## **Steps to Apply**

- 1. Click 'apply' to download the General Employment Application. It will download as a fillable Adobe PDF.
- Fill out each area accordingly.
   \*If you are a <u>Veteran, Law Enforcement, Correction</u>, or <u>Disabled Veteran</u>, please fill out a verification form to confirm your status by clicking one of the linked documents, or go to: <u>http://ongov.net/employment/document-center.html</u> for a complete list of documents.\* For more information on how to access Adobe Forms, please use one of the following: <u>Apple (iOS)</u> or <u>Other Desktops</u>
- Once you have completed filling out your application, save the application to your computer. Please save the application as "Position Title-Last Name." Example: "Account Clerk 1-Smith"
- 4. After you have saved your application, click the upload button to attach your application. At this time, you may also upload a resume or reference letter(s), but it is not a requirement.
  \*If you filled out a form to verify Veteran, Law Enforcement, Correction, or Disabled Veteran status, please upload and attach it during this step.\*
- 5. Once uploaded, you can submit your application and any other attached documents by filling out the contact information portion. Make sure to include an up to date phone number and email so that we are able to follow up with you. Both are required to correctly submit your application.

## 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

	lob / Exam Title	TYPE OR PRINT CLEARLY IN INK			Exam #		
NAME AND ADDR	ESS: IMMEDIATE notice should	be given to this office if any c	hanges i	n name or a	ddress occur.		
Last Name	First Name	М	iddle		Social Security	#	
Legal Address:			Mailin	g Address	(If different fro	m legal):	
Street			S	treet or PO I	Box		
Apt/Rd#			C	ity/Village			
City/Village			S	tate	ZIP		
Town			E	-Mail Addre	ss <u> </u>		
School District			н	ome Phone	( )		
County			W	ork Phone	( )		
State		ZIP	c	ell Phone	( )		
2. If you need spe Use This Space F	cial exam arrangements (religiou or Explanations	s accommodation of disabled)				Delow.	
eligible list establis receive conditional Since January 1, 1	your veteran status (i.e.discharge hment date. Current active duty	e papers) should be attached to military personnel must provide edits as a disabled/non-disable	o your ap e proof o ed vetera	f active milita	ary status at tim	ne of application to	
	LAW ENFORCEMENT, CORRE	CTION CUSTODY FIREFIG	ITER				
		YES INO		te of Birth	/ /		
3. Law enforcemer	t, Correction and Custody position	ons: You must complete form	P-202 ai	nd attach it t	o your applicati	on.	
Payment Enclose	d: □Check # □C	ash 🛛 Money Order 🔍 Visa	ПМС	Discove	- □Waived (p	roof must be attached)	
pursuant to section 2	affirmation <i>must be signed and date</i> 10.45 of the Penal Law of the State of ttachments are the truth and to the b	of New York. I declare that, subject					
APPLICANT'S SIC	GNATURE	TUREDATE					
	PARTMENT USE ONLY: Revie				Approved 🛛	Disapproved	

Name p-200 rev 09/2019								
	tion: If more space is needed, attach additional sheets.		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, l								
Name of Other Sch	nools or Special Courses							
License Do you p	ossess a license to practice a trade or profession?	YES 🗖	NO 🗖 Lia	ense/certificate	e#			
Name of trade or	profession		Licensing	Agency				
City/State	ate Expiration Date							
Driver's License	(Complete only if the position for which you are app	lying require	s one.) Num	ber				
Date of Expiration	Class of license	Endorsements Restrictions						
School Bus Drive	er candidates: Date of Birth:							
service that qualifi	must complete this section whether or not you submit a re- es you for the position sought. Duties: Describe the nai Iditional sheets. All statements are subject to verification	ture of the wor	<b>be any emplo</b> k with estimat	<b>yment, volunte</b> ed % of time on	er experiend each type of	<b>ce or milita</b> f work. If mo	<b>ry</b> pre space	
Length of Employment		ddress		City and	State			
From Mo. Yr.								
To: Mo. Yr.		our Title		Name / T	itle of Supe	ervisor		
Total Yrs. Mos.	DUTIES: See directions above							
Hours per week								
Reason for Leaving								
Length of Employment	Firm Name A	ddress		City and	State			
From Mo. Yr.								
To: Mo. Yr.	Type of Business Y	our Title		Name / T	itle of Supe	ervisor		
Total Yrs Mos.	DUTIES: See directions above							
Hours per week								
Reason for Leaving								
Length of Employment	Firm Name A	ddress		City and	State			
From Mo. Yr.								
To: Mo. Yr.	Type of Business Y	our Title		Name / T	itle of Supe	ervisor		
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.								