

CLINTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

LAST NAME: _____ FIRST NAME: _____ MI: _____	POSITION TITLE: _____	EXAM #: _____
SOCIAL SECURITY #: _____	IF APPLYING FOR AN EXAM: SUBMIT APPLICATION TO DEPT. OF PERSONNEL 137 MARGARET ST., ROOM 212, PLATTSBURGH, NY 12901 PHONE: (518) 565-4676 WEBSITE: www.clintoncountygov.com IF APPLYING FOR A VACANCY: SUBMIT APPLICATION DIRECTLY TO AGENCY WITH VACANCY COMPLETING THIS APPLICATION CORRECTLY IS CONSIDERED PART OF YOUR EXAM AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL – PRINT IN INK OR TYPE ALL STATEMENTS ARE SUBJECT TO VERIFICATION - KEEP A COPY FOR YOUR RECORDS	
STREET/CITY/ZIP: _____		
LEGAL RESIDENCE IF DIFFERENT THAN ABOVE: _____		
HOME PHONE: () () () _____ BUSINESS: () () () _____ CELL: () () () _____		
E-MAIL ADDRESS: _____	Are you under 18 ? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth (MM/DD/YYYY): _____ If under 18, do you possess the appropriate Student General Employment Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/> (attach a copy if required for the position)	
Has your permanent, legal residence been in Clinton County 30 continuous days up to and including the exam/appointment date? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, do you have the legal right to accept employment in the US? YES <input type="checkbox"/> NO <input type="checkbox"/> Non-citizens will be required to provide proof establishing identity and eligibility for employment in the US.	
If NO, indicate the county of your permanent, legal residence: _____	ARE YOU AN EXEMPT VOLUNTEER FIREFIGHTER? YES <input type="checkbox"/> NO <input type="checkbox"/> Dates served: _____ to _____ (MM/DD/YYYY)	
SPECIAL ARRANGEMENTS FOR CIVIL SERVICE EXAM: If you need special arrangements in order to participate in this exam, you must notify this agency by EITHER indicating the special arrangements you require below or in writing to this agency no later than the last date of filing for this exam. Your request must include exam title and number and the type of special arrangements required. If your request involves a medical condition, provide documentation from your physician explaining the need for your request. _____ _____	VETERAN INFORMATION (See Back Page)	
CONFLICTING EXAMS: I have applied for a NYS Civil Service Exam or another Local Exam being offered on the same day: YES <input type="checkbox"/> NO <input type="checkbox"/> (See Back Page) Indicate conflict here: _____ _____ _____	Are you a veteran ? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you wish to claim war time veterans' credits for this exam? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, you MUST complete an Application for Veterans' Credits.	
FOR CIVIL SERVICE USE ONLY: FEE: Paid <input type="checkbox"/> Waived <input type="checkbox"/>	ADDITIONAL QUESTIONS	
APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES <input type="checkbox"/> NO <input type="checkbox"/> Did you ever resign from any employment rather than face dismissal? YES <input type="checkbox"/> NO <input type="checkbox"/> 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? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever been convicted of any crime (felony or misdemeanor)? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you now under charges for any crime? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES <input type="checkbox"/> NO <input type="checkbox"/>	
_____	If you answered YES to any of these questions, provide details in REMARKS on the back page. Your failure to answer any of these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities. 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.	
_____	THIS AFFIRMATION MUST BE SIGNED: I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury. An original signature and current date are required on all applications.	
_____	SIGNATURE OF APPLICANT: _____ DATE: _____	
_____	LIST ANY OTHER LAST NAME(S) BY WHICH YOU HAVE BEEN KNOWN: _____	
THE FILING FEE WILL NOT BE REFUNDED IF YOUR APPLICATION IS DISAPPROVED		

EDUCATION: Read the exam announcement for specific educational requirements. 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 completed.

Do you have a high school or equivalency diploma: YES NO

If YES, indicate the **name and address** of high school or issuing governmental authority:

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S):	TYPE OF DEGREE AWARDED	DID YOU GRADUATE? YES/NO	DEGREE EXPECTED MO/YR
Name:			
Address:			
Name:			
Address:			

LICENSE OR CERTIFICATION: Complete the following if a license, certificate or other authorization to practice a trade or profession is required on the exam announcement. If you are not currently licensed check here:

TRADE OR PROFESSION:	LICENSE NUMBER:	DATE LICENSE FIRST ISSUED:	REGISTRATION PERIOD: FROM (MO/YR) TO (MO/YR)
SPECIALTY:	LICENSING AGENCY NAME AND ADDRESS:		

DESCRIBE YOUR WORK EXPERIENCE: Beginning with the most recent, list all employment, military service, or volunteer experience that proves you meet the minimum qualifications for the exam. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. For DUTIES describe the nature of the 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. **DO NOT SUBMIT A RESUME.**

1. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

2. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

SUBMIT DOCUMENTATION TO PROVE MINIMUM QUALIFICATIONS LISTED ON THE EXAM ANNOUNCEMENT OR ON THE POSITION DESCRIPTION.

3. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

4. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

5. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
% OF TIME ON EACH DUTY	FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE			

REFERENCES (List below two professional and one personal reference):

NAME	TITLE OR ASSOCIATION	ADDRESS	PHONE

ATTACH ADDITIONAL 8.5" x 11" SHEETS IF NECESSARY
INCLUDE EVERY DETAIL REQUIRED IN THE EXPERIENCE SECTION

INSTRUCTIONS AND INFORMATION

EQUAL OPPORTUNITY: The New York State Human Rights Law prohibits discrimination in employment because of age, creed, color, national origin, sex, sexual orientation, disability, genetic predisposition or carrier status, marital status or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, color, national origin, sex, sexual orientation, disability, genetic predisposition or carrier status, marital status, criminal record or any other characteristic protected by the New York State Human Rights Law or other applicable federal and state laws and regulations in connection with employment by Clinton County. Clinton County is an equal opportunity employer.

ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read the exam announcement carefully. Enter the exam title and number on the front page of this application.

ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the exam, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an exam, applicants may be admitted to the exam 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 exam 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.

Call this agency immediately if you do not receive a notice within three days of the date of the exam informing you whether or not you are to be admitted to the exam.

CONFLICTING EXAMS

If you have applied for any other civil service exam to be given on the same test date for employment with NYS or other local government jurisdictions, excluding NYC, arrangements must be made to take all the exams at one test site. Be sure to check "YES" in the Conflicting Exams Section on the first page of your application. Indicate the titles of the exams you are scheduled to take and whether they are offered by another Local agency or the State. If you are taking two Local exams, indicate in which county you want to take the exams. If you are taking a Local and a State exam, you must take the exams at the State site. Call our office at 565-4676 no later than 2 weeks prior to the exam date to confirm that arrangements have been made for you to take all the exams at one test site.

POLICE OFFICER OR FIREFIGHTER SURVIVOR CREDITS

Per Section 85-a of Civil Service Law, children of firefighters or police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive exam for which they qualify for original appointment in the same municipality in which his/her parent served. The parent is deemed to have "served" in a municipality if he/she was employed by or worked primarily in that municipality. If you qualify, inform this office when you submit your application for exam. A candidate claiming such credit has a minimum of 2 months from the application deadline to provide the necessary documentation to verify additional credit eligibility. No credit may be added after establishment of the eligible list.

VETERANS 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, you may be eligible for extra credits added to the passing score of an exam. For detailed information refer to the manual Clinton County Veterans' Rights for Exams available in our office or on our website:
<http://www.clintoncountygov.com/Departments/Personnel/PersonnelHomePage.htm>

BACKGROUND INVESTIGATION

Applicants may be required to undergo a State and national criminal history background investigation and any applicable background checks, which may include a fingerprint check to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Fingerprints to be used in performing the background checks would be collected from applicants pursuant to regulations promulgated by the DCJS, which will perform the State background check. DCJS will also submit the fingerprints to the FBI for the completion of the national background check. Individuals found to have criminal histories that bar their appointment to the position sought would then be disqualified by the municipal civil service agency pursuant to Section 50(4) of the Civil Service Law.

CHANGE OF ADDRESS

Notify this agency immediately of any change of address.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

MSD 330

REV. 12/2014

REMARKS:

VILLAGE OF DANNEMORA BACKGROUND CHECK POLICY

adopted 5-2-2018

The background check policy is put in place to take steps to ensure the Village of Dannemora is providing a safe and inclusive environment for all employees and residents.

The Village of Dannemora is solely authorized to conduct and oversee the background check process. All offers of employment for vacant staff positions will be contingent on successfully passing a background check. Background checks will be conducted using a contracted third party and/or appropriate law enforcement agencies.

Information secured for the purpose of extending, maintaining, or retracting an offer of employment will be confidentially maintained by the Village of Dannemora Clerk's office. For the purpose of making decisions, report contents or portions of the content may be shared with appropriate individuals who have a legitimate business need to know, as determined by the Mayor.

All background checks will encompass:

1. Criminal History check
2. Social Security Number validation
3. Sex and Violent Offender Registry Check

Depending on the nature of the work being performed, additional components could include:

1. Drug Screen
2. Motor Vehicle Record Check

The Village of Dannemora will not consider arrest information unless the arrest resulted in conviction. In such circumstances, the applicant and/or law enforcement agencies will be contacted to obtain further information in order to assess the relevancy to the position in question. The Village of Dannemora will consider convictions disclosed by the applicant or revealed via the process to determine if an employment offer should be extended, maintained, or withdrawn. The presence of a conviction does not automatically preclude an individual from employment.

