

Port Byron Central School
30 Maple Ave., Port Byron, NY 13140
315-776-5728

Supplemental Application Attachment

Name _____ Telephone _____

Position Applying for: Clerical Teacher Aide Custodial Other (Specify) _____

Full Time Part Time Are you willing to substitute? Yes No

Personal References - (excluding relatives)

Name	Address	Telephone

May we contact your present/past employer for references? yes no

Are you a United States Citizen? Yes No

Are there any special experiences, skills or qualifications that you feel would especially fit you for work with the school?

The Port Byron Central School District, according to Title IX of the Educational Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973 does not discriminate on the basis of sex or handicaps in the educational programs or activities that it operates.

DO NOT WRITE BELOW THIS LINE

INTERVIEW YES NO DATE _____ TIME _____

Result of the Interview _____

Acceptable for Employment _____ Position _____

Interviewed by _____ Approved BOE _____



CSM-11/10/10

CAYUGA COUNTY CIVIL SERVICE APPLICATION

Department of Human Resources and Civil Service Commission

County Office Building, 2nd Floor, 160 Genesee Street, Auburn, NY 13021

Website: www.cayugacounty.us/civilservice

Telephone: (315) 253-1284

POSITION or EXAM TITLE: _____ EXAM NUMBER: _____ (if applicable)

IMPORTANT INSTRUCTIONS: You must complete this entire application, even if you include a resume. If signing up for a civil service exam, you must read the exam announcement for additional instructions. Answer all questions thoroughly. All statements are subject to verification. Incomplete applications may be disapproved.

SECTION 1:

APPLICANT NAME: _____ SOC. SEC. NO.: _____
Last Name First Name M.I.

MAILING ADDRESS: _____ City _____ State _____ Zip Code
(Can be P.O. Box or Street Address)

LEGAL RESIDENCE: _____ City _____ State _____ Zip Code
(Must be a Street Address)

Please indicate the number of years and/or months you have resided at your current LEGAL RESIDENCE listed above. _____ / _____
Years Months

Your current LEGAL RESIDENCE is located in the County of _____ and the School District of _____

PHONE NUMBERS: HOME: (____) - ____ - _____ WORK: (____) - ____ - _____ CELL: (____) - ____ - _____

SECTION 2:

YES NO 1. ARE YOU A WAR-TIME VETERAN or on active duty in the U.S. Armed Forces? If yes, check one: Disabled Non-Disabled
You must submit the required Veteran's Credit forms by the date of the exam. Request these forms by calling (315) 253-1284 or download at: www.cayugacounty.us/civilservice/ccapp. Include a copy of your DD-214. Completed forms will then be reviewed by our office to determine if you are eligible to have extra credits added to your passing score.

YES NO 2. ARE YOU UNDER THE AGE OF 18? If yes, enter date of birth (only if you are UNDER 18): ____ / ____ / _____

YES NO 3. ARE YOU CROSS-FILING? If you are applying for additional civil service exams (other than Cayuga County exams) scheduled on the same date, you must include a CROSS-FILING FORM with your application. Request this form by calling (315) 253-1284 or download at: www.cayugacounty.us/civilservice/forms/cross-filing-form.pdf.

YES NO 4. ARE YOU AN EXEMPT VOLUNTEER FIREFIGHTER? (Proof will be required at time of hire.)

YES NO 5. STUDENT LOAN STATUS: Are you currently in default (continually overdue on your payments) on any outstanding student loans made or guaranteed by the New York State Higher Education Services Corporation?

YES NO 6. RELIGIOUS ACCOMMODATIONS: Do you require an alternate test date due to religious reasons? Most written tests are held on Saturdays. If you cannot take the test on the scheduled test date due to a conflict with a religious observance or practice, arrangements may be made for you to take the test on a different date (usually the following Monday).

YES NO 7. TESTING ACCOMMODATIONS: Do you require reasonable testing accommodations due to a disability? If so, describe specific arrangements needed (for example: Braille or enlarged-type booklet, Reading Assistant, etc.) in the space provided below.

Use this space, if needed, to provide additional information regarding Questions 1 - 7: _____

SECTION 3:

AFFIRMATION: By signing this application, I affirm under penalties of perjury that all statements made on this application (including any attachments) are true. I understand that all statements made by me in connection with the application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X _____
Signature of Applicant Date Signed Print all other names by which you are or have been known.

