



Schoharie County Employment Application

Schoharie County is an Equal Opportunity and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a résumé, but you must still complete all questions or your application will be deemed incomplete and may not be considered.

Please fill out each box (do not just indicate "See résumé.")

Name (Last, First, MI):		Date:	
Street Address:		Position Applying For:	
City, State, Zip:		Department:	
Mailing Address: (If different from above)		Social Security #:	
City, State, Zip:			
Home Phone:	Work Phone:	Other Phone:	
Other names under which you have attended school or been employed:			
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you currently employed at Schoharie County?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?	
Have you ever been employed by Schoharie County?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license # & exp. date:	

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED Certificate #:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying:

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE: Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. Please **DO NOT** complete this information with the notation "See résumé."

PLEASE NOTE: Schoharie County reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a final candidate
Primary duties:		Reason for Leaving:

Dates Employed From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a final candidate
Primary duties:		Reason for Leaving:

Dates Employed From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: _____	Title: _____
Starting Salary: _____		Organization Name and Address: _____ _____	
Final Salary: _____			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a final candidate
Primary duties: _____ _____			Reason for Leaving: _____

Dates Employed From: _____ To: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: _____	Title: _____
Starting Salary: _____		Organization Name and Address: _____ _____	
Final Salary: _____			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a final candidate
Primary duties: _____ _____			Reason for Leaving: _____

Background Check: A background check may be required for the position you are applying for so, please fill out the following information accurately:

Have you ever been convicted of any violation of law by any court of law? Yes No

PLEASE REMEMBER TO INCLUDE: Any military court martial and any guilty pleas

DO NOT INCLUDE any conviction(s) occurring before your 18th birthday, or traffic violation(s), unless the conviction was for operating a vehicle under the influence (DUI or DWI) or resulted in your driver license being suspended.

If yes, please list: Offense(s)

Date of Conviction(s)

Please Note: Not all conviction(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.

RELEASE AUTHORIZING CHECK OF APPLICANT CREDENTIALS & CERTIFICATION OF ACCURACY

(PLEASE READ AND SIGN YOUR NAME)

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Schoharie County to investigate, without liability, all statements contained in this application and supporting materials. In consideration of Schoharie County's evaluation of my suitability for employment, I hereby authorize the County to perform all checks of my credentials allowed by law, including but not limited to discussions with Supervisors, coworkers, friends, business associates, or other individuals that the County, in its sole discretion, believes may have relevant information regarding my suitability for employment.

I further authorize the County to perform the following checks on my credentials: request of police and/or background check, and such other checks as the County deems appropriate. I AGREE NOT to assert any claims of causes of action of any kind against the County, its agents, its employees, or any individual contacted by the County, arising out of the County's investigation. I further release and forever discharge the County, its agents, its employees, and the individuals and companies contracted by the County as part of its investigation, from any and all claims, demands, damages, actions, cause of actions, or suits of any kind of nature whatsoever arising from the County investigation of my credentials. I acknowledge that the County has made no representation of any kind as to whether employment will be offered at the conclusion of its investigation. I also understand that if I am offered a position with the County I will be required to submit to and pass a drug test and a medical physical prior to placement in a position. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make union dues, if applicable.

I understand that I will be required to serve a probationary period for a minimum of eight (8) and/or (12) twelve weeks for a maximum of fifty-two (52) and/or (78) weeks during which time I must demonstrate my ability for continued employment with the County. I also understand that if I am hired in a Competitive position I cannot be put into the position permanently until after I have taken the required Civil Service Exam, pass and be reachable. I am aware that willfully withholding information or making false statements on this application may be the basis for dismissal from County Service.

I understand that by signing below I am acknowledging that I have read and understand the above statement.

Applicant Signature: _____ Date: _____

Approved _____

Disapproved _____

Date: _____

Schoharie County Personnel & Civil Service Department

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<http://www.schohariecounty-ny.gov>