OFFICE USE ONLY:
Date of Application: _____
Received by: _____

Walworth-Seely Public Library
3600 Lorraine Drive ✦ Walworth, NY 14568 ✦ Phone: 315-986-1511 ✦ Fax: 315-986-5917
http://www.walworthlibrary.org

Employment Application

PERSONAL INFORMATION: PLEASE PRINT

Name _____
Last First Middle

Address _____
Number Street City Zip

Home Phone _____ **Cell Phone** _____

Email address _____ **Other Contact** _____

POSITION APPLYING FOR _____

_____ Part Time (< 20 hrs) _____ Part Time (> 20 hrs) _____ Substitute (Per Diem)
Please note: clerical positions at more than 20 hours per week are filled with approval from Wayne County Civil Service

Available start date _____ Desired pay rate: _____

Please circle your work availability:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening

[Mornings (9:45 AM-12:15PM) Afternoons (12:15PM-4:15PM) Evenings (4:15 – 8:15PM)]

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Are you under 18? ___ yes ___ no
If yes, please give your date of birth (MM/DD/YYYY): _____
Do you have a work permit? _____ yes _____ no

Are you currently employed _____ yes _____ no
If yes, may we contact your present employer? _____ yes _____ no

Are you legally permitted/authorized to work in the United States? _____ yes _____ no
(New hires will be required to provide proof of eligibility to work in the US prior to start date).

Have you ever applied for a position at the Walworth Library before? _____ yes _____no
If yes, when and for what position? _____

In order for your application to be accepted for review, please include the following items:

- Letter of interest
- Wayne County Civil Service Application
- Resume
- Three references

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the Walworth-Seely Public Library.

Signature of applicant Date

The Walworth-Seely Public Library will keep your completed application on file for six months.

Wayne County Human Resources

Employment/Civil Service Exam Application

Brian Sams, Human Resources Director

Qualified: ☐ Yes ☐ No ☐ Conditional Reviewer's Initials _____	Position Applying For:_____ Examination # _____

Name:_____
Last First Middle

Mailing Address:_____
Street City State Zip

Social Security Number:_____

Date of Birth if applying for Deputy/Police Officer or Correction Officer: _____

Home Telephone number:_____ Work Telephone number:_____

E-mail address: _____

Have you been a resident of Wayne County for at least one month? Yes_____ No____ School District:_____

How did you learn about this position? _____

An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying.

- Were you ever convicted of any violation of law other than a minor traffic violation? ☐ Yes ☐ No
- Were you ever removed from any type of employment? Or resign rather than face dismissal? ☐ Yes ☐ No
- Were you ever discharged from the Armed Forces of the US which was other than "Honorable?" ☐ Yes ☐ No

If you answered Yes to any of these questions, you may give specifics under "remarks" on page 3 of this application. If you elect not to provide specifics, however, if such explanation is insufficient you may be required to submit further information.

Veteran Credits. If, for this examination you wish to claim additional credit as an Honorable discharge veteran, complete the appropriate section on the last page of this application. DD214 MUST be submitted before eligible list is established.

Have you objection to this department making inquiry regarding your character and qualifications from:

Your former employers? ☐ Yes ☐ No
Your present employer? ☐ Yes ☐ No

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and accurate. Any false statements made may result in termination of employment. Applicants may also be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

_____ _____
Signature Date

26 Church Street * Lyons, New York 14489
Phone: (315)946-7483 • Fax: (315)946-7488 • Website: waynecountyny.gov
Email: HR@waynecountyny.gov

Are you a Citizen of the United States? ☐ Yes ☐ No If no, do you have a legal right to work in the U.S.? ☐ Yes ☐ No

Do you have a valid New York State Driver's License? ☐ Yes ☐ No If yes, what class_____

LICENSE/CERTIFICATE Do you have a license, certification or other authorization to practice a trade or profession? ☐ Yes ☐ No

Name of Trade/Profession:_____License/Certificate Number;_____

Licensing Agency:_____ Licensed from:_____to:_____

EDUCATION

Have you received a High School Diploma? ☐ Yes ☐ No If no, have you received a General Equivalency Diploma (G.E.D.)? ☐ Yes ☐ No

Name of High School _____Check the highest grade completed ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

EDUCATION above high school level

Name of School	Location (State)	Course/Major	Credits Completed	Type of Degree	Date Degree Received

TRAINING Other Training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received.

