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.onondaga.gov

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:

Street _____
Apt/Rd# _____
City/Village _____
Town _____
School District _____
County _____
State _____ ZIP _____

Mailing Address (If different from legal):

Street or PO Box _____
City/Village _____
State _____ ZIP _____
E-Mail Address _____
Home Phone ( ) _____
Work Phone ( ) _____
Cell Phone ( ) _____

CURRENT EMPLOYER _____

CURRENT TITLE _____

VETERAN'S CREDIT: VETERAN ❑ DISABLED VETERAN ❑

Documentation of your veteran status (i.e.: discharge papers, specifically your DD-214 Member-4) should be attached to your application or mailed to this department prior to the eligible list establishment date. Candidates claiming disabled veteran status **must** submit a copy of their summary of benefits letter from the Department of Veterans Affairs indicating their combined service-connected evaluation percentage. Please see the P-116 Application for Veteran Status for additional information.

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 ❑ NO ❑

IF YOU NEED SPECIAL EXAM ARRANGEMENTS (RELIGIOUS ACCOMMODATION OR DISABLED), INDICATE ACCOMMODATIONS NEEDED BELOW

_____

_____

_____

Payment Enclosed: ❑Check # _____ ❑Cash ❑Money Order ❑Visa ❑MC ❑Discover ❑Waived (proof must be attached)

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.

APPLICANT'S SIGNATURE _____ **DATE** _____

Onondaga County does not discriminate because of race, creed, color, citizenship, national origin, age, sex, religion, marital status, conviction record, disability, genetic predisposition or carrier status, pregnancy, or sexual orientation. Onondaga County's programs are accessible to all as required by 45FR84.22B. If you have a disability for which you wish accommodation in visiting a county office or in receiving county services, please contact the head of the respective department of his/her representative to make arrangements. Onondaga County's Equal Employment Program and compliance with the Vocational Rehabilitation Act (Section 504) is coordinated by the County Personnel Department.

PERSONNEL DEPARTMENT USE ONLY: Reviewer _____ Date _____

Approved ❑ Disapproved ❑ Reason(s): _____

Seniority Date: _____ Recv'd By _____