

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.

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

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 <input type="checkbox"/>	Disapproved <input type="checkbox"/>
Comments _____		Rec'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			
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