

# TOWN OF WALTON

129 North Street  
Walton, NY 13856  
607-865-5766

## 330- APPLICATION FOR EXAMINATION / EMPLOYMENT

**POSITION TITLE** \_\_\_\_\_

**Examination Number** \_\_\_\_\_

This application is part of your examination. #1 - 6 must be answered fully and carefully. Print in ink, use a typewriter or complete the application online. Attach additional sheets if necessary in order to give complete and detailed information. An incomplete application may result in its disapproval.

**1. SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**2. NAME: (Please Print)**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City or Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Include Area Code) \_\_\_\_\_

Home: \_\_\_\_\_ Business: \_\_\_\_\_

**CHANGE OF ADDRESS**

Notify this agency immediately of any change of address. When writing give the number and title of examination, or title of position applying for.

**3. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.**

NAME	YEARS	MONTHS
School District _____		
City or Village Of _____		
Town Of _____		
County Of _____		

**4. OTHER PERSONAL INFORMATION:**

A. Are you 18 years of age or older?  Yes  No

If No, you must supply a work permit.

B. Are you legally eligible to work in the United States?  Yes  No

Proof of employment eligibility will be required upon employment.

C. If you are applying for the position of Police Officer or Deputy Sheriff, please provide your Date of Birth: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

THE NEW YORK STATE HUMAN RIGHTS LAW AND OTHER APPLICABLE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, DISABILITY, 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, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

**DELAWARE COUNTY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

**5. Check appropriate box to the right of each question:**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Did you ever resign from any employment rather than face dismissal?  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you ever had a driver's license suspended or revoked?   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever had a professional license suspended or revoked?   | <input type="checkbox"/> | <input type="checkbox"/> |
| E. 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 circumstances? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you ever been convicted of any crime (felony or misdemeanor)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?   | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Are you now under charges for any crime?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to any of the Questions 5A-H above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

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(s) for which you are applying.

**6. Do you need SPECIAL ARRANGEMENTS for examination?  Yes  No**

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of exam), or a handicapped person (require special arrangements in order to participate in the exam), you must write to the Personnel Office no later than the last filing date for the exam. Your request must include exam number, title and type of special arrangements required.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION**

**7. THIS AFFIRMATION MUST BE COMPLETED**

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Indicate any other surname (last name) by which you are or have been known. \_\_\_\_\_

**For Personnel Office Use ONLY:**

Date Received \_\_\_\_\_ Reviewed By \_\_\_\_\_

Approved       Conditional       Disapproved  
**PROM DATE:**      **INFO NEEDED:**      **Reasons for DISAPPROVAL**

- |   |   |  |
|---|---|--|
| <b>FEE PAID:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Date _____ | <input type="checkbox"/> Required Transcripts<br><input type="checkbox"/> Resume Only,<br>Submit Application<br><input type="checkbox"/> Clarify Residency<br><input type="checkbox"/> Age<br><input type="checkbox"/> Citizenship<br><input type="checkbox"/> Experience<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> No Fee<br><input type="checkbox"/> Education<br><input type="checkbox"/> Residency<br><input type="checkbox"/> Age<br><input type="checkbox"/> Citizenship<br><input type="checkbox"/> Experience<br><input type="checkbox"/> Other _____ |
|---|---|--|



14. **EMPLOYMENT REFERENCES:** (give name, full address and phone number)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

15. **Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. PLEASE NOTE: ALL PERTINENT EMPLOYMENT INFORMATION MUST APPEAR ON THIS APPLICATION. DO NOT REFERENCE A RESUME. DATES OF EMPLOYMENT, HOURS WORKED, YOUR TITLE AND A DESCRIPTION OF DUTIES PERFORMED MUST BE SHOWN ON THIS APPLICATION.** Describe volunteer or unpaid experience in the same way as paid work, showing its volunteer nature in the earnings box. Volunteer work may or may not be accepted as qualifying experience (see exam announcement). 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 title or duties changed materially in the course of your service in any one organization, indicate such change clearly a separate employment. (If more space is needed, you may attach additional pages.) Under "duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.

<b>LENGTH OF EMPLOYMENT</b> FROM MO / YR TO MO / YR	<b>FIRM NAME</b>	<b>ADDRESS</b>	<b>CITY AND STATE</b>
<b>EARNINGS (Circle One)</b> \$ /WK / MO / YR	<b>DESCRIBE DUTIES BELOW:</b>		
<b>TYPE OF BUSINESS</b>			
<b>YOUR EXACT TITLE</b>			
<b>NAME OF YOUR SUPERVISOR</b>			
<b>SUPERVISOR'S TITLE</b>			
<b>No. of hours worked per week (exclusive of overtime)</b>			
<b>LENGTH OF EMPLOYMENT</b> FROM MO / YR TO MO / YR	<b>FIRM NAME</b>	<b>ADDRESS</b>	<b>CITY AND STATE</b>
<b>EARNINGS (Circle One)</b> \$ /WK / MO / YR	<b>DESCRIBE DUTIES BELOW:</b>		
<b>TYPE OF BUSINESS</b>			
<b>YOUR EXACT TITLE</b>			
<b>NAME OF YOUR SUPERVISOR</b>			
<b>SUPERVISOR'S TITLE</b>			
<b>No. of hours worked per week (exclusive of overtime)</b>			
<b>LENGTH OF EMPLOYMENT</b> FROM MO / YR TO MO / YR	<b>FIRM NAME</b>	<b>ADDRESS</b>	<b>CITY AND STATE</b>
<b>EARNINGS (Circle One)</b> \$ /WK / MO / YR	<b>DESCRIBE DUTIES BELOW:</b>		
<b>TYPE OF BUSINESS</b>			
<b>YOUR EXACT TITLE</b>			
<b>NAME OF YOUR SUPERVISOR</b>			
<b>SUPERVISOR'S TITLE</b>			
<b>No. of hours worked per week (exclusive of overtime)</b>			

**16. EMPLOYMENT / BACKGROUND CHECK AUTHORIZATION - IMPORTANT: This section MUST BE COMPLETED. Failure to sign this section will result in DISAPPROVAL of your application for employment or examination.**

I, \_\_\_\_\_, except as herein noted, hereby authorize the release of information regarding  
**PRINT YOUR FULL NAME**

prior employment history / records including but not limited to performance evaluations and any disciplinary actions, personal references, educational records, law enforcement records, drivers license and driving records, credit reports and all like information bearing on my qualifications and fitness for employment to the Delaware County Personnel Office and/or any County Appointing Authority in any jurisdiction in the County of Delaware to which I am applying for employment. I do not authorize the release of medical or related information that would otherwise be prohibited from release by the American Disability Act or similar legislation.

I further release all parties supplying said information from any liability and responsibility arising from their supplying said information.

It is understood that only relevant information obtained as the result of this release shall be considered for employment purposes and information obtained will be considered and evaluated on a case by case basis in relation to the duties and responsibilities of the position(s) for which I am applying.

A photocopy of this release will be as valid as an original thereof even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
\* Social Security Number

**Print below any other name(s) by which you have been known.**

\* This information will be used for identification purposes only.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**REMARKS:** (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets).