Posting Date: 9/2/21

### **ANTICIPATED VACANCY NOTICE**

POSITION:

Clerk

LOCATION

Oxford Academy & Central School

Primary School Oxford, New York

TERMS OF EMPLOYMENT:

12 Months, (provisional/probationary)

QUALIFICATIONS:

Civil Service test and rules apply.

Must take (and score in top 3) Civil Service Clerk Examination scheduled for October 16, 2021. Send completed Civil Service application with exam fee to

Chenango County Personnel Department.

• Familiar with computerized file base and word

processing systems.

• Excellent communication skills and organizational

skills.

Ability to take direction from administrative staff.

• Must be a self-starter; able to work independently.

RESPONSIBLE TO

Primary School Principal

FRINGE:

New York State Employee's Retirement

Health Plan Dental Plan

RESPONSIBILITIES/ DUTIES:

Provide clerical assistance in the Primary School Office

and for the Primary School Principal and register students.

Skills include typing, filing, phone answering,

photocopying, mail handling, and word processing. Must be highly organized and capable of utilizing a computer and database. Ability to communicate effectively and work

well with students, teachers and parents is a must.

STARTING DATE:

December 2021/January 2022

TO APPLY:

Send letter of interest to:

Michele Rice

Oxford Academy & Central School

**POB** 192

Oxford, NY 13830

Send Civil Service application and fee to the Chenango

County Personnel Department

APPLICATION DEADLINE:

September 24, 2021

## PLEASE POST CONSPICUOUSLY

## CHENANGO COUNTY ANNOUNCES DECENTRALIZED EXAMINATION OPEN TO THE PUBLIC FOR

## **CLERK # 21-11**

Examination Date: October 16, 2021

Applications accepted through: 5:00 P.M. September 29, 2021

#### **PROCESSING FEE**

The New York State Department of Civil Service has implemented a fee for examination services. Accordingly, you must submit a seven dollar and fifty cent (\$7.50) NON-REFUNDABLE application processing fee for each separately numbered examination for which you apply, unless you can qualify for an application processing fee waiver as explained below.

Application processing fees should be paid at the time an application for examination is filed.

DO NOT SEND CASH IN THE MAIL. Checks or money orders <u>made payable to the Chenango County Treasurer will be accepted.</u>
Cash will also be accepted if paying in person. <u>Write the examination number(s) on the check or money order.</u> If a check is returned for insufficient funds, you may be subject to penalties as provided by law. If you take the examination before the County receives notice that your check was returned for insufficient funds, you will be disqualified. You will not receive a final rating for the examination and your name will not be placed on the eligible list established as a result of the examination, or you will be restricted from certification and appointment from the resulting eligible list if the eligible list was already established.

AS NO REFUNDS OF APPLICATION PROCESSING FEES WILL BE MADE, YOU ARE URGED TO COMPARE YOUR QUALIFICATIONS CAREFULLY WITH THE REQUIREMENTS FOR ADMISSION STATED IN THE "MINIMUM QUALIFICATIONS" SECTION OF THE EXAMINATION ANNOUNCEMENT, AND FILE ONLY FOR THOSE EXAMINATIONS FOR WHICH YOU ARE CLEARLY QUALIFIED, AND FOR THOSE EXAMINATIONS YOU INTEND TO TAKE. The education and experience (including the percentage of time spent personally performing the duties of each employment) you indicate on the application will be verified and compared to the "minimum qualifications" for the position. Omissions or vagueness will NOT be interpreted in your favor.