Course/Program Hours

_____

_____

WORK EXPERIENCE

Describe your employment, including military experience, beginning with your current and most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average # of hours in the workweek, final salary, and reason for leaving, specific job duties, your job title, etc. must be shown. If you supervised, state how many people and nature of such supervision.

Name & Address of current or most recent employer _____

_____

Starting Date:_____ Ending Date:_____
Month/Year Month/Year

Hours worked per week:_____

Reason for leaving:_____

Your job title:_____

Immediate Supervisor's name: _____Title:_____Phone:_____

Description of duties:_____

_____

_____

_____

WORK EXPERIENCE (continued)

Describe your employment, including military experience, beginning with your current and most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average # of hours in the workweek, final salary, and reason for leaving, specific job duties, your job title, etc. must be shown. If you supervised, state how many people and nature of such supervision.

Name & Address of employer _____

_____

Starting Date:_____ Ending Date:_____
Month/Year Month/Year

Hours worked per week:_____

Reason for leaving:_____

Your job title:_____

Immediate Supervisor's name: _____Title:_____Phone:_____

Description of duties:_____

_____

_____

_____

_____

Name & Address of employer _____

_____

Starting Date:_____ Ending Date:_____
Month/Year Month/Year

Hours worked per week:_____

Reason for leaving:_____

Your job title:_____

Immediate Supervisor's name: _____Title:_____Phone:_____

Description of duties:_____

_____

_____

_____

_____

Remarks:

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION: The information which you are providing on this application is being requested pursuant to Section 50.3 of the NYS Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivision (b)(e) and (f). Failure to provide this information may result in disapproval of the application. For further information, relating only to the Personal Privacy Protection Law, call (518)457-9375.

ANNOUNCEMENT OF EXAMINATION
Before filling out the application, read carefully the announcement for this examination. When completing your application be sure to enter the title of position/examination applying for. **YOU MUST SUBMIT A SEPARATE APPLICATION FOR EACH POSITION YOU ARE APPLYING FOR.**

ADMISSION TO EXAMINATION
Do not interpret a notice to appear for, or actual participation in the examination to mean that you have been found to meet fully the announced requirements. Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the applicant. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualifications.
Please call the Personnel Office immediately if you do not receive an admission notice within three days of the date of examination.

CHANGE OF ADDRESS
You must send written notification to this office of address chance. Please include phone number, examination or eligible list you wish to update.

SPECIAL ARRANGEMENTS FOR EXAMINATIONS
If you need special arrangements because you are a Religious Observer (for religious reasons, cannot be tested on date of examination, or if you have a disability that requires you to have special accommodations or assistance for the completion of this application or for you to participate in an examination, you must notify this Department at 315-946-7483 no later than 2 weeks before the last date of filing for this examination. Your request must include examination numbers, titles and the type of special arrangements required accompanied by all supporting documentation.

Wayne County, as an employer, does not discriminate on the basis of a disability and will make reasonable accommodations for employees with special needs, due to a disability. It is the responsibility of the applicant or employee to voluntarily disclose that they require an accommodation based on their disability.

YOU MUST ALSO SUBMIT A VETERAN CREDIT APPLICATION – form available online

VETERAN CREDITS

Please submit a copy of your DD214 verifying the character of your discharge and dates of service.

Branch of Service:_____From:_____ To:_____

If you are claiming credits as a disabled war veteran, you must in addition to meeting the requirements as indicated by a "YES" answer to questions 10A-D and a "NO" answer to question 10E, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at ten(10) percent or more.

Check the appropriate box. Failure to do so, accurately and completely may result in denial of your claim. □ Disabled War Veteran
□ Non-Disabled War Veteran

All claims and grants of veteran's credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointments on which you have been granted additional credits as a result of such material misstatement or fraud.

a. Have you ever served in the Armed Forces of the United States? (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 basis other than active duty for training purposes.) □ YES □ NO

b. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? □ YES □ NO

c. Are you currently a resident of New York State? □ YES □ NO

d. 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