



Department of Human Resources

Monroe County, New York

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County Executive

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Director

Employment/Civil Service Exam Application

Rev. 7/2019

Form with sections: For Office Use Only, Position applying for, Name, Mailing Address, Residence Address, Have you been a resident of Monroe County..., Main Telephone Number, Social Security Number, etc.

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

## 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	State or Country	Major	Credits Completed		Type of Degree	Graduated?	
			Sem. Hrs.	Qtr. Hrs.		Yes	No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

## 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, reason for leaving, specific job duties, your job title, etc. must be shown.

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

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

Hours worked per week: \_\_\_\_\_ Was the position  Paid or  Volunteer?

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: \_\_\_\_\_  
\_\_\_\_\_

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

Was the position  Paid or  Volunteer?

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: \_\_\_\_\_  
\_\_\_\_\_

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

Was the position  Paid or  Volunteer?

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.**

# ATTENTION: This Page is for Examination Applications Only

## Special Arrangements for Examination

If you need special arrangements because you are a Religious Observer [for religious reasons, cannot be tested on date of examination(s)], or if you have a disability that requires you to have special accommodations or assistance for the completion of this application or for you to participate in an examination, you must notify this Department at 585-753-1700 or 585-753-1091 (TDD) no later than the last date of filing for this (these) examination(s). Your request must include examination number(s) and title(s) and the type of special arrangements required accompanied by all supporting documentation.

Monroe County, as an employer, does not discriminate on the basis of a disability and will make reasonable accommodations for employees with special needs, due to a disability. It is the responsibility of the applicant or employee to voluntarily disclose that they require an accommodation based on their disability.

## Application Fee for Examination

If the examination announcement indicates that an application fee is required for the examination(s) for which you are applying, **you must submit the required fee for each separate examination.** The required fee amount for each examination will be listed on the announcement. Enclose a check or money order payable to the Monroe County Director of Finance with this application. **WE DO NOT ACCEPT CASH.**

Your application fee will not be refunded if you do not meet the requirements for admission to the examination. Compare your qualifications carefully to the requirements stated on the announcement and file only for those examinations for which you are clearly qualified.

## Application Fee Waiver Request and Certification

Civil Service Law Section 50.5(b): "...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for support of a household, or are receiving public assistance."

- I am requesting that my application fee(s) be waived in accordance with Section 50.5(b) of the State Civil Service Law for the following reason(s): (check all that apply)
  - I am totally unemployed **and** I am primarily responsible for the support of my household. **NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for the application fee waiver as head of household.**
  - I am currently eligible for Medicaid
  - I am currently receiving Supplemental Security Income (SSI) payments
  - I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) Public Assistance Case Number: \_\_\_\_\_
  - I am currently certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency (e.g. Rochester Works!)
- I am a full-time employee of Monroe County represented by CSEA Local 828, Unit 7400 at pay group 10 or below.  
Job title and grade: \_\_\_\_\_
- I am represented by the Federation of Social Workers. I am employed at group 52 or below or this exam is in my career path.  
Job title and grade: \_\_\_\_\_

### All Fee Waiver Requests are Subject to Verification by Submission of Documentation

#### \*\*\*\*\* Affirmation \*\*\*\*\*

I affirm that the information given above is true and correct and that I qualify to receive an application fee waiver for the reasons indicated above. I understand that my claim for an application fee waiver may be investigated and I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility for application fee waiver.

\_\_\_\_\_  
Candidate's First and Last Name (Please Print)

\_\_\_\_\_  
Candidate's Social Security Number

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date