APPLICATION PROCESSING FEE WAIVER: The application processing fee will be waived for candidates who certify to the Chenango County Personnel Office that they are either unemployed and primarily responsible for the support of a household, or that they are receiving public assistance. If you can verify eligibility for an application processing fee waiver for this examination, complete a "Request for Examination Fee Waiver and Certification" form and submit it with your application. "Request for Examination Fee Waiver and Certification" forms may be obtained from the Chenango County Personnel Office or online at <a href="https://www.co.chenango.ny.us/personnel">www.co.chenango.ny.us/personnel</a>. All claims for an application processing fee waiver are subject to verification. False statements regarding eligibility for an application processing fee waiver will result in disqualification and/or lead to revocation of a resulting appointment. As application processing fees are NON-REFUNDABLE do not submit an application processing fee waiver.

**SALARY** The salary varies by jurisdiction.

**LOCATION OF POSITIONS** Positions with this job title are located in some Chenango County Departments and in some

school districts whose Civil Service is administered by the Chenango County Personnel Department. The eligible list resulting from this examination will be used to fill any competitive class vacancy that exists at present in this job title, and any appropriate vacancies that may occur during the life of the eligible list. Vacancies are expected to occur

from time to time.

STUDENT CONTACT POSITIONS Per Chapter 180 of the Laws of 2000, and by Regulations of the Commissioner of Education,

to be employed in a position designated by a school district as involving direct contact with students, a clearance for employment from the State Education Department is required. Each individual school district will determine the positions to be subject to this requirement

and will initiate the process to secure clearance.

#### RESIDENCE REQUIREMENT/ PREFERENCE

There are no residency requirements to compete in this examination. However, preference in appointment <u>may</u> be given to successful candidates who have been residents of Chenango County or of the school district or municipality in which appointment is to be made for at least four (4) months immediately preceding the scheduled test date.

#### **DUTIES**

This is routine clerical work involving the performance of a variety of standardized clerical tasks. An employee in this class makes copies, files, sorts mail, answers telephones and performs other routine clerical functions. The specific duties of incumbents assigned to this class will vary depending upon the needs of the department or agency to which assigned. Detailed instructions are given for new or unusual assignments. Work is performed under the direct supervision of a higher level employee in accordance with well-defined policies and procedures. Supervision over the work of others is not a responsibility of employees in this class. Does related work as required.

#### MINIMUM QUALIFICATIONS

Candidates <u>MUST</u> meet the following requirements on or before the last date for filing an application for this examination: EITHER:

- (A) Graduation from high school or possession of a high school equivalency diploma; OR
- (B) Two years of full-time paid office clerical experience or its' part-time equivalent.

#### **SPECIAL REQUIREMENT**

Positions in this classification in the Chenango County Department of Social Services may require operation of a motor vehicle on an occasional basis. To be considered for these positions, at time of appointment and continuing throughout employment, a candidate/incumbent must posses a valid New York State Driver's License, a reliable vehicle, and a driving record acceptable to the County's insurance carrier.

#### **SUBJECTS OF EXAMINATION**

The examination will consist of a written test which you must pass in order to be considered for appointment. The written test is designed to evaluate knowledge, skills and/or abilities in such areas as:

#### 1. Alphabetizing

These questions test your ability to file material in alphabetical order.

#### 2. Clerical Operations With Letters and Numbers

These questions test your skills and abilities in clerical operations involving comparing, checking and counting. The questions require you to follow the specific directions given for each question which may involve alphabetizing, comparing, checking and counting given groups of letters and/or numbers.

#### **TEST GUIDE**

The New York State Department of Civil Service has published a test guide candidates may use to prepare for this examination. This test guide contains important test-related information as well as sample test questions similar to the questions that will be used in the written test.

A Guide to the Written Test for the **Entry-Level Clerical** Series is available at the New York State website: <a href="https://www.cs.ny.gov/testing/testguides.cfm">https://www.cs.ny.gov/testing/testguides.cfm</a>. Candidates not having access to a computer or the internet may obtain a copy of the test guide directly from the Chenango County Personnel Office by calling (607) 337-1470.

Approved test candidates should carefully review and familiarize themselves with the information contained in the test guide prior to the examination.

#### RETEST POLICY

Candidates who take this examination must wait a minimum of six (6) months from the date of the written examination to reapply to take a subsequent holding of this examination.

