

CLINTON COUNTY APPLICATION FOR EMPLOYMENT

THIS FORM MAY BE USED FOR TITLES THAT DO NOT REQUIRE WORK EXPERIENCE AS A MINIMUM QUALIFICATION. AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

APPLICATION TO BE COMPLETED BY EMPLOYEE

Last Name: _____ First Name: _____ MI: __ Social Security #: _____

Address of legal residence: _____

Home Phone: () _____ Business Phone: () _____ Cell Phone: () _____

List any other LAST names by which you have been known: _____

YES NO Has your permanent, legal residence been in Clinton County 30 continuous days up to and including appointment date?

If NO, indicate the county of your permanent legal residence: _____

YES NO Are you under 18? If YES, attach the appropriate Student General Employment Certificate if required.

YES NO Are you a citizen of the United States? If NO, attach proof of eligibility for employment in the US.

YES NO Are you an exempt volunteer firefighter?

YES NO Are you a veteran?

ADDITIONAL QUESTIONS

YES NO Were you ever dismissed or discharged from any 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 discharge from the Armed Forces of the United States which was other than Honorable" or which was issued under other than honorable conditions?

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 Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?

If you answered YES to any of the above ADDITIONAL QUESTIONS please provide details below:

Applicants may be required to undergo and pay for a state and national criminal history background investigation, which includes a fingerprint check, to determine suitability for appointment.

This affirmation must be signed: I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury. Attach supporting documentation to prove minimum qualifications listed on the position description.

Signature of Applicant: _____ Date: _____

REPORT OF PERSONNEL CHANGE FORM TO BE COMPLETED BY COUNTY AGENCY

Date: _____ Agency: _____

Position Control # _____ Salary: _____

If minimum and/or maximum age limits are established for the position enter date of birth: _____

Title: _____ Hire Date: _____ End Date: _____

Permanent Full-Time

Temporary Full-Time

Temporary On-Call

Permanent Part-Time

Temporary Part-Time

NYS Retirement # _____ OR Optional / Membership Declined

Print Name of Appointing Officer: _____

Signature of Appointing Officer: _____ Date: _____

TO BE COMPLETED BY CLINTON COUNTY PERSONNEL DEPARTMENT

It is hereby certified that the employee listed on this Personnel Report has been employed in accordance with Civil Service Rules. Unless changes occur, the salary payments listed are certified through your agencies fiscal year.

Approval Date:

Approved By:

Rev: 1/30/2012