

CITY OF ONEIDA

Civil Service Examinations and Employment Application
109 N. Main St.
Oneida, NY 13421

Phone: 315-363-2022, Ext. 133

DO NOT WRITE IN THIS SPACE

Notified: _____
Approved: _____
Conditioned: _____

Please print or type**Read Instructions Carefully**

Position Applying for:	_____	Exam No.	_____
Home Telephone:	_____	SS #:	_____
Work Telephone:	_____	Email:	_____
Name:	_____		
Address:	_____		
City:	_____	State:	_____
Zip Code:	_____		

If you require special testing arrangements due to a disability, religious observance, or active military duty, please explain:

Are you under 18 years of age: Yes: ____ No: ____ DOB: _____

If you are applying for a Police Officer or Firefighter position, please provide date of birth.

State your permanent legal residence and indicate how long you have resided there continually, up to and including the date of this application (if less than 1 month, also list previous).

City/Town: _____ County: _____

State: _____ No. of years and/or months at this address: _____

Date Received by CSC: _____

If you answer "YES" to any of the following questions, please provide details below or on a separate sheet. None of the circumstances listed represent an automatic bar to employment. Each case will be evaluated on its individual merits in relation to the position for which you are applying.

#	Question	Yes	No
1.	Were you ever dismissed or discharged from employment for reasons other than lack of work or lack of funds?	☐	☐
2.	Did you ever resign from any employment rather than face dismissal?	☐	☐
3.	Did you ever receive a dishonorable discharge from the Armed Forces of the United States?	☐	☐
4.	Have you ever been convicted of any crime (felony or misdemeanor)?	☐	☐
5.	Are you now under charges for any crime?	☐	☐

If "YES," provide full details below (or attach a separate sheet):

Do you have a NYS Driver's License? ☐ Yes ☐ No Class: _____ Date of Expiration: _____

I am a U.S. Citizen or an alien lawfully authorized to work in the U.S. ☐ Yes ☐ No

NOTE: The immigration Control and Reform Act of 1986 requires that employers hire only U.S. citizens and aliens lawfully authorized to work in the United States. New employees are required under the Act to provide proof of work eligibility.)

I am a New York State Resident: ☐ Yes ☐ No

Extra credit for War Time Veterans: Please refer to the back page of this application for complete claim information.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:

The information an applicant provides on this application is requested pursuant to Section 50.3 of the NYS Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the exam (s) for which they have been applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disqualification of the application. This information will be maintained by the Oneida City Civil Service Commission.

EDUCATION:

Have you graduated from high school? ☐ Yes ☐ No Year graduated: _____

If no, highest grade completed: _____ Name & Location of High School: _____

If you have a high school equivalency diploma, indicate issuing government authority:

_____ No. _____ Issuance Date: _____

HIGHER EDUCATION:

If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. If required to indicate specific course work, do so on a separate sheet of paper.

Education History

Name of School & City Located	Dates of Attendance From ____ To ____	Type of Course or Major Subject	# of Credits & Type of Degree	Were You Graduated	Date Degree Received or Expected

Other schools or special courses: _____

LICENSES: If a license, certificate, or other authorization to practice a trade or profession is listed as a requirement on the exam announcement for which you are applying, complete the following: (If not currently licensed, please indicate so.)

Trade or Professional License Information

Name of Trade or Profession	License Number	Granted by: (Licensing Agency)	City/State of:
Specialty:	Date License First Issued:	Registered:	From: (mo/yr) to (mo/yr)

DESCRIPTION OF EXPERIENCE:

Beginning with the most recent, describe below in detail all employment that is pertinent to the position applied for. If the exam announcement states that volunteer or unpaid experience is acceptable as qualifying, describe in the same way as paid work, showing it is volunteer in nature in

the hours worked box. You are responsible for submitting an accurate , adequate, and clear description of your experience. Omissions or vagueness will not be interpreted in your favor. If your military service includes experience pertinent to the position, describe such as separate employment. If your title or duties changed materially in the course of your service, indicate such clearly.

Employment History

Length of Employment	Title/Duties (Brief)	Name and Address of Firm	# of Hours Worked	Paid or Volunteer
From: Mo ____ Yr ____ To: Mo ____ Yr ____				
From: Mo ____ Yr ____ To: Mo ____ Yr ____				
From: Mo ____ Yr ____ To: Mo ____ Yr ____				
From: Mo ____ Yr ____ To: Mo ____ Yr ____				

CITY OF ONEIDA: An Equal Opportunity/Affirmative Action Employer

It is the policy of the City of Oneida to ensure equal opportunity in employment, compensation, and all terms and conditions of employment without discrimination based on age, race, creed, color, national origin, gender, sexual orientation, disability, or marital status, in accordance with New York State and federal law. The City also provides **reasonable accommodations** in testing and employment for individuals with disabilities and for those observing religious practices, consistent with applicable law.

Important: Verify that all applicable sections of the application are complete prior to submission. Incomplete applications may result in disqualification.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

I affirm that all statements made on this application (including any attached hereto), 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 and/or lead to revocation of my appointment.

Signature of Applicant: _____

Date: _____