

**CONFIDENTIAL APPLICATION SUPPLEMENT FOR EXAMINATION OR EMPLOYMENT**

Return to the address below, no later than 10 business days from date of receipt of this form.

ONTARIO COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
3019 COUNTY COMPLEX DRIVE  
CANANDAIGUA, NEW YORK 14424

**INSTRUCTIONS:** This form is a CONFIDENTIAL Investigations Supplement. The information you provide will be used for the sole purpose of establishing your qualifications for eligibility for appointment in the government service and will be evaluated against the duties and responsibilities for the position(s) for which you are applying and any pertinent laws, rules, and/or regulations. It is important, therefore, that you provide as complete information as possible to all appropriate questions. Omission or vagueness WILL NOT be interpreted in your favor. PLEASE PRINT.

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FOR CIVIL SERVICE USE ONLY

1. Exam No.(s) and Title(s)

2. Last Name                      First Name                      Middle Initial                      3. Indicate any other surnames (last names) by which you are or have been known

4. Street Address                      City or P.O.                      State                      Zip Code                      County

5. Other Addresses During Past One Year (Provide Dates)                      FROM                      TO

6. Social Security Number (Last Four Digits)                      7. If U.S. citizenship is a requirement for this examination, are you a  
 XXX-XX-                      United States Citizen?    YES     NO

8. Education                      Name and Location                      Dates of Attendance                      Degree Received

High School\*

College

Other Special  
Schools and Courses

\*If High School Equivalency                      Issuing Government Authority                      Number                      Date of Issue  
Diploma, Indicate:

9. If maximum age requirements have been established for this position in accordance with Section 54 of the Civil Service law, are you seeking to have subtracted from your age a period of Military Duty (as defined in Section 243 [1-b and 10-a] of the Military Law) not to exceed six (6) years?    YES     NO   
If "YES", attach a copy of your Certificate of Compliance of Training and Service (DD-214 or Equivalent).

10. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances?    YES     NO

Indicate type of discharge if other than honorable:    Undesirable     Bad Conduct     Dishonorable

Branch of Service                      Service Serial Number                      Date of Entry Into Active Duty                      Date Released From Active Duty

If other than honorable explain conditions surrounding discharge including whether discharge was result of administrative action or sentence of special or general court-martial.

11. Check Appropriate Box To The Right Of Each Question. (If more space is needed, continue under "REMARKS" on Page 4).

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES  NO

If "YES", indicate: Public Service  Private Employment

Length of Employment		Your Title	Employer's (Firm) Name and Complete Address
From	To		

Reason(s) for Dismissal or Discharge

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B. Did you ever resign from any employment rather than face dismissal? YES  NO

If "YES", indicate: Public Service  Private Employment

Length of Employment		Your Title	Employer's (Firm) Name and Complete Address
From	To		

Reason(s) for Resignation

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C. Have you ever been convicted of any crime (felony or misdemeanor)? YES  NO

D. Are you now under charges for any crime (felony or misdemeanor)? YES  NO

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charges (felony or misdemeanor)? YES  NO

If "YES" to C, D, or E indicate:

Date of Arrest	Name and Location of Arresting Authorities

Offense(s) Charged

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Provide pertinent details of offense or charge including circumstances leading to offense as appropriate

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Name, address and jurisdiction of court in which tried; name and title of trial judge or justice; court's disposition of case or sentence

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If placed on probation or released on parole, indicate full name, title and complete address of probation or parole officer

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F. Is your Driver's License currently suspended or revoked?

YES  NO

If "YES", indicate reason: \_\_\_\_\_  
 \_\_\_\_\_  
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12. List ALL employments during the past 3 years and account for any periods of unemployment or school attendance.

From	To	Employer's Firm Name	Firm's Address (Include Zip Code)	Your Title	Reason For Leaving

The New York State Human Rights Law prohibits discrimination in employment because of age, race, color, creed, sex, national origin, sexual orientation, military status, predisposing genetic characteristics, marital status, domestic violence victim status or disabilities and, in certain circumstances pursuant to Executive Law 296, conviction record. Accordingly, nothing in this application form should be viewed as expressing directly or indirectly, any limitation, specification, or discrimination as to age, race, color, creed, sex, national origin, sexual orientation, military status, predisposing genetic characteristics, marital status, domestic violence victim status or disabilities and, in certain circumstances pursuant to Executive Law 296, conviction record in connection with employment by the County of Ontario or one of its subdivisions. Under New York State Civil Service Law, Section 54: "Nothing shall prevent the adoption of reasonable minimum or maximum age requirements for...positions such as policeman, fireman, prison guard, or other positions which require extraordinary physical effort..."

**THIS AFFIRMATION MUST BE COMPLETED**

I affirm, under the penalties of perjury, that all statements made by me on this application supplement (including any attached papers) are true to the best of my knowledge and belief.

I further request and authorize any former or present employer, military records center, police, parole, and probation agencies, and former school and/or selective service board to provide the Department of Human Resources any and all information including, but not limited to information as to my character, habits, work ability, and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities or damages.

Signature (full name) \_\_\_\_\_ Date \_\_\_\_\_

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	Year	Month	Day
Date Released from Military Duty	_____	_____	_____
- Date of Entry Into Military Duty	_____	_____	_____
= Total Period of Military Duty	=====	=====	=====
Date of Birth	_____	_____	_____
+ Total Period of Military Duty	_____	_____	_____
= Adjusted Date of Birth	=====	=====	=====
Date of Examination	_____	_____	_____
- Adjusted Date of Birth	_____	_____	_____
= Adjusted Age at Date of Examination	=====	=====	=====

If Over Age:      Yrs.                      Mos.                      Days