

ONONDAGA COUNTY APPLICATION FOR PROMOTION EXAMINATION

P-201.Doc
Revised 03/2015

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 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/Village _____		
City/Village _____	State _____ ZIP _____		
Town _____	E-Mail Address _____		
School District _____	Home Phone () _____		
County _____	Work Phone () _____		
State _____ ZIP _____	Cell Phone () _____		

CURRENT EMPLOYER _____

CURRENT TITLE _____

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. 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 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 _____