



ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER  
*Essex County Department of Personnel and Civil Service*  
7551 Court Street, PO Box 217, Elizabethtown NY 12932  
Phone: (518) 873-3360 / Fax: (518) 873-3372  
**APPLICATION FOR EXAMINATION OR EMPLOYMENT**  
For County, Towns, Villages and School Districts

Please Leave This Space Blank

Number:
Application
Approved: _____
Conditional: _____
Disapproved: _____

FORM ECPO-330

Title of Position Applying For

Exam No. (if applicable)

This application is part of your examination, ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in ink or type. Attach additional sheets if necessary in order to give complete and detailed information.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION.**

1. Name:	Last Name	First Name	Middle Name
Home Phone #:	Cell Phone #:		
Address:	PO Box and/or Street	Town/City	State Zip Code:

**Immediate Notice should be given if any changes in address before or after examination.**

2. Social Security Number:	5. State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application:		
3. Date of Birth:		Years	Months
4. Email Address	School District:		
	Village or City of:		
	Town of:		
	County of:		
	State of:		

6. Check appropriate box to the right of each question:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes: ☐ No: ☐

B. Have you ever been convicted of any crime, (Felony or Misdemeanor)? Yes: ☐ No: ☐

C. Are you now under any charges for any crime? Yes: ☐ No: ☐  
If "yes", give particulars and disposition of each charge on separate sheet and attach same.

**NONE OF THE ABOVE CIRCUMSTANCES REPRESENT 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.**

7. Check appropriate box to the right of each question:

A. Are you currently a U.S. Citizen? Yes: ☐ No: ☐  
(Citizenship is no longer a requirement for employment except for public officer positions)

B. **If not a U.S. Citizen**, do you have a legal right to accept employment in the United States? Yes: ☐ No: ☐  
Please give alien registration number: \_\_\_\_\_

C. Are you a retiree from New York State or any civil division thereof? Yes: ☐ No: ☐

D. Are you an exempt Volunteer Fireman? Yes: ☐ No: ☐

E. Do you have a valid license to operate a motor vehicle in New York State? Yes: ☐ No: ☐

F. **If Yes**, please provide the following:

**Note:** If a driver's license is required for the position applying for, a copy must accompany your application.

Class:	Number:	Date of Expiration:
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8. **Veterans Credits:** Are you a veteran? Yes: ☐ No: ☐ If "No", skip to number 9.

Do you claim additional credits on this examination as an honorably discharged veteran?

Disabled War Veteran Credit? Yes: ☐ No: ☐ Non-Disabled War Veteran Credit? Yes: ☐ No: ☐

If "Yes" you must complete an Application for Veteran's Credits and provide a copy of your DD-214 form to claim credit.

Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes: ☐ No: ☐

9. **EDUCATION:** If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. DO NOT send transcripts unless required by announcement or to be used to meet minimum qualifications.

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

If yes, give name and location of high school:

If "Yes", give year graduated: \_\_\_\_\_

If "No", give highest grade completed: \_\_\_\_\_

Have you successfully completed a typing course? Yes: ☐ No: ☐

If you have a high school equivalency diploma: Number and/or Date of Issue: \_\_\_\_\_

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S)	Date(s) of Attendance (Month & Year) From - To	Type of Course or Major	Number of College Credits Earned	Degree Received	Date of Degree
Name & Address:					
Name & Address:					
Name & Address					
Name & Address:					

10. **LICENSES:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement or the examination(s) for which you are applying, complete the following:

If not currently licensed, check this box: ☐

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



11. Check box below if you desire special accommodations because you are a: Yes ☐ No ☐  
 Sabbath Observer - For religious reasons cannot be tested on Saturdays Yes ☐ No ☐  
 Handicapped Person

Please indicate type of assistance required

12. Have you any objections to this department making inquiry regarding your character and qualifications or contacting your former or present employers? Yes: ☐ No: ☐

If "Yes", please give particulars	

13. **EXPERIENCE:** Beginning with the most recent, list all employment, military service, or volunteer experience that proves you meet the minimum qualifications for the position you are applying for. 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.

**EXPERIENCE MUST BE COMPLETED ON THE APPLICATION FORM. CREDIT WILL NOT BE GIVEN FOR WORK EXPERIENCE SUBMITTED ON A RESUME.**

**APPLICANTS MAY BE REQUIRED TO FURNISH SATISFACTORY PROOF OF EXPERIENCE CLAIMED.**

Employer Name				Address				City/State/Zip			
Phone Number		Supervisor's Name				Supervisor's Title				Your Title	
Length of Employment				Check One		Hours Per Week (No Overtime)		Type of Business			
From		To		<input type="checkbox"/> Paid  <input type="checkbox"/> Volunteer		Reason for Leaving					
Month	Year	Month	Year								
% of time on each duty				DUTIES: Describe below the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of working force supervised by you and extent of such supervision (if any).							

Employer Name				Address				City/State/Zip			
Phone Number		Supervisor's Name				Supervisor's Title				Your Title	
Length of Employment				Check One		Hours Per Week (No Overtime)		Type of Business			
From		To		<input type="checkbox"/> Paid  <input type="checkbox"/> Volunteer		Reason for Leaving					
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IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER. ATTACH SUCH SHEETS AT TOP OF PAGE.

**NOTE:** When filling out your application form, check to make sure that all questions have been answered. An incomplete application may result in its disapproval. A resume may not be substituted.

**THIS AFFIRMATION MUST BE COMPLETED FOR ACCEPTANCE OF APPLICATION FORM**

*I affirm that the statements made on this application ( including any attached papers)  
are true under the **PENALTIES OF PERJURY.***

Signature of Applicant		Date	
Provide any other name you have used in education or employment			

**The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, national origin, sex, 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, greed, color, national origin, sex, disability, marital status or criminal record in connection with employment in the municipal service of the County of Essex.**