



APPLICANT'S EMPLOYMENT QUESTIONNAIRE

**Onondaga County Department of Correction
Personnel Division
P.O. Box 143
Jamesville, New York 13078**

To Candidate: _____

Be advised that this unit is now undertaking an investigation of your character and personal history in order to determine your suitability for the position of _____ in the Onondaga County Department of Correction.

Be sure to read the forms and instructions carefully, and to fill in the required information on this questionnaire.

INSTRUCTIONS

Candidates will personally complete all portions of this form. All questions must be answered. If any question does NOT apply to you, signify by entering N/A (not applicable). All information that is requested must be furnished. The information you supply coupled with the results of our investigation will be used to determine your suitability for appointment. Answers must be complete and accurate.

This questionnaire must be handwritten and printed in ink.

The supplemental sheet provided will allow space for all questions to be answered.

All information entered on this form will be the subject of an investigation and verification. DO NOT misstate or omit.

New York State Civil Service Law, Section #50 states: "A candidate may be rejected who has intentionally made a false statement or a material fact or practiced or attempted to practice, any deception or fraud in his application, in his examination, or in securing his eligibility for appointment."

In the presence of an interviewer, you will sign below acknowledging you have read, and fully understand, these instructions.

Signed: _____

Date: _____

Interviewer: _____

**Onondaga County Department of Correction
Personnel Division
P.O. Box 143
Jamesville, New York 13078**

To Whom It May Concern:

Date: _____

I respectfully request and hereby authorize the release of any information which may be required by the Onondaga County Department of Correction from my records with:

(school or college)

for the purpose of determining my eligibility for the position of _____
_____ with the Department of Correction.

Signature

Full Name: _____

Present Address: _____

Approximate dates attended: _____

Approximate date graduated: _____

Degree or Diploma: _____

PERSONAL HISTORY

1. Name (Last) (First) (Middle)

2. Are there any other name(s) that you now use or have in the past used that we will need to know for the purpose of verifying this information? If yes, what name(s)?

3. Home Address:

No.	Street	City	State	Zip

- 4.

Sex	Height	Hair	Weight	Eyes
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5. Are you a U.S. citizen: Yes No

6. List all your addresses since your 18th birthday, starting with your present address:

From (Mo. & Yr.)	To (Mo. & Yr.)	Address or Residence	City & State
*			

7. Education: List all schools attended and all other information requested:

High School(s):	Date(s) From MO/DD/YR	Attended To MO/DD/YR	Full Time	Part Time	Total Credit Hours	Degree/ Certificate
Junior College(s):						
Colleges/Universities:						

Business Schools or Extension Courses Attended:

8. Do you possess a G.E.D. or equivalency diploma? Yes No

If yes, list date issued, state or branch of military service:

Date Issued: _____ State/Branch of Service: _____

9. List any special training courses attended or any professional licenses you hold:

10. List any special skills you possess and equipment you can use – i.e. personal computer, typewriter, photocopier, electrical, maintenance, food service, etc.:

11. Foreign Language: enter language and your knowledge in the proper box:

Language	Can Speak	Can Understand	Can Read	Can Write
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Employment: List chronologically all places of employment, starting with your most recent job first. Include periods of employment, military service, and temporary/part-time jobs in their proper sequence.

Length of Employment: From (MO/YR):	Firm Name	Address	City/State
To: Present	Type of Business	Your Title	
Total (YRS/MOS):	Name/Title of Immediate Supervisor:		
Salary: Min: \$ Last: \$	Describe Job Duties:		
Total Hours per Week:			
Reason for Leaving:			

Length of Employment: From (MO/YR):	Firm Name	Address	City/State
To (MO/YR):	Type of Business	Your Title	
Total (YRS/MOS):	Name/Title of Immediate Supervisor:		
Salary: Min: \$ Last: \$	Describe Job Duties:		
Total Hours per Week:			
Reason for Leaving:			

Length of Employment: From (MO/YR):	Firm Name	Address	City/State
To (MO/YR):	Type of Business	Your Title	
Total (YRS/MOS):	Name/Title of Immediate Supervisor:		
Salary: Min: \$ Last: \$	Describe Job Duties:		
Total Hours per Week:			
Reason for Leaving:			

Length of Employment: From (MO/YR):	Firm Name	Address	City/State
To (MO/YR):	Type of Business	Your Title	
Total (YRS/MOS):	Name/Title of Immediate Supervisor:		
Salary: Min: \$ Last: \$	Describe Job Duties:		
Total Hours per Week:			
Reason for Leaving:			

13. List any place of employment from which you were discharged:

Employer	Address	Date	Superior's Name	Reason

14. Have you ever been found guilty of incompetence or misconduct in employment or Military Service? Yes No

If yes, explain: _____

15. Are you now and do you plan to continue to be an owner, or officer, in any business, corporation or organization? Yes No

