CITY OF ONEIDA

Civil Service Examinations and Employment Application
109 N. Main St.
Oneida, NY 13421

Phone: 315-363-2022, Ext. 133

DO NOT WRITE IN THIS SPACE

Notified:_____
Approved:_____
Conditioned: _____

Please print or type **Read Instructions Carefully**

Position Applying for: _____ Exam No. _____

Home Telephone: _____ SS #: _____

Work Telephone: _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

If you require special testing arrangements due to a disability, religious observance, or active military duty, please explain:

Are you under 18 years of age: Yes: ☐ No: ☐ DOB: _____

If you are applying for a Police Officer or Firefighter position, please provide date of birth.

State your permanent legal residence and indicate how long you have resided there continually, up to and including the date of this application (if less than 1 month , also list previous.

City/Town: _____ County: _____

State: _____ No. of years and/or months at this address: _____

Date Received by CSC: _____

If you answer "YES" to any of the following questions, please provide details below or on a separate sheet. None of the circumstances listed represent an automatic bar to employment. Each case will be evaluated on its individual merits in relation to the position for which you are applying.

#	Question	Yes	No
1.	Were you ever dismissed or discharged from employment for reasons other than lack of work or lack of funds?	☐	☐
2.	Did you ever resign from any employment rather than face dismissal?	☐	☐
3.	Did you ever receive a dishonorable discharge from the Armed Forces of the United States?	☐	☐
4.	Have you ever been convicted of any crime (felony or misdemeanor)?	☐	☐
5.	Are you now under charges for any crime?	☐	☐

If "YES," provide full details below (or attach a separate sheet):

Do you have a NYS Driver's License? ☐ Yes ☐ No Class: _____Date of Expiration: _____ ___

I am a U.S. Citizen or an alien lawfully authorized to work in the U.S. ☐ Yes ☐ No

NOTE: The immigration Control and Reform Act of 1986 requires that employers hire only U.S. citizens and aliens lawfully authorized to work in the United States. New employees are required under the Act to provide proof of work eligibility.)

I am a New York State Resident: ☐ Yes ☐ No

Extra credit for War Time Veterans: Please refer to the back page of this application for complete claim information.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:

The information an applicant provides on this application is 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 exam (s) for which they have been applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disqualification of the application. This information will be maintained by the Oneida City Civil Service Commission.

EDUCATION:

Have you graduated from high school? ☐ Yes ☐ No Year graduated: _____

If no, highest grade completed: _____ Name & Location of High School: _____

If you have a high school equivalency diploma, indicate issuing government authority:

_____ No. _____ Issuance Date: _____

HIGHER EDUCATION:

If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. If required to indicate specific course work, do so on a separate sheet of paper.

Education History

Name of School & City Located	Dates of Attendance From ___ To ___	Type of Course or Major Subject	# of Credits & Type of Degree	Were You Graduated	Date Degree Received or Expected

Other schools or special courses: _____

LICENSES: If a license, certificate, or other authorization to practice a trade or profession is listed as a requirement on the exam announcement for which you are applying, complete the following: (If not currently licensed, please indicate so.)

Trade or Professional License Information

Name of Trade or Profession	License Number	Granted by: (Licensing Agency)	City/State of:
Specialty:	**Date License First Issued:**	**Registered:**	**From: (mo/yr) to (mo/yr)**

DESCRIPTION OF EXPERIENCE:

Beginning with the most recent, describe below in detail all employment that is pertinent to the position applied for. If the exam announcement states that volunteer or unpaid experience is acceptable as qualifying, describe in the same way as paid work, showing it is volunteer in nature in

the hours worked box. You are responsible for submitting an accurate , adequate, and clear description of your experience. Omissions or vagueness will not be interpreted in your favor. If your military service includes experience pertinent to the position, describe such as separate employment. If your title or duties changed materially in the course of your service, indicate such clearly.

Employment History

Length of Employment	Title/Duties (Brief)	Name and Address of Firm	# of Hours Worked	Paid or Volunteer
From: Mo_____Yr_____ To: Mo Yr _____				
From: Mo_____Yr_____ To: Mo__ _Yr_____				
From: Mo_____Yr_____ To: Mo____ Yr_____				
From: Mo_____Yr _____ To: Mo____ Yr_____				

CITY OF ONEIDA: An Equal Opportunity/Affirmative Action Employer

It is the policy of the City of Oneida to ensure equal opportunity in employment, compensation, and all terms and conditions of employment without discrimination based on age, race, creed, color, national origin, gender, sexual orientation, disability, or marital status, in accordance with New York State and federal law. The City also provides **reasonable accommodations** in testing and employment for individuals with disabilities and for those observing religious practices, consistent with applicable law.

Important: Verify that all applicable sections of the application are complete prior to submission. Incomplete applications may result in disqualification.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

I affirm that all statements made on this application (including any attached hereto), are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from and/or lead to revocation of my appointment.

Signature of Applicant: _____ Date: _____

INSTRUCTIONS FOR CLAIMING VETERANS' CREDITS

(Please read carefully before submitting your application)

Additional credit in civil service examinations may be granted to successful candidates who have claimed and established Non-Disabled or Disabled Veteran status.

Approved Veterans' Credit points are applied as follows:

Examination Type	Disabled Veteran	Non-Disabled Veteran
Open Competitive	10 points	5 points
Promotional	5 points	2.5 points

Veterans' Credits are added only to passing scores (70 or higher) and must be applied for prior to the establishment of an eligible list. Credits may be granted only before the list is established. A separate Application for Veterans' Credit and, if applicable, an Authorization for Disability Record must be filed for each examination.

Approved applicants may withdraw their credit at any time before appointment. Credits are not considered "used" if they do not affect the candidate's position on the eligible list or if no permanent appointment is made from that list.

