



VILLAGE of RICHFIELD SPRINGS

PO Box 271 Richfield Springs, NY 13439
315-858-1710 Fax: 315-858-9202
www.villageofrichfieldsprings-ny.com

EMPLOYMENT APPLICATION COVER

Date _____

Name _____ Position _____ FT or PT
(Must be filled in)

There is no exam for this employment position. Complete entire application and return to:

Village Office of Richfield Springs
102 Main Street
315-858-1710
Fax: 315-858-9202
email: clerk@richfieldsprings.org

NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, DISABILITY, MARITAL STATUS, MILITARY STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, PECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

This application is part of your examination. Answer all questions completely. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information. Incomplete applications will not be accepted. Resumes may not be substituted for a completed application, but will be accepted in addition to the application.

(Last Name) (First) (MI)

(Street Address or PO Box)

(City) (State) (Zip Code)

Telephone # (Include Area Code) and E-mail Address

Home _____ Cell _____

E-mail _____

Social Security Number:

If there is an age requirement for this vacancy/examination, enter your date of birth:

_____ Mo. _____ Day _____ Yr.

Have you ever been employed by Otsego County ___ Y ___ N

If yes, enter dates here From _____ to _____

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? _____ Yes ___ No

(Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)

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 of District Months/Years

School District of: _____

City or Village of: _____

Town of: _____

County of: _____

State of: _____

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.

X _____
Signature of Applicant

Date

Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your application. YES: _____ NO _____ If Yes, explain _____

Date Received: _____ By: _____

Fee Received: _____ By: _____

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. Did you ever resign from any employment rather than face dismissal? _____ Yes ___ No

C. 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? _____ Yes ___ No

D. Have you ever been convicted of any crime (felony or misdemeanor)? _____ Yes ___ No

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? _____ Yes ___ No

F. Are you now under charges for any crime? _____ Yes ___ No

If you answered "Yes" to any of the questions A-F above, you may give specifics under "remarks" on the front page of this application. If you elect not to provide specifics, however, or if such information 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 for which you are applying.

G. Are you a volunteer firefighter? _____ Yes ___ No

H. Have you ever served in the Armed Forces of the United States? If yes, answer I-K (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by law on a full-time active duty basis other than active duty for training purposes.) _____ Yes ___ No

I. If "yes" did you receive a discharge, which was honorable, or were you released under honorable circumstances? _____ Yes ___ No

J. Did you serve in the Armed Forces of the United States during any of the following periods?
 12/07/1941 to 12/31/1946 06/27/1950 to 01/31/1955
 01/01/1963 to 05/07/1975 08/02/1990 to not specified
 06/01/1983 to 12/01/1987 10/23/1983 to 11/21/1983
 12/20/1989 to 01/31/1990

NOTE: Credits for Lebanon, Grenada and Panama will be limited to those who received the following Expeditionary medals: Armed Forces, Navy, or Marine Corps. Without appropriate medal, service is treated as under 05/08/1975 to 08/01/1990. US Public Health Service: 07/29/1945 to 09/02/1945 or 06/26/1950 to 07/03/1952 Or; a member of the National Guard activated during the US Postal Strike 03/23/1970 to 03/30/1970.

K. Since January 1, 1951, have you 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

If you are claiming Veterans credits for this examination indicated on this application. Be sure that you read Instruction E on the front page of the application.

_____ Approved _____ Conditioned _____ Disapproved

EDUCATION: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or Courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from high school? YES NO

IF YES, NAME AND LOCATION OF HIGH SCHOOL: _____

If you have a high school equivalency diploma, indicate: ISSUING GOVERNMENTAL AUTHORITY:						NUMBER	
Name of School and Address	Full or Part-Time	Did you graduate?	Type of Course Or Major Subject	Number of College Credits Rec'd	Type of Degree Rec'd		
College, University, Professional Or Technical School							
Other School Or Special Courses							

LICENSES: If a license or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following question: If not currently licensed check this box.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date of License First Issued	Registered From: (mo./Yr.)	To: (mo./Yr)

If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES NO
 If yes, it must be maintained throughout employment. Please attach a copy, and list all traffic infractions and violations over the past three (3) years. A driver record review will be part of the application review process.

DESCRIPTION OF EXPERIENCE: Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position for which you applied. If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. 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 you have had military service, which includes experience pertinent to the position(s), describe such experience as a separate employment. **If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment.** (If more space is needed, add as attachment additional sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you and estimated percentage of time spent on them. State size and kind of working force, if any, supervised by you and the extent of such supervision.

Length of Employment MO YR MO YR From / To / Earnings (Circle One) \$ /WK/MO/YR Type of Business Your Exact Title Name of Your Supervisor Supervisor's Title No. of hours worked per week (exclusive of overtime)	Firm Name Address City and State Describe Duties: Reason for Leaving:
Length of Employment MO YR MO YR From / To / Earnings (Circle One) \$ /WK/MO/YR Type of Business Your Exact Title Name of Your Supervisor Supervisor's Title No. of hours worked per week (exclusive of overtime)	Firm Name Address City and State Describe Duties: Reason for Leaving:

Length of Employment MO YR MO YR From / / To / /	Firm Name	Address	City and State
Earnings (Circle One) \$ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving:		

Length of Employment MO YR MO YR From / / To / /	Firm Name	Address	City and State
Earnings (Circle One) \$ /WK/MO/YR	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of hours worked per week (exclusive of overtime)	Reason for Leaving:		

How did you hear about this exam/vacancy posting?

- Personnel Website NYS Dept. of Labor Other _____
 Newspaper _____ Online _____

May we contact your present employer? ___ Yes ___ No

Professional References:

1.	_____	_____
	Name	Phone #
	_____	_____
	Address	Email
2.	_____	_____
	Name	Phone #
	_____	_____
	Address	Email
3.	_____	_____
	Name	Phone #
	_____	_____
	Address	Email

ALL STATEMENTS ARE SUBJECT TO VERIFICATION