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essex
county

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
Essex County Department of Personnel and Civil Service
7551 Court Street, PO Box 217, Elizabethtown New York 12932
(518)873-3360

APPLICATION FOR
EXAMINATION OR EMPLOYMENT
FOR COUNTY, TOWNS, VILLAGES AND SCHOOL DISTRICTS

Leave this space blank

Number

Application

Approved:
Conditional:
Disapproved:

Title of Position Applying For

Exam No. (if applicable)

This application is part of your examination, ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in or use ink typewriter. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

1. NAME AND RESIDENCE

Last Name:

First Name:

Initial:

Street Address or RD:

Phone No.

City:

State:

Zip:

Immediate Notice should be given of any changes in Post Office address before or after examination.

2. Social Security Number:

4. State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application:

3. Are you under 18? Yes: No:

If so, or if minimum age limits are established for the position applied for, enter your date of birth here:

Date of Birth:

Month

Day

Year

	Years	Mos.
School District:		
Village or City Or:		
Town Of:		
County Of:		
State Of:		

Yes: Q No:

Check appropriate box to the right of each question: A.
Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?

B.

Have you ever been convicted of any crime,
(Felony or misdemeanor)?
C. Are you now under any charges for any crime?

Yes: Q No:
Yes: No: Q

If "Yes", give particulars and disposition of each charge on separate sheet and attach same.

NONE OF THE ABOVE CIRCUMSTANCES REPRESENTS AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED AND EVALUATED ON INDIVIDUAL MERITS IN RELATION TO THE DUTIES AND RESPONSIBILITIES OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.

Check appropriate box to the right of each question:

A. Are you currently a U.S. Citizen?
(Citizenship is no longer a requirement for employment
except for public officer positions)

Yes: No: Q

B. If not, do you have the legal right to accept
employment in the United States?

Yes: No:

Please give alien registration number:

C. Are you a retiree from New York State or any civil division thereof? Yes: Q No: Q

D. Are you an exempt Volunteer Fireman? Yes: Q No: Q

Check appropriate box to the right of each question:

A. Do you have a valid license to operate a motor vehicle in New York State? Yes:QNo:Q

B. If yes give the following:

Class: Number: Date of Expiration:

Have you ever served in the Armed Forces of the United States on a full time active duty basis - other than active duty for training purposes? Yes: Q No: Q

If not: Omit Questions 9-13.

If "Yes" did you receive a discharge that was honorable or were you released under honorable circumstances? Yes: Q No: Q

10. Have you any objections to this department making inquiry regarding your character and qualifications? Yes: Q No: Q

11. Did you serve in active duty in the Armed Forces of the United States during any of the following periods? Yes: Q No: Q

- a. December 7, 1941 to December 31, 1946;
- b. June 27, 1950 to January 31, 1955;
- c. December 22, 1961 to May 7, 1975;
- d. U.S. Public Health Services: July 29, 1945 to September 2, 1945 or June 26, 1950 to July 3, 1952;
- e. August 2, 1990 - the date upon which such hostilities end.
- f. Hostilities in Lebanon - June 1, 1983 - December 1, 1987 *
- g. Hostilities in Grenada - October 23, 1983 - November 21, 1983 *
- h. Hostilities in Panama - December 20, 1989 - January 31, 1990 *

* denotes - Must have received the armed forces, navy or marine corps expeditionary medal.

12. Veterans Credits. Do you claim additional credits on this examination as an honorably discharged veteran?
As a disabled war veteran? Yes: Q No: U

As a non-disabled war veteran? Yes: Q No: Q

13. Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes: No: Q

14. EDUCATION: If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required

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DO
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Have you graduated from high school? Yes:Q No: Q If yes, give name and location of high school:

If "Yes", give year graduated:

If "No" , give highest grade completed:

Have you successfully completed a typing course? Yes:Q No:Q

If you have a high school equivalency diploma:

Number and/or Date of Issue:

Indicate issuing Government Authority:

Name of School and City in which located	Dates of Attendance (Month and Year) From to	Day or Night	Full or Part Time	No. of Credits	Were You Graduated	Type of Course or Major	No of College Credits	Degree Received	Date of Degree
College, University, Professional, Technical School									
Other Schools or Special Courses									

15. LICENSES - If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement or the examination(s) for which you are applying, complete the following: (If not currently licensed, check this box: Q)

