↑ ***Staple Above*** ↑

Application for Examination or Employment

HERKIMER COUNTY PERSONNEL
109 Mary Street, Suite 1304, Herkimer, New York 13350
315-867-1115 www.herkimercounty.org

Date Stamp Recv'd_____

Filing Fee: ___Yes ___ No ___Waived (CS use only) ____ Initial

____ Approved
____ Conditional
____ Disapproved
By _____

THIS APPLICATION IS PART OF YOUR EXAMINATION. Answer ALL questions fully in ink or on typewriter.

Position Title _____

Examination # _____

Name _____
Printed Last First M

Residence Address _____
House # and Street or RD

_____
City or Village or Town State Zip Code

Telephone #s: Home _____ Work _____
Cell_____
SOCIAL SECURITY NUMBER _____

Are you under 18 years of age? _____YES _____NO
If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your **Date of Birth here _____/_____/_____**

Are you a citizen of the United States? ____ YES ____ NO

Filing Fee: ____ I have enclosed the fee. **NO PERSONAL CHECKS**

Filing Fee Waiver: ____ I have attached completed waiver form.

SPECIAL ARRANGEMENTS: (See Instruction **"E"**)
___ Religious Accommodation ___ Military ___ Disability

State your **CURRENT PERMANENT LEGAL RESIDENCE**, as listed in the address above, and indicate for how long you have resided there continually, up to and including the date of this application:

NAME OF YEARS / MONTHS

City or Village _____

Town _____

County _____

State _____

School District _____

Have you ever taken any other examinations given by this department?

_____YES _____NO

Give titles and dates:

_____

_____

_____

E-mail address: _____

Check appropriate response to each question: **YES** **NO**

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work, funds, disability or medical condition? ____ ____
B. Did you ever resign from any employment rather than face dismissal? ____ ____
C. 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? ____ ____
D. Have you ever been convicted of any crime (felony or misdemeanor)? ____ ____
E. Are you now under charges for any crime? ____ ____

If you answered **YES** to any of the above questions, you may give specifics under Remarks on page 3 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information. 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.

VETERANS CREDITS (See Instruction **"F"**)
If you wish to claim additional credits as an honorably discharged veteran, **check all** appropriate responses below.

Attach copy of your Honorable Discharge Form (DD-214, Member-4)

☐ **Disabled War Veteran** **OR** ☐ **Non-Disabled War Veteran**

A. Have you ever served in 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 the service of the United States pursuant to call as provided by Law on a full-time active duty basis other than for training purposes.) _____YES _____NO

B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? _____YES _____NO

C. Did you serve in the Armed Forces of the United States during any of the following periods? WW II, 12/7/41-12/31/46; Korean Conflict, 6/27/50-1/31/55; Viet Nam Conflict, 02/28/61-5/7/75; Persian Gulf Conflict, 8/2/90-?; Lebanon*, 6/1/83-12/1/87; Grenada*, 10/23/83-11/21/83; Panama*, 12/20/89-1/31/90; US Public Health Service, 7/29/45-12/31/46 and 6/27/50-7/3/52. *credits limited to veterans who received the armed forces, navy, or marine corps. expeditionary medal. _____YES _____NO

D. Since January 1, 1951, have you received a permanent appointment using your veterans' credits? ____YES ____NO
If YES, Date credits were used _____.

E. Are you currently serving on ACTIVE DUTY in the armed forces and wish to apply for veterans' credits? _____YES _____NO

DECLARATION (this affirmation *must be signed and dated)*
I understand that false statements made herein are punishable as **a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York**. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

_____
Signature of Applicant (in ink) Date

_____
State any other name, assumed name, or nickname by which you are/have been known. (please print)

Length of Employment (month/year) From : / To: /	Firm Name	Address	City and State
	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
# of hours worked per week (excluding overtime)			

Length of Employment (month/year) From : / To: /	Firm Name	Address	City and State
	Describe Duties:		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
# of hours worked per week (excluding overtime)			

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 inch sheets.)

Instructions and Information

A. Exam Application: Before filling out your application, read the announcement carefully. This application is part of your examination. Answer all questions fully and carefully. Resumes will NOT be accepted in lieu of application. Print in ink or use typewriter. Attach additional sheets, if necessary, to give complete and detailed information. An incomplete application may result in disapproval. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.
NO COPIES; originally signed (in ink) only.

B. Filing Fee: Refer to the front of the exam announcement for the required filing fee. Enclose a Money Order ONLY made payable to HERKIMER COUNTY TREASURER. Do NOT send cash or personal check. If your application is disapproved, the fee will NOT be refunded. Check the box on the front of the application. APPLICATION FEE WAIVER, begins with January 2007 exams; form must be submitted with application – available on our website or in our office.

C. Admission to Exam: We review your application before the exam to ensure you meet the minimum qualifications. If your application is disapproved, we will notify you of the reason. If you do not receive an admission form from us three days before the exam date, call us at 315-867-1115.

D. Change of Address: Notify this agency immediately of any change of address. When writing, give the number and title of the exam. Herkimer County Personnel is not responsible for undeliverable mail or postal delay. No attempt will be made to locate candidates who have moved. Change of Information form is available on our website.