#### **CALCULATOR STATEMENT**

It is <u>recommended</u> that candidates <u>bring</u> a quiet hand-held, non-programmable solar or battery powered calculator to assist them on this test. A calculator may facilitate the performance of routine

calculations but is not necessary to answer questions in this examination. Devices with typewriter keyboards, "Spell Checkers", "Personal Digital Assistants", "Address Books", "Language Translators", "Dictionaries", "Computers" or any similar devices <u>are prohibited</u> for this examination. Additionally, candidates <u>may not</u> bring cellular phones, books, or other reference materials to the examination.

#### **ELIGIBLE LISTS**

Successful candidates will have their names placed on an eligible list for this title in order of their final rating and will remain eligible for appointment for one (1) year from the date the eligible list is established. Appointments from an eligible list must be made from the three highest standing candidates willing to accept appointment.

# CROSS FILING WITH MULTIPLE CIVIL SERVICE AGENICES FOR MULTIPLE EXAMINATIONS SCHEDULED FOR THE SAME DAY

Cross-filing means applying to multiple Jurisdictions to take either the same or different examinations that are scheduled to be held on the same date.

When you cross-file for Civil Service Examinations you must make arrangements to take all the examinations at <u>one test site.</u>

If you have applied for both a Chenango County examination and an examination for another jurisdiction, both of which are scheduled for the same date, you must note "Cross-Filing" on the top front page of your Chenango County Application and submit a Chenango County Cross-Filing Form indicating the site at which you intend to take your examinations.

The Cross-Filing Form is available in our Department or online at <a href="https://www.co.chenango.ny.us/personnel">www.co.chenango.ny.us/personnel</a> and should be submitted at least three weeks prior to the examinations. Failure to submit the Cross-Filing Form in a timely manner may result in our not being able to accommodate your request to sit at your choice of exam sites. You must notify all local government Civil Service Agencies with whom you have filed an application of the test site at which you wish to take your examinations.

When taking both a State and local government examination, you will be required to take all your examinations at a State examination center. You will advised by letter when and where to report for your examinations.

#### CREDIT FOR CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY

In conformance with section 85-a of the Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this office of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.

#### **VETERANS' CREDITS**

Veterans and disabled veterans who are eligible for additional credits must submit an application for veteran's credits prior to the establishment of the eligible list for the examination. Only those veterans who have served on active duty during the creditable periods of war will be eligible for veteran's credits.

Veteran's credits will only be added to the score of a candidate who has attained a passing grade of 70 or higher. Veteran's credits may not be used to achieve a passing score.

Effective January 1, 1998, the State Constitution was amended to permit a candidate currently on active duty in the armed forces to apply for and be <u>conditionally</u> granted veterans' credits in examinations. To apply for conditional veterans' credits a candidate must submit an application for conditional veterans' credits prior to establishment of the eligible list. Any candidate who applies for conditional veterans' credits <u>must</u> also provide proof of current active military status to receive the conditional credits.

No credit may be granted after the establishment of the eligible list.

It is the responsibility of the candidate to provide appropriate documentary proof indicating that their military service was in time of war, as defined in Section 85 of the Civil Service Law, and that the candidate received an honorable discharge or was released under honorable conditions in order to be certified at a score including the veteran's credit.

For open competitive examinations, veterans' credits are applied to the final score of passing candidates as follows:

Effective January 1, 2014, the State Constitution was further amended to entitle veterans who have used non-disabled veterans' credits for a Civil Service appointment or promotion with New York State or a local government, and who were/are subsequently certified as being a disabled war-time veteran by the United States Department of Veterans affairs, to additional credits for a subsequent appointment or promotion. If you wish to claim the additional disabled veterans' credits, please contact the Chenango County Personnel Office for further instruction. All requests and required documentation must be received by the Chenango County Personnel Office prior to the establishment of the eligible list resulting from an examination.