Name of Trade or Profession:	License #:	Granted By:	City or State:
Specialty:	Date First Issued:	Registered From:	To:

EXPERIENCE: Describe under the heading given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including war service. Begin with your most recent employment and work back consecutively to your first. Applicants may be required to furnish satisfactory proof of experience

Length of Employment:			Firm Name:	Address:	City and State:
From:	Mo:	Yr:			
To:	Mo:	Yr:	Type of Business:	Your Title:	Name and Title of
			Immediate Supervisor:		
Total:	Yrs:	Mos:	DUTIES: Describe below the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
Monthly Salary:					
Min:	Max:	Last:			
Total Hours Per Week:					
Reason For Leaving:					
Length of Employment:			Firm Name:	Address:	City and State:
From:	Mo:	Yr:			
To:	Mo:	Yr:	Type of Business:	Your Title:	Name and Title of
			Immediate Supervisor:		
Total:	Yrs:	Mos:	DUTIES: Describe below the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
Monthly Salary:					
Min:	Max:	Last:			
total Hours Per Week:					
Reason For Leaving:					

Length of Employment:			Firm Name:	Address:	City and State:
From:	Mo:	Yn			
To:	Mo:	Yr:	Type of Business: Immediate Supervisor:	Your Title:	Name and Title of
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From:	Mo:	Yn			
To:	Mo:	Yn	Type of Business: Immediate Supervisor:	Your Title:	Name and Title of
Total:	Yrs:	Mos:	DUTIES: Describe below the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
Monthly Salary:					
Min:	Max:	Last:			
Total Hours Per Week:					
Reason For Leaving:					

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER. ATTACH SUCH SHEETS AT TOP OF PAGESa*

NOTE: When filling out your application form, check to make sure that all questions have been answered. An incomplete application may result in its disapproval. A resume may not be substituted.

THIS AFFIRMATION MUST BE COMPLETED

/ affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant

(Provide any other name you have used in education or employment)

Date

Check box below if you desire special accommodations because you are a:

Sabbath Observer - For religious reasons cannot be tested on Saturdays

Yes:Q

Yes:Q

Handicapped Person

Under REMARKS, indicate type of assistance required.

REMARKS:

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, disability, marital status or criminal record in connection with employment in the municipal service of the County of Essex.



New York State Department of Motor Vehicles
ARTICLE 19-A BUS DRIVER APPLICATION

(Complete all parts of this form. Please print or type. Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DRIVER INFORMATION							
Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)	Social Security Number		<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State	Zip Code	County		Telephone Number
Client/License ID Number (from Driver License)			State	Class of Driver's License	Endorsements	Restrictions	Expiration Date

CARRIER INFORMATION

Carrier/DBA Name	Legal Name (if different)	Federal ID Number	19-A Business ID Number
		146001941	19185
	State NY Zip Code	County	Telephone Number
	12870	ESSEX	\$18-532-7606
	Title	Is this employee/camer a school bus carrier?	
	TRANS. SUPERVISOR	SJ Yes D No	
SCHROON LAKE CENTRAL SCHOOL	City		
Street Address	SCHROON LAKE		

1125 US RT. 9 PO BOX 33 8

Name of Article 19-A Contact Person

ROBERT H BESSEY

ADDITIONAL DRIVER INFORMATION

Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages.

1. Have you qualified as a school bus driver under ARTICLE 19-A? D Yes D No If "yes", give month and year of qualification
2. Are you a certified ARTICLE 19-A examiner? D Yes D No
If "yes", give certificate number and expiration date

EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):

Employer Name and Address	What were the date(s) of your employment? (From - To)	Your job title

ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):

Date of Accident	Location (City, State, Zip Code, County)	Was there personal injury or property damage? If "YES", indicate the dollar amount of damage to each vehicle, and the number of people injured.	What type of vehicle were you driving?

CONVICTIONS (Start with your most recent conviction, and include all criminal convictions):

Date of Violation	Location (City, State, Zip Code, County)	Date of Conviction	Of what charge were you convicted?	If a vehicle was involved, what type of vehicle were you driving?
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DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver &*

Date

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. All questions pertaining to this form and/or the Article 19-A Program should be directed to: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 220C, Albany NY 12228. (518) 473-9455.

Signature of Employer/Agent &*

Date

www.nysdmv.com