND EQUIPMENT. **INITIAL HERE:** _____

I UNDERSTAND THAT ONLY THOSE UNIFORMS, IDENTIFICATION, INSIGNIA AND EQUIPMENT PROVIDED BY, AUTHORIZED AND APPROVED BY THE PARMA TOWN BOARD AND PARMA COURT JUSTICES MAY ONLY BE USED IN THE PERFORMANCE OF MY DUTIES. FURTHERMORE, I AGREE THAT ANY EQUIPMENT, INSIGNIA, IDENTIFICATION AND UNIFORMS ISSUED TO ME BY THE PARMA SPECIAL POLICE WILL NOT BE USED FOR ANY OTHER PURPOSE OTHER THAN SPECIFICALLY FOR DUTY OF PARMA JUSTICE COURT OFFICER ATTENDANT. **INITIAL HERE:** _____

I AGREE THAT UPON EITHER VOLUNTARY OR INVOLUNTARY RESIGNATION, I WILL RETURN ALL EQUIPMENT ISSUED TO ME WITHIN TEN (10) DAYS IN GOOD CONDITION PROVIDING FOR ANY NORMAL WEAR AND TEAR. I WILL BE HELD RESPONSIBLE FOR THE REPLACEMENT COST OF ANY LOST/MISSING EQUIPMENT OR THOSE ITEMS DAMAGED BY ABUSE/MISUSE BEYOND NORMAL WEAR AND TEAR. **INITIAL HERE:** _____

I ATTEST THAT ALL STATEMENTS ARE TRUE AND CORRECT. I HAVE ANSWERED ALL QUESTIONS FULLY AND TO THE BEST OF MY ABILITY. I ACKNOWLEDGE THAT ANY WILLFUL OMISSION, CONCEALMENT, DELETION OR FALSE STATEMENT BY ME AS TO THE FACTS HEREIN OR TO ANY INFORMATION THAT WOULD IMPACT MY MEMBERSHIP THAT WAS NOT REQUESTED OF ME BUT WITHHELD, WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF MEMBERSHIP, AND, IF APPLICABLE, PROSECUTION UNDER THE LAWS OF THE STATE OF NEW YORK. **INITIAL HERE:** _____

SIGNATURE

DATE

SWORN TO BEFORE ME

THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC OR COMMISSIONER OF DEEDS

AFFIX SEAL HERE

AUTHORIZATION AFFIDAVIT

I, _____, RESIDING AT

HEREBY AUTHORIZE THE DEPARTMENT OF MOTOR VEHICLES, DEPARTMENT OF CRIMINAL JUSTICE SERVICES, ANY SHERIFF DEPARTMENT, ANY POLICE DEPARTMENT, SCHOOL, CRIMINAL OR ADMINISTRATIVE COURT, ALL CREDIT BUREAUS, ELECTRIC COMPANIES, TELEPHONE COMPANIES, NATURAL GAS COMPANIES, MORTGAGE COMPANIES, INSURANCE COMPANY, OR ANY OTHER CREDITOR, GOVERNMENTAL AGENCY WITHIN THIS OR ANY OTHER STATE OR ANY OTHER COUNTRY, TO WHOM A SIGNED OR PHOTOCOPY OF THIS AUTHORIZATION IS DELIVERED, TO RELEASE TO THE TOWN OF PARMA SPECIAL POLICE DEPARTMENT, IT'S DESIGNATED AGENTS, OFFICERS OR INVESTIGATORS, ANY AND ALL INFORMATION CONCERNING MY TRANSACTIONS, CRIMINAL HISTORY, DRIVING HISTORY, EDUCATIONAL TRANSCRIPT, ALL EMPLOYMENT PERSONNEL RECORDS, CREDIT REPORTS, CLAIM HISTORIES, AND ANY OTHER RECORDS, OR INFORMATION ABOUT ME.

I HEREBY RELEASE ALL FEDERAL, STATE, AND LOCAL LAW ENFORCEMENT AGENCIES, BUSINESS INSTITUTIONS, CREDIT BUREAUS, INSURERS, UTILITY COMPANIES, MORTGAGE COMPANIES, FROM ANY AND ALL RESPONSIBILITY AND LIABILITY FOR HAVING DISCLOSED SAID INFORMATION. A COPY OF THIS RELEASE SHALL SERVE AS AN ORIGINAL.

THIS INFORMATION WILL BE USED TO ASCERTAIN THE ABILITY AND HISTORY OF AN APPLICANT OF THE TOWN OF PARMA JUSTICE COURT ATTENDANTS AND WILL NOT BE USED FOR ANY OTHER PURPOSE. THIS INFORMATION WILL NOT BE PROVIDED OR RELEASED TO ANY OTHER AGENCY, COMPANY, ORGANIZATION, ENTITY OR OTHER THIRD PARTY WITHOUT THE EXPRESSED CONSENT OF THE APPLICANT EXCEPT WHERE AND WHEN PROHIBITED BY LAW.