#### **APPLICATIONS FROM/TO/BY**

Application forms may be obtained at the Chenango County Personnel Department or online at <a href="https://www.co.chenango.ny.us/personnel">www.co.chenango.ny.us/personnel</a>. You may also request one be mailed to you by sending a stamped, self-addressed envelope to: Personnel Department, Chenango County Office Building, 5 Court St., Norwich, NY 13815.

<u>Do not wait until the last day to file your application.</u> Applications that are postmarked after the last filing date, or personally delivered to our office after 5:00 P.M. on the last filing date cannot be considered. The applicant should make sure <u>EVERY</u> question on the application is answered, <u>including</u> the estimated percentage of time spent personally performing the duties of each employment (i.e., 5%, 20%, etc.). Incomplete applications will be disapproved. Candidates will be notified of the disposition of their application prior to the examination. If notice of acceptance or disapproval is not received at least four days prior to the date of the written examination, please call this office at (607) 337-1470.

A separate application and appropriate processing fee must be submitted for each separately numbered examination for which a candidate wishes to apply. Applications must contain the correct examination title and/or number in order to be considered.

This department does not acknowledge receipt of applications and does not accept responsibility for non-delivery or postal delay.

If you do not receive your notice to appear for the written test at least four days before the date of the test, notify this office at (607) 337-1470.

Do not interpret a notice to appear for, or actual participation in, the examination to mean that you have been found to meet fully the announced requirements. Applicants are admitted to the examination on the basis of statements made in the application. These statements may not be closely reviewed and/or verified until after the examination has been held. At the time of review those candidates not meeting the requirements will be disqualified. Candidates who are disqualified after taking the test may not receive a score and will not be eligible for certification and appointment from the eligible list established as a result of the examination.

#### ALTERNATE TEST DATE

**ADMISSION NOTICES** 

Civil Service tests represent considerable planning, preparation, and expense; therefore, candidates are expected to make every effort to take the test on its scheduled date. However, an alternate test date <u>may</u> be granted for <u>specific verifiable circumstances set</u>

<u>forth in the Alternate Test Date Policy</u> of this department. The determination as to whether or not a candidate meets the requirements for being afforded the opportunity to take an examination on an alternate test date shall be made by the Personnel Officer.

Candidates who are unable to take an examination because of a situation that is known prior to the scheduled exam date should notify the Chenango County Personnel Department in writing as soon as possible before the test date. The written request should contain a complete explanation of the reason the candidate cannot take the test on the scheduled test date and be supported by appropriate documentation verifying the situation.

Candidates who are unable to take an examination because of an emergency situation that occurs <u>just prior to or on</u> the date of the examination must notify this office at (607) 337-1470 no later than 4:30 p.m. on the Monday (or 9:30 a.m. Tuesday if Monday is a holiday) following the Saturday scheduled test date. Upon review of verifiable documentation, a determination will be made as to whether a candidate will qualify for an alternate test date.

#### **GENERAL INSTRUCTIONS AND INFORMATION:**

- 1. All statements on the application are subject to verification. Falsification of any part of the "Application for Employment" or any deception or attempt to practice deception in the application or employment process will result in disqualification and/or lead to revocation of a resulting appointment.
- 2. Candidates filing an application with one or more State and/or local civil service commissions for one or more tests scheduled to be held on the same date should indicate this on all applications so arrangements may be made for a single test site.
- 3. If you fail to submit the required processing fee payment and then you receive an admission letter in error and participate in the examination, you will be disqualified; this means that your exam will not be graded and/or you will not be considered for placement on the eligible list.
- 4. It is the responsibility of the candidate to notify the Chenango County Personnel Office of any change in name, address, or telephone number. Failure to notify this office of a change of name or address may result in disqualification for examination or certification for appointment following examination if admittance notices, canvas letters or other communications are undeliverable. No attempt will be made to locate candidates who have moved.
- 5. In case of adverse weather conditions, candidates should not call this office. Any changes to or cancellations of an examination will be broadcast over one or all of the following radio stations; WKXZ FM 94, WSRK FM 103.9, WCDO FM 101, and WCDO AM 1490. Examinations will not normally be cancelled for adverse weather conditions unless Chenango County officially declares a state of emergency and/or closes Chenango County roads.

