ONONDAGA COUNTY APPLICATION FOR PROMOTION EXAMINATION

MAIL OR DELIVER TO: Onondaga County Department of Personnel, 421 Montgomery Street, 11th Floor, Syracuse NY 13202-2959 Phone (315) 435-3537 💠 www.ongov.net

Job Title

TYPE OR PRINT CLEARLY IN INK

Exam #

NAME AND ADDRESS: IMMEDIATE notice should be given to this office if any changes in name or address occur.				
Last Name	First Name	Middle	Social Security #	
Legal Address:		Mailing Address (If different from legal):		
Street		Street or PO Box		
Apt/Rd#		City/Villa	ge	
City/Village		State	ZIP	
-		E-Mail Address		
School District		Home Pr	hone ()	
County		Work Ph	none ()	
<u> </u>	ZIP	Cell Pho	one ()	
CURRENT TITLE VETERAN'S CREDIT: VETERAN INCLOSE Documentation of your veteran status (i.e.: discharge papers) should be attached to your application or mailed to this department. Current active duty military personnel must provide proof of status at time of application to receive conditional credit. Veteran credit claims must be verified before the eligible list is established. Since January 1, 1951, have you used additional credits as a disabled/non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? YES INO INCOMPOSITION OR DISABLED, INDICATE ACCOMMODATIONS NEEDED BELOW				
Payment Enclosed: Check # Cash Money Order Visa MC Discover Waived (proof must be attached) DECLARATION (this affirmation <i>must be signed and dated</i>) 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.				
APPLICANT'S SIGNAT	TUREDATE			
disability, genetic predisp 45FR84.22B. If you have the head of the respective	not discriminate because of race, creed, color position or carrier status, pregnancy, or sexua e a disability for which you wish accommod e department of his/her representative to mak ational Rehabilitation Act (Section 504) is co	al orientation. Onondaga County's p lation in visiting a county office or in ke arrangements. Onondaga County'	n receiving county services, please contact 's Equal Employment Program and	
PERSONNEL DEPAR	TMENT USE ONLY: Reviewer		Date	
	proved D Reason(s):			

Recv'd By _____