HOW TO APPLY

1. Complete all questions on the following page.
2. Attach proof of eligibility, such as one of the following: DD-214 (Member-4 Copy), NAVPERS-553, NAVMC-78 PD, WDAGO-53/55, or WDAGO-53/98. If your current name differs from that on your military record, include legal proof of the name change.
3. Submit this form no later than two (2) weeks prior to establishment of the eligible list.

Your documentation must verify:

- U.S. citizenship (or lawful permanent residency) and New York State residency at the time of application or promotion.
- Active-duty service (other than for training) in the Armed Forces during one of the following wartime periods:

Conflict	Dates of Service
World War II	December 7, 1941 – December 31, 1946
Korean Conflict	June 27, 1950 – January 31, 1955
Vietnam Conflict	February 28, 1961 – May 7, 1975
Lebanon*	June 1, 1983 – December 1, 1987
Grenada*	October 23, 1983 – November 21, 1983
Panama*	December 20, 1989 – January 31, 1990
Persian Gulf	August 2, 1990 – (to be determined)

*Credit for Lebanon, Grenada, and Panama is limited to those who received the Armed Forces Expeditionary Medal, Navy Expeditionary Medal, or Marine Corps Expeditionary Medal.

Additionally, qualifying service includes time in the U.S. Public Health Service Commissioned Corps between July 29, 1945–December 31, 1946, and June 27, 1950–July 3, 1952.

- Honorable discharge or release under honorable conditions.
- No prior use of Veterans' Credits for permanent appointments in New York State or any civil division since January 1, 1951.

DISABLED VETERANS

To claim Disabled Veteran status, provide a "Summary of Benefits" statement verifying a war-incurred disability rated at 10% or more. Contact the Department of Veterans Affairs at 1-800-827-1000 for this documentation.

EXTRA CREDIT FOR WAR TIME VETERANS

Certain veterans are entitled to receive credit in competitive Civil Service Examinations. Article V. Section 6 of the State Constitution provides that to receive additional credit a veteran must:

- Have served or be serving in time of war (See below)
- Have received or expect to receive an honorable discharge or have been released under honorable circumstances
- Be a resident of New York State at the time of application for examination

1. I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from 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 service of the U.S. pursuant to call as provided by law on a full-time active-duty basis, other than active duty for training purposes.)

   ☐ YES ☐ NO If yes, check for which of the following time of war periods you are claiming extra credit. If you answered no to question No. 1, credits may be claimed.

2. a. I am now serving or have served on an active-duty basis other than active duty for training purposes in the U.S. Armed Forces during one or more of the following:

   ☐ Korean Conflict June 27, 1950, to January 31, 1955
   ☐ Viet Nam Conflict December 22, 1961, to May 7, 1975
   ☐ Persian Gulf Conflict August 2, 1990, to the date upon which such hostilities end

   b. I earned the Armed Forces, Navy, or Marine Corps expeditionary medals for:

   ☐ Hostilities in Labanon June 1, 1983, to December 1, 1987
   ☐ Hostilities in Grenada October 23, 1983, to November 21, 1983
   ☐ Hostilities in Panama December 20, 1989, to January 31, 1990

   NOTE: If claiming any time of war service prior to 1950, please discuss with the Civil Service Secretary.

3. I am receiving payments from the U.S. Department of Veterans Affairs for a service-connected disability rates 10% or more incurred during a war time period listed above: ☐ YES ☐ NO

All claims and grants of Veterans' Credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, PRIOR to establishment of the eligible list. Credit may not be granted after an eligible list has been established. If it is determined, based on required proof submitted in a timely manner, that you are entitled to Veterans' Credits, they shall be granted as follows: Disabled veterans-10 pts on open competitive exam, 5 pts on promotion exam; Non-disabled veterans-5 pts on open competitive exam, 2.5 pts on promotion exam. To be eligible for Disabled Veterans' Credits. One must be certified by the VA as being entitled to receive payments for a service-connected disability rated of 10% or more, which was incurred during war time, and must provide required proof of that disability. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by the city. 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.

CITY OF ONEIDA CIVIL SERVICE COMMISSION-109 N. MAIN ST., ONEIDA, NY 13421

PHONE:315-363-2022, EXT. 133 EMAIL: JKAISER@ONEIDACITYNY.GOV

APPLICATION FOR VETERANS' CREDITS

City of Oneida Civil Service Commission
109 N. Main Street, Oneida, NY 13421

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC AND THEN SUBMITTED WITH HONORABLE DISCHARGE

☐ **Non-Disabled Veteran** ☐ **Disabled Veteran**

Applicants seeking the use of DISABLED Veterans' Credits will need to submit supplemental proof of at least 10% disability status in the form of a "Summary of Benefits" statement. Benefit statements are available by contacting the Department of Veterans' Affairs directly at 1-800-827-1000.

Examination Title: _____ No. _____ Date: _____

☐ Open Competitive Exam ☐ Promotional Exam

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
No. Street Address City/Town/Village State/Zip Code

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ SERVICE SERIAL #: _____

List ANY/ALL of your public service employment since January 1, 1951. Attach an additional sheet if necessary.

DATES OF EMPLOYMENT *From/To*	NAME OF EMPLOYER	CITY/STATE	TITLE	VETERANS' CREDITS *For this Appointment*
				☐ Yes ☐ No
				☐ Yes ☐ No

TO BE SWORN BEFORE A NOTARY PUBLIC

I, _____, hereby certify that the foregoing statements made in this application are complete and true to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____

Sworn to before me on: _____

Notary Public: _____

Jessica Kaiser 315-363-2022, Ext. 122 jkaiser@oneidacityny.gov