1. All employees must pass a confirmation of residence in Clinton County.
2. All job offers where some form of background checking is required must state that employment at the Village of Dannemora is contingent upon a successful background check.
3. The Village of Dannemora reserves the right to rescind the offer if the nature of or facts related to a conviction and/or the number or frequency of convictions is inconsistent with employment or could harm the reputation of the Village or relates to the duties and responsibilities of the position.
4. The prospective employee has the following rights:
 - a. To know what the background check report says
 - b. To obtain a copy of the report
 - c. To challenge the accuracy and completeness of the information in the report
 - d. To know if the reason for not being hired is a result of the background check

With the exception of minor traffic violations (unless the position requires a motor vehicle record check), an applicant will be automatically disqualified from further consideration if they fail to accurately and fully complete the Background Check Authorization Form. Applicants eliminated due to a failure to disclose will not be eligible for reconsideration for another position at the Village of Dannemora for a minimum of three (3) years.

Positions requiring handling of money will also require the ability to be bonded. These positions include the Clerk-Treasurer, Deputy Clerk, Clerk to Village Justice, Village Justice, and Parking Enforcement Officer.

Some positions requiring operation of Village vehicles will require a Motor Vehicle Check, Drug Screen and may include random drug testing throughout employment.

VILLAGE OF DANNEMORA
40 EMMONS STREET ~ P.O. BOX 566
DANNEMORA, NY 12929
(518) 492-7000

CONSENT TO REFERENCE AND BACKGROUND CHECK

I, _____, have received, read, understand and agree to the Background Check Policy in its entirety. If I had questions regarding the policy, I have asked and received explanations, eliminating any confusion I may have had. I have also been advised that any future questions can be directed to the Village Board.

I hereby authorize the Village of Dannemora to conduct any and all reference and background checks it desires that are listed under the terms of the Background Check policy, and with this I authorize the Village to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Village, and release them of all liabilities and damages of all kinds for providing this information. I authorize the Village to verify the accuracy of all information that I have provided, and also release my educational transcripts to the Village for education verification purposes.

I understand and agree that the results of my reference and background checks may affect the employment decision of the Village of Dannemora, and I hereby release the Village of Dannemora from any and all claims which may result from my reference and background check results.

I also understand that the Background Check Policy is subject to change without notice, in order to maintain compliance with government and industry standards, and Village policy.

Employee Signature

Print Name Legibly

PRINT NAME: _____

SSN: _____

Date Received: _____



GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION

Background

The federal Driver's Privacy Protection Act (DPPA) designates certain information in motor vehicle records as *Personal Information*. Personal information includes a motorist's photograph, social security number, date of birth, driver license number, non-driver ID number, name, address (except for 5-digit zip code), telephone number, and medical or disability information. Public information includes reportable accidents, driving convictions, driver status and vehicle information. Most motor vehicle records contain personal and public information. Please note, if we are authorized to release personal information, we will not release social security number, phone number, photograph, medical or disability information.

The DPPA also limits the reasons (*permissible uses*) for which the Department of Motor Vehicles may release records containing personal information. A copy of the DPPA, and the permissible uses in New York State, are printed on form MV-15DPPA.

Some requesters may request a copy of a record only if they have permission from the person named in the record. This form provides evidence (*signed authorization*) of that permission.

Instructions for Motorists

The motorist is the person named in a motor vehicle record. The record requester is the person requesting information about the motorist. To complete this form, print your name in the blank marked *Motorist*. Print the record requester's name in the blank marked *Record Requester*. Then visit a notary public. In the presence of the notary, sign on the line marked *Motorist's Signature*, then give this form to the notary to notarize.

After it is notarized, give this form to the record requester.

Instructions for Record Requesters

You may request someone else's motor vehicle record containing personal information only if you have a permissible use as defined in the DPPA. You may face criminal penalties and civil liabilities if you request a record for which you do not have a permissible use. Having the motorist's permission is a permissible use. This form, properly completed and notarized, is evidence of the motorist's permission.

Keep a copy of this form for five years after you receive the record you requested.

I, _____, authorize the New York State Department of Motor Vehicles
(Motorist)
to disclose or otherwise make available to _____ personal information about
(Record Requester)
me obtained by the Department in connection with a motor vehicle record.



Motorist's Signature

STATE OF _____ SS:

COUNTY OF _____

On this _____ day of _____, _____ before me personally appeared
(month) (year)
_____, to me known and who by me being duly sworn, acknowledged
(Motorist)

to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

Notary Public