If yes, explain: _____

16. Have you ever applied for a position with the Onondaga County Department of Correction before? Yes No

If yes, what position and when? _____

17. What type of employment have you found most satisfying? Why (give reasons)?

18. Military Service: Have you ever served in any military organization of the United States? Yes No

If yes, branch of service: _____

19. Date entered (MO/DD/YR): _____ Date Separated (MO/DD/YR): _____

Social Security Number: _____

20. What is your present status? Active Inactive Retired

21. Highest rank held: _____ Rank when separated: _____

Type of Discharge: _____

22. List any technical schools you attended in the military:

23. Are you now in the reserves or national guard? Yes No

If yes, indicate unit and assignments: _____

CRIMINAL HISTORY:

24. Have you ever been convicted of a crime (check one)? Yes No

If yes, include all occurrences, omitting none:

Date	Crime or Incident	Police Agency Involved	Disposition

25. Have you ever been bonded? Yes No If yes, where and by whom?

26. Have you ever been denied a pistol permit? Yes No

If yes, give circumstances: _____

27. List at least three (3) personal references, other than employers or relatives:

Name	Current Address	Current Phone Number

TRAFFIC CONVICTIONS:

28. List all traffic convictions you have received within the last 48 months, including out of state:

Approx. Date	Location	Nature of Violation	Police Agency Dispo.

29. Indicate current drivers license information:

License Number: _____ State Issued: _____

Date Issued: _____ Expiration Date: _____

GENERAL INFORMATION:

30. If it became necessary in the course of your correction duties to stop an individual from harming another person or escaping by the use of force, that may incapacitate or cause that individual's death, would you do so? Explain fully: _____

31. On the supplemental sheet provided, explain briefly why you are interested in entering the Correction profession.

32. List any question, by number, that you did not understand or were unable to complete. Your investigator will discuss them with you at your interview.

“Onondaga County does not discriminate because of race, creed, color, national origin, age, sex, religion, marital status, pregnancy, arrest record or disability in admission or access to, or in treatment or employment, in its program or activities. If you have a disability for which you wish accommodation in visiting the Department of Correction, please contact the Commissioner’s Office at (315) 435-5581 to make arrangements.”

NOTE: CONVICTION: CONVICTION OF A FELONY or of any offense in any other jurisdiction which, if committed in this State, would constitute a felony WILL BAR APPOINTMENT.
CONVICTION OF A MISDEMEANOR or of any offense in any other jurisdiction which, if committed in this State, would constitute a misdemeanor MAY BAR APPOINTMENT.

SUPPLEMENTAL SHEET

In the space below, continue any question that cannot be fully answered on the preceding pages:

Question No.

Signature: _____

AUTHORIZATION FOR CRIMINAL HISTORY CHECK

State of New York
County of Onondaga

I, _____, depose and say that I am the herein named person, and have signed the foregoing statement and the attached supplemental sheets. I personally answered in my own hand each and every question therein and do solemnly swear that the facts contained are true and correct to the best of my knowledge. I have been informed that swearing to a false statement is a crime.

I further understand that, with my signature below, I acknowledge that, as part of your investigation, I may be subject to a criminal history background check or polygraph examination on any part or all the information I have provided. Further, I understand that, if employed by this Department, I may at anytime be subject to a criminal history background check or polygraph examination on any and all employment related activities.

Candidate's Signature

Date / Time

Witness

Date / Time

CRIMINAL HISTORY SEARCH:

Approved: Yes No If NO, explain: _____

Signature Person Conducting Background Check

Date

Signature Security Captain

Date

Signature Executive Staff

Date



JOANNE M. MAHONEY
County Executive

ONONDAGA COUNTY
DEPARTMENT OF CORRECTION

P.O. BOX 143
JAMESVILLE, NEW YORK 13078
(315) 435-5581
Fax: (315) 435-5596

www.ongov.net



TIMOTHY H. COWIN
Commissioner

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Onondaga County Department of Correction. The department needs to thoroughly investigate my employment background and personal history in order to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above named department.

I hereby authorize any representative of the Onondaga County Department of Correction bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I also authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Department of Correction, whether said records are public, private, or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Department of Correction to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, performance appraisals, assessments or reviews, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either civil or criminal in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations or disciplinary actions, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, the officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with same.

I direct you to release such information upon request of the duly accredited representative of the Correction Department regardless of any agreement I may have with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release WILL DISCONTINUE PROCESSING MY APPLICATION IF YOU REFUSE TO DISCLOSE THE INFORMATION REQUESTED.

For and in consideration of the Department of Correction's acceptance and processing of my application for employment, I agree to hold the Onondaga County Department of Correction, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Department of Correction. I understand that should information of a serious criminal nature surface as a result of this background investigation, such information may be turned over to the proper authorities. I understand that my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to the access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Department of Correction in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though said photocopy or fax copy does not contain an original writing of my signature. This waiver is valid for a period of six (6) months from the date of my signature.

Should there be any questions to the validity of this release, you may contact me at the address listed below. I also agree to pay any and all reasonable charges or fees concerning this request and can be billed for such charges at the address listed below.

I also agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

Signature

COUNTY OF ONONDAGA;
STATE OF NEW YORK

Sworn before me this _____
Day of _____ in the year _____

Notary Public/Commissioner of Deeds

Please print:

Name: _____

Current Address: _____

Date of Birth: _____

Social Security Number: _____