(CIVIL SERVICE USE ONLY)

\$ _____ FEE RECEIVED: ____ / ____ / ____ In Person By Mail RECEIPT# _____ C MO V CK# _____

REVIEWED: ____ / ____ / ____ BY: _____

APPR DISAPPR COND

REASON: _____

REVIEWED: ____ / ____ / ____ BY: _____

APPR DISAPPR COND

REASON: _____

REVIEWED: ____ / ____ / ____ BY: _____

APPR DISAPPR COND

REASON: _____



CAYUGA COUNTY CIVIL SERVICE APPLICATION

POSITION or EXAM TITLE: _____ EXAM NUMBER: _____
(if applicable)

APPLICANT'S NAME: _____
Last Name First Name M.I.

SECTION 4:

High School Education

Do you have a High School Diploma? YES NO

_____ HIGH SCHOOL NAME CITY STATE

If not, do you have a GED? YES NO

_____ GED # NAME OF ISSUING GOVERNMENTAL AUTHORITY

SECTION 5:

Additional Education

College, University, Professional or Technical School (Print name and address of school)	Semester Credits Received	Type of Degree Received	Major Subject or Type of Course	Did you graduate?	If no degree yet, when do you expect to receive it?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	____ / ____ MO. YR.
				<input type="checkbox"/> YES <input type="checkbox"/> NO	____ / ____ MO. YR.

SECTION 6:

Driver's License

Do you have a current valid New York State Driver's License? YES NO License #: _____ Expire Date: _____

If yes, indicate class: A B CDL-C Non-CDLC D DJ E M MJ Endorsements: P (Passenger) S (School Bus)

SECTION 7:

Certifications or Other Licenses

(Complete this section if a license, certificate, or authorization to practice a trade or profession is required.)

Trade or Profession License or Certificate Number Issued By: (Name of Licensing Agency, City & State)
Are you currently licensed? YES NO License or Registration Dates: FROM ____ / ____ TO ____ / ____
MO. YR. MO. YR.

SECTION 8:

- YES NO A. Were you ever dismissed from any employment for reasons other than lack of work, lack of funds, disability, or medical condition?
- 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 a crime (felony or misdemeanor)?
- YES NO E. Are you now under any charges for any crime?

If you answered YES to any of Questions A-E, give specifics. Attach additional sheets if necessary. _____

**SECTION 9:
EMPLOYMENT HISTORY**

You must complete this section even if you include a resume. To receive credit for employment experience, this section MUST be completed thoroughly. Be sure to include specific dates, hours per week, and earnings. Begin with your most recent employment. Describe in detail any employment that qualifies you for the position. Under DESCRIPTION OF DUTIES, describe the nature of the work you performed, with an estimated percentage of time spent on each type of activity. If you were a supervisor, state how many people you supervised and the nature of the supervision. If volunteer or unpaid experience is allowed for the position, describe it in the same way as paid work, showing its volunteer nature under YOUR EARNINGS.

DATES OF EMPLOYMENT From ____ / ____ MO. YR. To ____ / ____ MO. YR. <hr/> HOURS PER WEEK (exclusive of overtime)	FIRM NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ TYPE OF BUSINESS _____	YOUR EXACT TITLE _____ NAME OF YOUR SUPERVISOR _____ TITLE OF YOUR SUPERVISOR _____ \$ _____ PER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YOUR EARNINGS (check one): WK MO YR
DESCRIPTION OF DUTIES: _____ _____ _____ _____		
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Continued on next page.

EMPLOYMENT HISTORY (continued)

<p align="center">DATES OF EMPLOYMENT</p> <p>From <u> </u> / <u> </u> MO. YR.</p> <p>To <u> </u> / <u> </u> MO. YR.</p> <p>HOURS PER WEEK (exclusive of overtime)</p>	<p>FIRM NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY _____ STATE _____</p> <p>TYPE OF BUSINESS _____</p>	<p>YOUR EXACT TITLE _____</p> <p>NAME OF YOUR SUPERVISOR _____</p> <p>TITLE OF YOUR SUPERVISOR _____</p> <p>\$ _____ PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR (check one):</p>
<p>DESCRIPTION OF DUTIES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
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<p>DESCRIPTION OF DUTIES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

CAYUGA COUNTY IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: It is the policy of Cayuga County Civil Service to provide accommodations in testing to individuals with disabilities and religious observers, and to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, or marital status.