



Department of Human Resources

Monroe County, New York

Cheryl Dinolfo
County Executive

Brayton McK. Connard, SPHR
Director

Employment/Civil Service Exam Application

Rev. 11/2015

Form with sections: For Office Use Only, Position applying for, Name, Mailing Address, Residence Address, and various qualification questions.

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you a citizen of the United States?	<b>Yes</b>	<b>No</b>	If no, do you have a legal right to work in the U.S.?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid New York State Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what class _____		
Will you accept part-time work?	<input type="checkbox"/>	<input type="checkbox"/>	Will you accept temporary work?	<input type="checkbox"/>	<input type="checkbox"/>

**License/Certification**

Do you have a license, certification, or other authorization to practice a trade or profession? Yes  No  Is this certification permanent? Yes  No

Name of trade or profession: \_\_\_\_\_ License/Certificate Number: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_ Licensed from: \_\_\_\_\_ to: \_\_\_\_\_

**Education**

Have you received a High School Diploma? Yes  No  If no, have you received a General Equivalency Diploma (G.E.D.)? Yes  No

Check the highest grade completed 8  9  10  11  12

**Education above high school level**

Name of School	Location (State)	Course or Major	Credits Completed		Type of Degree/Certificate Received
			Sem. Hrs.	Qtr. Hrs.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Training**

Other training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received:

Course/Program	Hours
_____	_____
_____	_____

**Work Experience**

Describe your employment, including military experience, beginning with your current or most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average number of hours in the workweek, final salary, reason for leaving, specific job duties, your job title, etc. must be shown.

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Starting Date \_\_\_\_\_ Ending date \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name & address of current or most recent employer \_\_\_\_\_

Salary \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

**Your job title** \_\_\_\_\_

Immediate Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience (continued)**

Starting Date \_\_\_\_\_  
Month/Day/Year

Ending date \_\_\_\_\_  
Month/Day/Year

Name & address of employer \_\_\_\_\_  
\_\_\_\_\_

Salary \_\_\_\_\_

Hours worked per week \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_  
\_\_\_\_\_

**Your job title** \_\_\_\_\_

Immediate Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Date \_\_\_\_\_  
Month/Day/Year

Ending date \_\_\_\_\_  
Month/Day/Year

Name & address of employer \_\_\_\_\_  
\_\_\_\_\_

Salary \_\_\_\_\_

Hours worked per week \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_  
\_\_\_\_\_

**Your job title** \_\_\_\_\_

Immediate Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have additional work experience, please copy this page and attach additional sheets as needed. Be sure to include your name and social security number on all attachments. Volunteer experience must be documented by statement of verification from the agency representative regarding number of hours worked per week and activities performed.