#### TIME AND PLACE OF EXAMINATION:

Approved candidates will be notified by mail regarding the time and place of the examination.

#### PREPARATION/RATING OF EXAMINATION:

This examination will be prepared and rated in accordance with Section 23.2 of Civil Service Law. The provisions of the New York State Civil Service Law, rules and regulations dealing with the preparation and rating of examinations, as well as establishment and certification of eligible lists for positions in the classified service, will apply to this examination.

#### **SPECIAL TESTING ARRANGEMENTS:**

#### **Religious Accommodation:**

If you cannot take a civil service test on the scheduled test date due to a conflict with a sincerely held religious observance or practice, check the appropriate box in Question 5 of the application <u>and</u> call this office on or before the last date to file an application for the examination to request an Alternate Test Date Policy and Request Form. The Alternate Test Date Request Form must be completed and returned to this office prior to the scheduled test date. If your Application for Examination and alternate test date requests are approved arrangements will be made for you to take the test on a different date. For written tests the alternate test date will normally be the Monday following the scheduled Saturday test date. The alternate test date provided for performance examinations will vary.

#### **Candidates with Disabilities Testing Accommodation:**

If you need special testing arrangements in order to participate in an examination because of a disability, check the appropriate box in question 5 of the application. If your Application for Examination is approved, you will be contacted and asked to submit a written request describing the exact nature of the special testing accommodation(s) you require along with medical documentation supporting your need for the testing accommodation(s) you are requesting. This office will forward requests for special testing arrangements and supporting medical documentation to the New York State Department of Civil Service who will

review the request and make a recommendation prior to the scheduled test date as to the testing accommodation(s), if any, that shall be provided to the candidate.

#### Military Make-up Examination:

Section 243-b of Military Law provides that an applicant who applies for a competitive examination during the announced filing period and who is approved for examination but is prevented from participating in any part of the competitive examination due to active military duty or reserve training may request a military make-up examination. To request a military make-up examination, check the appropriate box in question 5 of the application and call this office as soon as possible prior to the scheduled test date to request an Alternate Test Date Policy and Request Form. The Alternate Test Date Request Form must be completed and returned to this office along with a copy of a military order, DD – 214 or other official military document that substantiates that the applicant was or will be on active military duty or reserve training at the time of the scheduled test date. Requests and supporting military documentation will be forwarded to the New York State Department of Civil Service and will be reviewed on a case-by-case basis. In order for a military make-up examination to be administered the eligible list resulting from the original examination holding must still be in existence, and the remaining life of the eligible list must be of sufficient duration to make it practicable to hold a military make-up examination.

#### **Comparable Promotion Examination:**

If a promotion examination is held while a public employee who would be entitled to participate in the promotion examination is on military duty, the employee may make a request to participate in a comparable promotion examination once he/she has returned to work. The employee must request a comparable examination within 60 days of being restored to his/her position. Requests for a comparable examination must be submitted in writing to the Chenango County Personnel Office.

#### Military Members Late Filing:

Section 243—c of Military Law provides that individuals serving on active duty in the armed forces of the United States during the filing period for a civil service examination, or individuals discharged from the armed forces with other than a dishonorable discharge after the filing period for a civil service examination has commenced are permitted to file an application for such examination no later than 10 business days prior to the scheduled date of the examination or the last date to file for the examination, whichever is later.

