

City of Oneida

**Civil Service Examination & Employment
Application**
109 North Main St., Oneida, NY 13421

Phone: 315 363-1561
Fax: 315 363-9558
Email: pdmargo@oneidacity.com

Do not write in this space

Notified: _____

Approved: _____

Conditioned: _____

Please print or type

Read instructions carefully

Position Applying for:	_____	Exam No.:	_____
Home Telephone:	_____	Soc. Sec #:	_____
Work Telephone:	_____		
Name:	_____		
	Last	First	M.I.
Address:	_____	Apt. #	_____
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
If you are applying for a Police Officer position,
please provide date of birth: _____

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

City/Town: _____
County: _____
State: _____
Number of years and/or months at this address:

If you are applying for an examination, you **MUST** answer the
following questions required by Section 50-B of the NYS Civil
Service Law:
Have you any loans made or guaranteed by the NYS Higher
Education Services Corporation which are currently outstanding?
___Yes ___No
If so, are you presently in default on such loan?
___Yes ___No

Date Received by CSC: _____

CITY OF ONEIDA

An Equal Opportunity/Affirmative Action Employer

It is the policy of the City of Oneida to provide accommodations
in testing to individuals with disabilities and religious observers
and to provide for & promote equal opportunity in employment,
compensation and other terms and conditions of employment
without discrimination because of age, race, creed, color,
national origin, gender, sexual orientation, disability or marital
status. NOTE: When filling out your application form, check to
make sure that all appropriate questions have been answered.
Incomplete applications may result in disqualification.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

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.

Signature of Applicant

Date

If you answer "yes" to any of the following questions, give specifics below or on a separate sheet. None of the above circumstances represents an automatic bar to employment

Each case is evaluated on individual merits in relation to the position for which you are applying:

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

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 applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b)(e) & (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 _____ If yes, year graduated: _____
 If No, highest grade completed? _____ Name & location of high school: _____
 If you have a high school equivalency diploma, indicate issuing gov't authority _____ # & Date of Issue _____

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.

	Name of School & City where located	Dates of attendance:		Type of Course or Major Subject	# of credits & Type of Degree	Were you Graduated?	Date Degree Received or Expected
		From	To				
College, University							
Professional or							
Technical School							
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.)

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 it in the same way as paid work showing its volunteer nature in the earnings box. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission 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.

Length of Employment: From: _____ To: _____ Mo Yr Mo Yr	EXACT TITLE:	Firm Name and Address:
Supervisor & Supervisor's Title:	Describe Duties:	
Final Salary:		
#of hrs.worked/wk:		
Reason for leaving:		
Length of Employment: From: _____ To: _____ Mo Yr Mo Yr	EXACT TITLE:	Firm Name and Address:
Supervisor & Supervisor's Title:	Describe Duties:	
Final Salary:		
#of hrs.worked/wk:		
Reason for leaving:		
Length of Employment: From: _____ To: _____ Mo Yr Mo Yr	EXACT TITLE:	Firm Name and Address:
Supervisor & Supervisor's Title:	Describe Duties:	
Final Salary:		
#of hrs.worked/wk:		
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Length of Employment: From: _____ To: _____ Mo Yr Mo Yr	EXACT TITLE:	Firm Name and Address:
Supervisor & Supervisor's Title:	Describe Duties:	
Final Salary:		
#of hrs.worked/wk:		
Reason for leaving:		

EXTRA CREDIT FOR WAR TIME VETERANS

Certain veterans are entitled to receive additional credit in competitive Civil Service examinations. Article V, Section 6 of the State Constitution provides that to receive additional credit a veteran:

- must have served or be serving in time of war (see below);
 - must have received or expect to receive an honorable discharge or have been released under honorable circumstances;
 - must be a resident of NYS at time of application for examination.
-

1. I expect to receive or have already received 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 U.S. pursuant to call as provided by law on a full-time active duty basis, other than active duty for training purposes.)

_____ Yes _____ No

If Yes, check for which of the following time of war periods you are claiming extra credit (If you answered "No" to the question #1, credits may not be claimed.):

2a. I am now serving or have served on an active duty basis other than active duty for training purposes in the U.S. Armed Forces during one or more of the following:

- _____ Korean Conflict (June 27, 1950 to January 31, 1955)
- _____ Viet Nam Conflict (December 22, 1961 to May 7, 1975)
- _____ Persian Gulf Conflict (August 2, 1990 to the date upon which such hostilities end)

2b. I earned the Armed Forces, Navy or Marine Corps expeditionary medals for:

- _____ Hostilities in Lebanon (June 1, 1983 to December 1, 1987)
- _____ Hostilities in Grenada (October 23, 1983 to November 21, 1983)
- _____ Hostilities in Panama (December 20, 1989 to January 31, 1990)

(NOTE: If claiming any time of war service prior to 1950, please discuss with the Civil Service Secretary.)

3. I am receiving payments from the U.S. Dept. of Veterans Affairs for a service-connected disability rated at 10% or more incurred during a war time period listed above: _____ Yes _____ No

All claims and grants of veterans credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, PRIOR to establishment of the eligible list. You may make application for such credit at any time between date of application for exam & the establishment of the eligible list. Credit may not be granted after an eligible list has been established. If it is determined, based on required proof submitted in a timely manner, that you are entitled to veterans' credits, they shall be granted as follows: Disabled veterans - 10 pts. on open competitive exam, 5 pts. on promotion exam; Non-disabled veterans - 5 pts. on open competitive exam, 2.5 pts. on promotion exam. To be eligible for disabled veterans credits, one must be certified by the VA as being entitled to receive payments for a service-connected disability rated @ 10% or more, which was incurred during war time, and must provide required proof of that disability. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by the City. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment(s).

CITY OF ONEIDA CIVIL SERVICE COMMISSION, 109 N. MAIN ST., ONEIDA, NY 13421

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