



SCHOHARIE COUNTY DEPARTMENT OF PERSONNEL & CIVIL SERVICE

APPLICATION FOR EMPLOYMENT IN THE CLASSIFIED CIVIL SERVICE

284 Main Street, Room 310, P.O. Box 675, Schoharie, NY 12157

Phone: (518) 295-8374 Fax: (518) 295-8434

www.schohariecounty-ny.gov

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

Please complete entire application. You may attach a résumé; however, only the information provided on this application will be considered during review.

Last Name	First Name	MI	Date:
Other names you have been known as:			Title of Position Applying For:
Physical Address:			Location (County Department/Civil Division):
City:	State:	Zip:	Social Security Number:
Mailing Address (if different):			E-mail:
City:	State:	Zip:	Primary Telephone Number:

Are you eligible to work in the United States? YES NO

Are you at least 18 years of age? YES NO If NO, provide current age: _____

If required for position, do you have a valid driver's license? YES NO If special class required, indicate class: _____

EDUCATION:
 Are you a high school graduate? YES NO If YES, Name of High School: _____
 Location of High School (City/State): _____ Year Graduated: _____
 If NO, do you have a G.E.D.? YES NO If YES, indicate Issuing Government Authority: _____
 G.E.D. Certificate #: _____ Year G.E.D. Received: _____

College, Professional or Technical School Name:	Location (City/State):	Did you graduate?	Type of Degree Received:	Major Subject/Course Type:	Date Degree Awarded:
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

Other credentials, licenses, professional affiliations or skills relevant to the position in which you are applying:

EXPERIENCE: Please detail your work history, beginning with your current/most recent employer. If you held more than one position within the same organization, list each position separately. Attach additional sheets if necessary. **Do not complete this section with the notation, "see résumé."**

Dates Employed: From: To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Title:	
		Company Name:	
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:		Reason for Leaving:
	Reference Name & Phone #:		
Primary Duties:			

Dates Employed: From: To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Title:	
		Company Name:	
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:		Reason for Leaving:
	Reference Name & Phone #:		
Primary Duties:			

Dates Employed: From: To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Title:	
		Company Name:	
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:		Reason for Leaving:
	Reference Name & Phone #:		
Primary Duties:			

EXPERIENCE (continued): If you held more than one position within the same organization, list each position separately. Attach additional sheets if necessary. **Do not complete this section with the notation, "see résumé."**

Dates Employed: From: To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Title:	
			Company Name:
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:		Reason for Leaving:
	Reference Name & Phone #:		
Primary Duties:			

Dates Employed: From: To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Title:	
			Company Name:
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:		Reason for Leaving:
	Reference Name & Phone #:		
Primary Duties:			

Dates Employed: From: To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time If part-time, # of hrs/wk: _____	Title:	
			Company Name:
Was this a paid position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Supervisor Name & Phone #:		Reason for Leaving:
	Reference Name & Phone #:		
Primary Duties:			

REFERENCES: Do you have any objection to our contacting present or past employers to verify the above? YES NO

If YES, please comment:

