

## Steps to Apply

1. Click 'apply' to download the General Employment Application. It will download as a fillable Adobe PDF.
2. Fill out each area accordingly.  
\*If you are a [Veteran](#), [Law Enforcement](#), [Correction](#), or [Disabled Veteran](#), please fill out a verification form to confirm your status by clicking one of the linked documents, or go to: <http://ongov.net/employment/document-center.html> for a complete list of documents.\* For more information on how to access Adobe Forms, please use one of the following: [Apple \(iOS\)](#) or [Other Desktops](#)
3. Once you have completed filling out your application, save the application to your computer. Please save the application as “Position Title-Last Name.”  
Example: “Account Clerk 1-Smith”
4. After you have saved your application, click the upload button to attach your application. At this time, you may also upload a resume or reference letter(s), but it is not a requirement.  
\*If you filled out a form to verify Veteran, Law Enforcement, Correction, or Disabled Veteran status, please upload and attach it during this step.\*
5. Once uploaded, you can submit your application and any other attached documents by filling out the contact information portion. Make sure to include an up to date phone number and email so that we are able to follow up with you. Both are required to correctly submit your application.

**ONONDAGA COUNTY APPLICATION FOR OPEN COMPETITIVE EXAMINATION Form P-200 rev 09/2019**

MAIL OR DELIVER TO: Onondaga County Department of Personnel, 421 Montgomery Street, 13th Floor, Syracuse NY 13202-2959 Phone (315) 435-3537  
 ❖www.ongov.net

Job / Exam 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.

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Social Security #</b>
<b>Legal Address:</b>		<b>Mailing Address (If different from legal):</b>	
Street _____	_____	Street or PO Box _____	_____
Apt/Rd# _____	_____	City/Village _____	_____
City/Village _____	_____	State _____ ZIP _____	_____
Town _____	_____	<b>E-Mail Address</b> _____	_____
School District _____	_____	<b>Home Phone</b> (    ) _____	_____
County _____	_____	<b>Work Phone</b> (    ) _____	_____
State _____	ZIP _____	<b>Cell Phone</b> (    ) _____	_____

**ADDITIONAL INFORMATION**

1. If you were ever dismissed or resigned in lieu of dismissal from any public (government) employment due to disciplinary reasons, explain below.
2. If you need special exam arrangements (religious accommodation or disabled), indicate accommodations needed below.

**Use This Space For Explanations**

\_\_\_\_\_

\_\_\_\_\_

**VETERAN'S CREDIT:**    Veteran        Disabled Veteran        Currently On Active Duty

Documentation of your veteran status (i.e. discharge papers) should be attached to your application or mailed to this department prior to the eligible list establishment date. Current active duty military personnel must provide proof of active military status at time of application to receive conditional credit.

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

**COMPLETE FOR LAW ENFORCEMENT, CORRECTION, CUSTODY, FIREFIGHTER**

1. Are you a citizen of the United States?    YES        NO
2. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Law enforcement, Correction and Custody positions: You must complete form P-202 and attach it to your application.

**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** \_\_\_\_\_

**PERSONNEL DEPARTMENT USE ONLY:** Reviewer \_\_\_\_\_ Date \_\_\_\_\_ Approved  Disapproved

Comments: \_\_\_\_\_

Recv'd By \_\_\_\_\_

Name \_\_\_\_\_

Education: If more space is needed, attach additional sheets.	Years Completed	Graduated yes /no	Major Course of Studies	College Credits Received	Type of Degree Receive	Date Degree Received
Name of High School or Equivalency			XXXXXXXX XXXXXXXX	XXXXX XXX	XXXXX XXXXX	XXXXXX XXXXXX
Name of College, University, Professional or Technical School						
Name of Other Schools or Special Courses						

**License** Do you possess a license to practice a trade or profession? YES  NO  License/certificate# \_\_\_\_\_

Name of trade or profession \_\_\_\_\_ Licensing Agency \_\_\_\_\_

City/State \_\_\_\_\_ Original Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Driver's License** (Complete only if the position for which you are applying requires one.) Number \_\_\_\_\_

Date of Expiration \_\_\_\_\_ Class of license \_\_\_\_\_ Endorsements \_\_\_\_\_ Restrictions \_\_\_\_\_

**School Bus Driver candidates: Date of Birth:** \_\_\_\_\_

**Experience:** You must complete this section whether or not you submit a resume. **Describe any employment, volunteer experience or military service that qualifies you for the position sought.** Duties: Describe the nature of the work with estimated % of time on each type of work. If more space is needed, attach additional sheets. **All statements are subject to verification.**

Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above.		
Hours per week			
Reason for Leaving			

**ONONDAGA COUNTY DEPARTMENT OF PERSONNEL  
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE**

The following information is voluntary and will be maintained confidentially.

**SOCIAL SECURITY #:** \_\_\_\_\_

**EXAM TITLE:** \_\_\_\_\_

**EXAM DATE:** \_\_\_\_\_

**MALE**

**FEMALE**

**White/Non-Hispanic**

**Black**

**Hispanic**

**Asian/Pacific Islander**

**American Indian/Alaskan Native**

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 or 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. NOTE: Federal law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S., and to provide for review certain documents establishing your identity and work authorization, such as birth certificate, etc.