E. Special Arrangements: If you need special arrangements because of a religious observance or practice, a disability, or are requesting a military make-up exam, you must, EITHER: (1) Check the appropriate box on the front of the application and indicate the special arrangements you require in the REMARKS section on Page 3; OR (2) Write to our office no later than the last filing date for this exam. Your request must include the exam number and title, and type of special arrangement required.

F. Veterans Credits: War Time Veterans and Disabled Veterans are eligible for extra credits added to their exam score, if they pass. If you want to have the extra credits added to your exam score, you must answer all the veterans' questions on the front of the application now. Application for Veterans' Credits will be mailed with the Admission Notice. You can waive the extra credits later if you wish. These credits may be claimed on each application for exam, UNTIL you receive a permanent appointment using your veterans' credits. Once a permanent appointment has been received, you can no longer claim veteran's credits on your application.
AMENDMENT January 1, 2014: If non-disabled credits were used to obtain appointment/promotion and subsequent to such use applicant has now been determined to be a qualified disabled veteran, entitlement to additional credits may be applicable on future exams.

CANDIDATE FITNESS: Inquires may be made as to character and ability of all candidates. All statements made by candidates are subject to verification. Falsification of any part of the "Application for Examination or Employment" may result in disqualification and possible legal action.

Federal and State Law prohibit discrimination because of age, race, creed, color, religion, national origin, gender, sexual orientation, disability, marital status, or arrest and/or criminal conviction record unless based upon a bona fide occupational qualification or other exception.

Herkimer County is an Equal Opportunity Employer
Affirmative Action

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Birth Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: $10.00 per copy or No Record Certification. Please do not send cash or stamps.
Payable to the Village of Herkimer

CERTIFICATE INFORMATION

Name — First Middle Last	Date of Birth
Place of Birth — Hospital (If not hospital, give street & number)	(Village, town or city)
Father — First Middle Last	Maiden Name of Mother — First Middle Last

Number of Copies Desired	Enter Birth No. if Known	Enter Local Registration No. if known

Purpose for Which Record is Required Check One

- ☐ Passport
- ☐ Working Papers
- ☐ Welfare Assistance
- ☐ Social Security
- ☐ School Entrance
- ☐ Veteran's Benefits
- ☐ Retirement
- ☐ Driver's License
- ☐ Court Proceeding
- ☐ Employment
- ☐ Marriage License
- ☐ Entrance Into Armed Forces
- ☐ Other (specify) _____

APPLICANT INFORMATION

What is your relationship to person whose record is required? If self, state "self"	If attorney, name and relationship of your client to person whose record is required

This office requires written authorization of the person/parents whose record is requested before a search is processed.

Signature of Applicant	Date
Address of Applicant	Please print name and address where record should be sent.

Return completed form to: Registrar
Village of Herkimer
120 Green St.
Herkimer, NY 13350

VS-34B

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section
Albany, N.Y. 12237-0023

Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: $10.00 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE

Name of Deceased First Middle Last	Date of Death or Period to be Covered by Search	
Name of Father of Deceased First Middle Last	Social Security Number of Deceased	
Maiden Name of Mother of Deceased First Middle Last	Date of Birth of Deceased Month Day Year	Age at Death
Pace of Death Name of Hospital or Street Address	Village, Town or City	County
Purpose for Which Record isRequired		

What was your relationship to the deceased? _____

In what capacity are you acting? _____

If attorney, name and relationship of your client to deceased _____

Signature of Applicant _____ Date _____

Address of Applicant _____

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name _____

Address _____

City _____ State _____ Zip Code _____

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section, Genealogy Unit
P.O. Box 2602
Albany, New York 12220-2602

General Information and Application For Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

1. FEE - $22.00 includes search and uncertified copy or notification of no record.
2. Original records of births and marriages for the entire state begin with 1881, deaths begin with 1880, EXCEPT for records filed in Albany, Buffalo and Yonkers prior to 1914. Applications for these cities should be made directly to the local office.
3. The New York State Department of Health does not have New York City records except for births occurring in Queens and Richmond counties for the years 1881 through 1897.
4. Please read the Administrative Rule Summary on the reverse side of this sheet which specifies years available for genealogical research.

To insure a complete search, provide as much information as possible.
Please complete for type of record requested, birth, death OR marriage.

Birth	Name at Birth _____ Date of Birth _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____	**Birth**	Name at Birth _____ Date of Birth _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____
Marriage	Name of Bride _____ Name of Groom _____ Date of Marriage _____ Place of Marriage and/or License _____	**Marriage**	Name of Bride _____ Name of Groom _____ Date of Marriage _____ Place of Marriage and/or License _____
Death	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____	**Death**	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____

For what purpose is information required? _____

What is your relationship to person whose record is requested? _____

In what capacity are you acting? _____

SIGNATURE OF APPLICANT _____ DATE _____

ADDRESS _____

Send record to: (please print)

Name _____

Address _____

City _____ State _____ Zip Code _____

If requesting birth and marriage records, please sign the following statement:
To the best of my knowledge, the person(s) named in the application are deceased.

_____
SIGNATURE OF APPLICANT

(over)