

**DO NOT
WRITE
IN THIS
COLUMN**

NOTE: When completing the application, make sure that all appropriate questions have been answered. An incomplete application may result in disapproval.

10. EDUCATION

If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment.

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 Government Authority. Number Date of Issue

11. LICENSES: If a license, certificate or the authorization to practice a trade or profession is listed as a requirement of the examination for which you are applying, complete the following questions: If not currently licensed, check this box.

NAME OF TRADE OR PROFESSION	LICENSE #	GRANTED BY (LICENSING AGENCY)	CITY OR STATE OF
SPECIALTY	DATE LICENSE FIRST ISSUED	REGISTERED FROM: (MO./YR.)	TO: (MO./YR.)

12. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES NO

13. **DESCRIBE EXPERIENCE:** Beginning with the most recent list ALL employment, military service, volunteer experience that shows you meet the minimum qualifications for the examination. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do NOT send your resume. Under 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. BE SURE TO READ THE REQUIRED QUALIFICATIONS ON THE EXAMINATION ANNOUNCEMENT.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /				FIRM NAME	ADDRESS	CITY AND STATE
				DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS						
YOUR EXACT TITLE						
NAME OF YOUR SUPERVISOR						
SUPERVISOR'S TITLE						
No. of hours worked per week (excluding overtime)						
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /				FIRM NAME	ADDRESS	CITY AND STATE
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VETERAN'S CREDITS INSTRUCTIONS AND INFORMATION

According to Civil Service Law, additional credits in examinations are granted to successful candidates who have claimed and established status as disabled or non-disabled veterans.

These credits are granted on the following basis:

DISABLED VETERANS: 10 points for Open-Competitive Exams
5 points for Promotional Exams

NON-DISABLED VETERANS: 5 points for Open-Competitive Exams
2.5 points for Promotional Exams

These additional credits, which are added to the final test score, may be granted to **PASSING CANDIDATES** only, when the eligible list is established. Candidates are permitted a minimum period of 60 days from the last filing date to submit veterans credits forms for a particular examination. These forms will be accepted until such time as the eligible list is established. It is the responsibility of the candidate to insure that all required forms are filed timely.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veteran, you must:

- 1.) Have served on **ACTIVE DUTY** with the Armed Forces of the United States in time of war. War times are defined as follows in accordance with New York State Law:
 - World War II - December 7, 1941 to and including December 31, 1946
 - Korean War - June 27, 1950 to and including January 31, 1955
 - Vietnam - February 28, 1961 to and including May 7, 1975
 - U.S. Public Health Service: - July 29, 1945 to December 31, 1946 or June 27, 1950 to July 3, 1952
 - *Lebanon - June 1, 1983 - December 1, 1987
 - *Grenada - October 23, 1983 - November 21, 1983
 - *Panama - December 20, 1989 - January 31, 1990
 - Persian Gulf - August 2, 1990 to the end of such hostilities
(not yet determined)
- 2.) Have been honorably discharged or released under honorable conditions from such service. Active duty personnel may apply, but may not be appointed using credits until discharged.
- 3.) **Submit a legible photocopy of separation papers each time you apply for an examination (i.e. FORM DD-214 or NAVPERS-553) from the Armed Forces of the United States. DO NOT SEND ORIGINAL.**

DISABLED VETERANS

In order to be eligible for additional credits as a disabled veteran, in addition to meeting the requirements of items 1, 2, & 3 listed above, you must also complete, FOR EACH TITLE, Form PO-26 (Authorization For Disability Record), in duplicate and forward BOTH copies immediately to the Regional Office of the United States Veterans Administration where your application for disability pension is on file. Form PO-26 will be mailed to you after the examination. The Veterans Administration will retain a copy for its files and will return a copy to this department for processing. Disabled veterans must have a war-incurred disability of at least ten percent (10%) certified by the Veterans Administration at the time of application for additional credits.

ERIE COUNTY • AN EQUAL OPPORTUNITY EMPLOYER

CIVIL SERVICE LAW LIMITS THE USE OF VETERANS' CREDITS TO ONE PERMANENT COMPETITIVE CLASS APPOINTMENT WITHIN NEW YORK STATE.

14. A. Do you claim additional credits as an honorably discharged war veteran for this examination?

1. YES, AS A NON-DISABLED VETERAN
2. YES, AS A DISABLED VETERAN
3. YES, ON ACTIVE DUTY
4. NO

If you checked YES, complete 14B, C, D, and E.

B. Have you attached a copy of your separation papers to this application?

YES NO

C. Have you previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State?

YES NO

D. With the exception of the federal service, have you ever been employed by a governmental agency other than Erie County, (e.g., Buffalo, New York State, Office of Court Administration, or another municipality within New York State)?

YES NO

If you checked YES, complete the following:

GOVERNMENT NAME: _____

LENGTH OF EMPLOYMENT FROM: _____ TO: _____

DEPARTMENT: _____

YOUR OFFICIAL TITLE(S): _____

E. Please print your name here:

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, 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, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2" x 11" sheets.)

ERIE COUNTY DEPARTMENT OF PERSONNEL METHODS RESEARCH QUESTIONNAIRE

The County of Erie is an Equal Opportunity Employer. The attached information is required by State and Federal Regulation for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately and is sent to our EEO Office. This information is maintained confidentially and is not available to any employing agency.

EXAM: Announcement Number _____ EXAM DATE _____

Title of Position: _____

Name: _____

Address: _____

(City) _____ (State) _____ (ZipCode) _____

Sex: (Circle): Male Female

Race: (Circle): White Hispanic Black American Indian Asian American
Other (please specify) _____

Do you have a Disability? (Circle): Yes No

Are you a Vietnam era Veteran? (Circle): Yes No

Recruitment Source: (Check how you became aware of the position)

<input type="checkbox"/> Erie County Personnel Department	<input type="checkbox"/> Newspaper
<input type="checkbox"/> New York State Employment Office	<input type="checkbox"/> Relative or Friend
<input type="checkbox"/> Private Employment Office	<input type="checkbox"/> Government Employee
<input type="checkbox"/> Social & Fraternal Organizations	<input type="checkbox"/> Radio and T.V.

Other (please specify) : _____