



TOWN OF
Ogden
COUNTY OF MONROE
STATE OF NEW YORK

Employment Application

Town of Ogden County of Monroe

269 Ogden Center Rd. Spencerport, NY 14559-2076 * PHONE: (585) 617-6100
FAX: (585) 352-4590 * WEBSITE: www.ogdenny.gov

Rev. 8/2023

Position applying for: _____			Examination #: _____		
Name: _____			Examination date: _____		
Last	First	Middle			
State any other name, assumed name or nickname, by which you are/have been known: _____					
Mailing Address: _____					
Street		City	State	Zip Code	
Residence Address: _____					
Street (P.O. Box will not be accepted, must use current home address)		City	State	Zip Code	County
Have you been a resident of Monroe County for the past four months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Main Telephone Number: _____			Social Security Number: _____		
Alt. Telephone Number: _____			E-mail address: _____		
If applying for Police Officer, Deputy Sheriff or Firefighter position, please indicate date of birth: _____					
Have you served in the Armed Forces of the U.S.A.? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates of active service: From _____ To _____					
Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must submit a form VC-1 and/or form VC-4 and a copy of their discharge papers (form DD-214) with our office.					
Have you ever been permanently appointed or promoted in the service of NY State or any of its civil divisions from an eligible list as a result of additional veterans credits granted you on such list? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name agency that established the eligible list: _____					
Are you a citizen of the United States?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, do you have a legal right to work in the U.S.?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a valid New York State Driver's License?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what class _____		
Will you accept part-time work?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you accept temporary work?		Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes No		
Have you ever been dismissed from employment other than reduction in staff?					
Have you ever resigned from employment rather than face discipline or dismissal?					

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 correct. Any false statements made may result in termination of employment or removal from Civil Service eligibility. I further understand, and will otherwise submit thereto, that in accordance with the County's pre-employment drug testing policy, I may be required to submit to a urinalysis test as a condition for 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

www.monroecounty.gov

Monroe County prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, creed, veteran status, military status, domestic violence victim status, gender identity, criminal history, genetic predisposition or carrier status, or retaliation.
An Equal Opportunity Employer

License/Certification

Do you have a license, certification, or other authorization to practice a trade or profession?

Yes ☐ No ☐

Is this certification permanent? Yes ☐ No ☐

Name of trade or 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 ☐

Check the highest grade completed 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

Education above high school level

Name of School	State or Country	Major	Credits Completed		Type of Degree	Graduated?	
			Sem. Hrs.	Qtr. Hrs.		Yes	No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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 or 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 number of hours in the workweek, reason for leaving, specific job duties, your job title, etc. must be shown.

Starting Date: _____
Month/Day/Year

Ending date: _____
Month/Day/Year

Name & address of current or most recent employer: _____

Hours worked per week: _____

Was the position ☐ Paid or ☐ Volunteer?

Reason(s) for leaving: _____

Your job title _____

Immediate Supervisor's name: _____

Title: _____

Phone: _____

Description of duties: _____

Work Experience (continued)

Starting Date: _____
Month/Day/Year

Ending date: _____
Month/Day/Year

Name & address of employer: _____

Hours worked per week: _____

Was the position ☐ Paid or ☐ Volunteer?

Reason(s) for leaving: _____

Your job title: _____

Immediate Supervisor's name: _____ Title: _____ Phone: _____

Description of duties: _____

Starting Date: _____
Month/Day/Year

Ending date: _____
Month/Day/Year

Name & address of employer: _____

Hours worked per week: _____

Was the position ☐ Paid or ☐ Volunteer?

Reason(s) for leaving: _____

Your job title: _____

Immediate Supervisor's name: _____ Title: _____ Phone: _____

Description of duties: _____

If you have additional work experience, please copy this page and attach additional sheets as needed. Be sure to include your name and social security number on all attachments. Volunteer experience must be documented by statement of verification from the agency representative regarding number of hours worked per week and activities performed.