**EEOE**: Chenango County is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of one's race, including hairstyles and or traits associated with race, creed, color, national origin, age, sex, religion, disability, sexual orientation, gender identity or expression, marital status, military status, familial status, domestic violence victim status, predisposing genetic characteristics, prior arrest or conviction record, reproductive health decision making, or any other status protected by State or Federal Law.

#### **CHENANGO COUNTY PERSONNEL OFFICE**

Chenango County Office Building
5 Court Street
Norwich, NY 13815
Telephone No. (607) 337-1470
Date of Issue: 8/23/2021

https://www.co.chenango.ny.us/personnel

### CHENANGO COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

				8. Check appropriate box:
P	Position Title	Examination	Number	A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?
	te application must be complication you wish to take, and			B. Did you ever resign from any employment rather than face dismissal?
position you apply sure that all appl	for. When filling out your applications for the filling out your applications have been a	ation form, che	ck to make	C. Did you ever receive discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under
	sult in its disapproval. ATEMENTS ARE SUBJECT TO	VERIFICATIO	N	other than honorable conditions?
	GAL RESIDENCE (Please Print			D. Have you ever been convicted of any crime (felony or misdemeanor)?
				E. Have you ever forfeited bail bond posted to guarantee your
Last		First		appearance in court to answer to any criminal charge? ☐YES ☐NO
				F. Are you now under charges for any crime?
-	Street Address or Post Office	Boy		G. Are you an exempt volunteer firefighter? LYES NO If you answered "YES" to any of the questions 8 A-G above, you may
	Street Address of Fost Office	DOX		give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient you
City	State	Zip	Code	may be required to submit further information.  None of the above circumstances represents an automatic bar to
Phone # (include A	Area Code)		,	employment. Each case is considered and evaluated on individual merits in
Home/Cell:	Business:			relation to the duties and responsibilities of the position for which you are applying.
Email Address:				Please answer the following questions for Veterans' Credits. Be sure
2. Social Security I				that you read instruction E relating to Veterans' Credits and have claimed these credits in question 4.
_		. □NO		A. Have you received or do you expect to receive a discharge which was honorable or release under honorable circumstances from the Armed
If YES, OR if m	inimum and/or maximum age lim	its are establis		Forces of the United States? (The Armed Forces of the United States
	olied for, such as POLICE OFFIC FION OFFICER, enter your date		SHERIFF	means the Army, Navy, Marine Corps, Air Force and Cost Guard, including all components thereof, and the National Guard when in the
	21			service of the United States pursuant to call as provided by Law on a full- time active duty basis other than active duty for training purposes).
	DAYY  REDITS (See Instruction E)	EAR		YES NO
If you wish to cla	aim additional credit as an honor			B. Have you served, or are you now serving, on an active duty basis other
war time veterar 9A through E.	n, check the appropriate box belo	w and answer	questions	than active duty for training purposes during one or more of the following Time of War periods?
•	WAR VETERAN			<ul> <li>December 7,1941 to December 31,1946, June 27, 1950 to January 31, 1955, February 28, 1961 to May 7, 1975, August 2, 1990 to the date</li> </ul>
	LED WAR VETERAN			when the Persian Gulf hostilities end.
	ING ARRANGEMENTS (Optiona day religious observer and cann		,	- Commissioned Corps of the U.S. Public Health Service: July 29, 1945 to December 31, 1946 or June 27, 1950 to July 3, 1952,
scheduled to		ot be tested on	i trie	- A recipient of the Armed Forces Expeditionary Medal, the Navy
☐ I require rea	sonable accommodations to take	e this test.		Expeditionary Medal, or the Marine Corps Expeditionary Medal during the following "time of war or hostilities":
6. Are you authoriz	ed to work in the United States?	□YES □N	0	Lebanon - June 1, 1983 - December 1, 1987 Grenada - October 23, 1983 - November 21, 1983
At time of appoir	ntment you will be required to pro	duce documen	ts which	Panama - December 20, 1989- January 31, 1990
establish your ide States.	entity and your eligibility to be em	iployed in the U	Inited	☐YES ☐NO
7. State your actua	I permanent legal residence and	indicate how lo	ng you	C. Are you a United States Citizen or an alien lawfully admitted for permanent residence?
have resided the	re continually, up to and including			D. Are you currently a resident of New York State?
application.	Name	Years	Months	E. Have you ever used additional credits as a disabled or non-disabled
School District:				veteran for appointment to any position in the public employment of New York State or any of its civil divisions?
Village of:				
Town of:				THIS AFFIRMATION MUST BE COMPLETED I affirm, subject to the penalties of perjury, that the statements made in this
County of:				application and any supplemental papers are true. I understand that all statements made by me in connection with this application are subject to investigation and
State of:				verification and that a material misstatement or fraud may disqualify me from
	DO NOT WRITE IN THIS SPA	ACE		appointment or examination and/or lead to revocation of my appointment, and I hereby authorize investigation of all matters contained in this application.
☐ Approved:	□ Disapproved:	□Conditio	onal:	
Exam Fee:				Signature of Applicant Date
☐ Collected:	Not Submitted:	☐ Waived:		Please print below any other last name by which you are or have been known
		L FFAIVEU.		·

