

Non-Instructional Employment Application

Include Civil Service Form P-200 with Application

Send Completed Application and Form P-200 to:

Human Resources
4466 S. Onondaga Road
Nedrow, New York 13120

Position Applying For: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Substitute \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been employed with the Onondaga Central School District before? [ ] Yes [ ] No

Do you now or have you ever belonged to the New York Employees' Retirement System?

[ ] Yes [ ] No If yes, provide member number and date of membership \_\_\_\_\_

Have you been fingerprinted for the NYS Education Department? [ ] Yes [ ] No

List any impairment, physical, mental or medical, which might interfere with your ability to perform the specific duties of the position(s) for which you are applying: \_\_\_\_\_

Have you ever been convicted of any misdemeanor or felony crime? If yes, please provide date(s) and a brief description (answering yes does not constitute an automatic bar to employment): \_\_\_\_\_

Describe fully the work you have performed and training you have as it pertains to the position you are applying for:

REFERENCES: Return the application with three (3) written, signed reference letters AND list below three (3) persons who you know personally (not relatives).

Name

Address

1) \_\_\_\_\_

Years Known \_\_\_\_ Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

2) \_\_\_\_\_

Years Known \_\_\_\_ Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

3) \_\_\_\_\_

Years Known \_\_\_\_ Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

BUS DRIVER APPLICANTS COMPLETE THIS SECTION – EVERYONE SIGN BELOW:

Are you at least 21 years of age?  Yes  No

Do you have a valid New York State driver's license?  Yes  No

Do you currently have a CDL license?  Yes  No

Driver's license number \_\_\_\_\_ Expiration date \_\_\_\_\_

Class A  Class B  Class C  Class D  Passenger Endorsement

Restrictions \_\_\_\_\_

Have you ever had a driver's license suspended, revoked, or cancelled?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you held a license in another state during the last three (3) years?  Yes  No

Have you ever driven a school bus or similar type bus?  Yes  No

School Bus \_\_\_ Passenger Bus/Heavy Truck \_\_\_ Station Wagon/Light Truck \_\_\_

How many years have you driven? \_\_\_\_\_

Have you ever attended an approved School Bus Driver Training course?  Yes  No

If yes, give date, place, duration and type of course: \_\_\_\_\_

Have you had any type of vehicle accident in the past 5 years?  Yes  No

If yes, give date and describe the extent of the accident(s): \_\_\_\_\_

Have you been convicted of a moving violation in the past 5 years?  Yes  No

If yes, please provide details: Date, charge, disposition and court and location: \_\_\_\_\_

Have you ever been convicted of a DUI, DWI or DWAI?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you use illegal drugs? Frequently \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

Have you ever been disciplined for violating a company policy regarding the use of alcohol, drugs or tobacco products?  Yes  No

**Note: All applicants must pass a criminal background check and be fingerprint cleared. Bus drivers must also pass a physical examination and drug test.**

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

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

**ONONDAGA COUNTY APPLICATION FOR OPEN COMPETITIVE EXAMINATION Form P-200 rev 09/2019**

MAIL OR DELIVER TO: Onondaga County Department of Personnel, 421 Montgomery Street, 13th Floor, Syracuse NY 13202-2959 Phone (315) 435-3537  
 ❖www.ongov.net

Job / Exam Title \_\_\_\_\_

TYPE OR PRINT CLEARLY IN INK

Exam # \_\_\_\_\_

**NAME AND ADDRESS:** IMMEDIATE notice should be given to this office if any changes in name or address occur.

<b>Last Name</b> _____	<b>First Name</b> _____	<b>Middle</b> _____	<b>Social Security #</b> _____
<b>Legal Address:</b>		<b>Mailing Address (If different from legal):</b>	
Street _____	_____	Street or PO Box _____	_____
Apt/Rd# _____	_____	City/Village _____	_____
City/Village _____	_____	State _____ ZIP _____	_____
Town _____	_____	<b>E-Mail Address</b> _____	_____
School District _____	_____	<b>Home Phone</b> (    ) _____	_____
County _____	_____	<b>Work Phone</b> (    ) _____	_____
State _____	ZIP _____	<b>Cell Phone</b> (    ) _____	_____

**ADDITIONAL INFORMATION**

1. If you were ever dismissed or resigned in lieu of dismissal from any public (government) employment due to disciplinary reasons, explain below.
2. If you need special exam arrangements (religious accommodation or disabled), indicate accommodations needed below.