APPLICANT DATA

NAME: _____ SS #: _____
 LAST FIRST INITIAL SUFFIX

MAIDEN NAME, ASSUMED NAMES OR ALIASES: _____

ADDRESS: _____ CITY: _____

PHYSICAL TOWN/CITY OF RESIDENCE: _____ COUNTY: _____

STATE: _____ ZIP: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE: STATE: _____ CLASS: _____ NUMBER: _____

SIGNATURE

DATE

SWORN TO BEFORE ME

THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC OR COMMISSIONER OF DEEDS

AFFIX SEAL HERE



Department of Human Resources

Maggie Brooks, County Executive

Brayton M. Connard, SPHR, Director

Employment/Civil Service Exam Application

Rev. 2/2009

For Office Use Only

Qualifying Title: _____	Qualified Yes <input type="checkbox"/>	Check# and Bank _____
Qualifying Date: _____	No <input type="checkbox"/>	Waiver <input type="checkbox"/> Waiver-e _____
Dept./Jurisdiction: _____	Reviewer's Initials _____	No Fee _____
Seniority Date: _____		Exam Series _____

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 be current home address) City State Zip Code County

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

Home Telephone Number: _____ Social Security Number: _____

Work Telephone Number: _____ E-mail address: _____ (Optional)

If applying for Police Officer, Deputy Sheriff or Firefighter positions, 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, since January 1, 1951, 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: _____

An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying:

Were you ever convicted of any violation of law other than a minor traffic violation? Yes No

Were you ever removed from any type of employment? Yes No

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. 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

Print Form

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?	Yes <input type="checkbox"/>	No <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"/>

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	Location (State)	Course or Major	Credits Completed Sem. Hrs. Qr. Hrs.	Type of Degree/Certificate Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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, final salary, 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 _____

Salary _____ Hours worked per week _____

Reason(s) for leaving _____

Your job title _____

Immediate Supervisor's name _____ Title _____ Phone _____

Description of duties _____

Work Experience (continued)

Starting Date _____ Ending date _____
Month/Day/Year Month /Day/Year

Name & address of employer _____

Salary _____ Hours worked per week _____

Reason(s) for leaving _____

Your job title _____

Immediate Supervisor's name _____ Title _____ Phone _____

Description of duties _____

Starting Date _____ Ending date _____
Month/Day/Year Month /Day/Year

Name & address of employer _____

Salary _____ Hours worked per week _____

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.

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 or 585-753-1091 (TDD) 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.

Application Fee for Examination

If the examination announcement indicates that an application fee is required for the examination(s) for which you are applying, **you must submit the required fee for each separate examination.** The required fee amount for each examination will be listed on the announcement. Enclose a **check or money order** payable to the **Monroe County Director of Finance** with this application. **WE DO NOT ACCEPT CASH.**

Your application fee will not be refunded if you do not meet the requirements for admission to the examination. Compare your qualifications carefully to the requirements stated on the announcement and file only for those examinations for which you are clearly qualified.

Application Fee Waiver- please read exam announcement for information

I am requesting that the application fee be waived because (check all that apply):

- I am totally unemployed and primarily responsible for the support of my household.
- I am receiving public assistance from the Monroe County Department of Human and Health Services. Indicate type of assistance.
 - Safety Net
 - Family Assistance

Case Number _____

- I am receiving Supplemental Security Income (SSI)
- I am WIA eligible. Indicate name of caseworker _____
Phone number _____

- I am a full-time employee represented by the Monroe County unit of CSEA. I am employed in a Monroe County Department at grade 10 or below.

Job title and grade _____

- I am represented by the Federation of Social Workers. I am employed at grade 52 or below or this exam is in my career path.

Job title and grade _____

I affirm that the information given above is true and correct. I understand that my claim for waiver is subject to verification and, if not supported by appropriate documentation, is grounds for barring appointment.

X _____
Signature of applicant

Date

Application for Examination Supplement

(To be filled in only if you are applying for a Civil Service Exam.)

Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

1. Do you have any loans made or guaranteed by the New York State Higher Education Services Corporation, which are currently outstanding?

Yes No

2. If so, are you presently in default on any such loans?

Yes No

Name: _____

(Last name, first name, middle initial)

Legal Address: _____

City, State, Zip: _____

Examination Title and Number: _____

This affirmation must be completed:

I affirm under penalties of perjury that all statements made on this application supplement are true.

Signature

Date



Department of **Human Resources**
Monroe County, New York

Maggie Brooks
County Executive

Brayton M. Connard
Director

**EQUAL EMPLOYMENT OPPORTUNITY
DATA COLLECTION FORM**

Completion of this form is voluntary for all applicants for positions within the Monroe County system. The information provided is filed with the Department of Human Resources, Division of Affirmative Action and will be kept confidential. The information is not for selection purpose, but only to assist in the evaluation of the County's efforts relative to the Equal Employment Opportunity Program. Please return this form with your application after completion.

1. Name: _____

Last

First

Middle

2. Position/Exam Title applying for: _____

3. Exam Number (if applicable): _____

4. Race/Ethnicity (check one only):

White (Not of Hispanic origin): All persons having European, North African or Middle Eastern origin.

Black (Not of Hispanic origin): All persons having origin in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Island. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native: All persons having origin in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

210 County Office Building* 39 West Main Street* Rochester, NY 14614-1471

Phone: (585) 753-1700 *TTY: (585) 753-1091 *WEB SITE: www.monroecounty.gov

Monroe County government prohibits discrimination in employment, program activities, procurement and contracting against any person due to such person's age, marital status, disability, genetic predisposition or carrier status, race, color, creed, sexual orientation or national origin.

An Equal Opportunity Employer