**Use This Space For Explanations**

\_\_\_\_\_

\_\_\_\_\_

**VETERAN'S CREDIT:**  Veteran       Disabled Veteran       Currently On Active Duty

Documentation of your veteran status (i.e. discharge papers) should be attached to your application or mailed to this department prior to the eligible list establishment date. Current active duty military personnel must provide proof of active military status at time of application to receive conditional credit.

Since January 1, 1951, have you used additional credits as a disabled/non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?     YES       NO

**COMPLETE FOR LAW ENFORCEMENT, CORRECTION, CUSTODY, FIREFIGHTER**

1. Are you a citizen of the United States?     YES     NO
2. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Law enforcement, Correction and Custody positions: You must complete form P-202 and attach it to your application.

**Payment Enclosed:**  Check # \_\_\_\_\_     Cash     Money Order     Visa     MC     Discover     Waived (proof must be attached)

**DECLARATION** (this affirmation *must be signed and dated*) I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PERSONNEL DEPARTMENT USE ONLY:** Reviewer \_\_\_\_\_ Date \_\_\_\_\_ Approved  Disapproved

Comments: \_\_\_\_\_

Recv'd By \_\_\_\_\_

Name \_\_\_\_\_

Education: If more space is needed, attach additional sheets.	Years Completed	Graduated yes /no	Major Course of Studies	College Credits Received	Type of Degree Receive	Date Degree Received
Name of High School or Equivalency			XXXXXXXX XXXXXXXX	XXXXX XXX	XXXXX XXXXX	XXXXXX XXXXXX
Name of College, University, Professional or Technical School						
Name of Other Schools or Special Courses						

**License** Do you possess a license to practice a trade or profession? YES  NO  License/certificate# \_\_\_\_\_

Name of trade or profession \_\_\_\_\_ Licensing Agency \_\_\_\_\_

City/State \_\_\_\_\_ Original Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Driver's License** (Complete only if the position for which you are applying requires one.) Number \_\_\_\_\_

Date of Expiration \_\_\_\_\_ Class of license \_\_\_\_\_ Endorsements \_\_\_\_\_ Restrictions \_\_\_\_\_

**School Bus Driver candidates: Date of Birth:** \_\_\_\_\_

**Experience:** You must complete this section whether or not you submit a resume. **Describe any employment, volunteer experience or military service that qualifies you for the position sought.** Duties: Describe the nature of the work with estimated % of time on each type of work. If more space is needed, attach additional sheets. **All statements are subject to verification.**

Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above.		
Hours per week			
Reason for Leaving			

**ONONDAGA COUNTY DEPARTMENT OF PERSONNEL  
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE**

The following information is voluntary and will be maintained confidentially.

**SOCIAL SECURITY #:** \_\_\_\_\_

**EXAM TITLE:** \_\_\_\_\_

**EXAM DATE:** \_\_\_\_\_

**MALE**

**FEMALE**

**White/Non-Hispanic**

**Black**

**Hispanic**

**Asian/Pacific Islander**

**American Indian/Alaskan Native**

Onondaga County does not discriminate because of race, creed, color, citizenship, national origin, age, sex, religion, marital status, conviction record, disability, genetic predisposition or carrier status, pregnancy, or sexual orientation. Onondaga County's programs are accessible to all as required by 45FR84.22B. If you have a disability for which you wish accommodation in visiting a county office or in receiving county services, please contact the head of the respective department or his/her representative to make arrangements. Onondaga County's Equal Employment Program and compliance with the Vocational Rehabilitation Act (Section 504) is coordinated by the County Personnel Department. NOTE: Federal law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S., and to provide for review certain documents establishing your identity and work authorization, such as birth certificate, etc.