transcript v	ON coursework or a collego vill satisfy this requiren indicating that transcri	nent. Filing of app	lications	should no	ot be delave	d while obtainir					
Have you graduated from high school? YES NO					If yes, indicate name and location of high school:						
If you have a high school equivalency diploma, indicate issuing governmental authority					rity		Number				
	Name of School & City in which located	Dates of Attendance (Month & Year) From To	Day or Night	Full or Part Time	No. of Years Credited	Were you graduated?	Type of Course or Major Subject	No. of college credits received	Type of Degree	Date degree received or expected	
College University Professional or Technical School		1.7				\					
Special	<del></del>										
Courses  11. PROFESSIONAL LICENSE OR CERTIFICATION - Complete the following if a license, certificate or other authorization to practice a trade or profession is required for examination or appointment to the position sought. If not currently licensed, check this box:											
Name of Trade or Profession				License Number Granted by (Licensing Agency) City or State of							
Specialty					se First Issue		ered From: (Mo./Yr.) T				
I	LICENSE - Certain po plying for, do you have							ointment. If r	equired for	the position	
Type" box. adequate a includes ex organization for each er type of wor	volunteer or unpaid exp Qualifying volunteer of nd clear description of perience pertinent to the n, indicate such change nployment, describe in rk. State size and kind of n detail. A resume may	r unpaid experience. your experience. e position, describ clearly and as a son detail the naturof work force, if an	ce will be Omission e such ex eparate e re of work y, superv	e considens or vag operience operien	red if verifial gueness will as a separat nt (if more sp ally perform ou and the e)	ole and fully do NOT be interpted employment. ace is needed, ed by you and dent of such su	ocumented. You are re preted in your favor. If your title changed in attach 8 1/2"x11" shee indicate the estimate pervision. The employr	esponsible for If you have to the course to of paper).	or submitting had military of your serv Under "Des se of time s	g an accurate, service which ice in any one scribe Duties"	
Firm Name:		Address:				City & S	tate:		Phone Nur	nber:	
Length of Emp From: /	loyment (Mo / Year) To: /	Describe Dutie	es:								
Experience Ty Paid	pe:  Volunteer				Si.		16.7			W	
Your exact title	:										
Name of Supe											
Supervisor's T	tle:										
No. hours work (Exclusive of o		Reason for Leaving									
Firm Name:		Address:				City & S	tate:		Phone Nun	nber:	
Length of Emp From: /	loyment (Mo / Year) To: /	Describe Dutie	s:			24					
Experience Type Paid	oe:  Volunteer										
Your exact title	:										
Name of Super	visor:										
Supervisor's Ti	tle:										
No. hours work		Reason for Lea	ving:								

\*

05

(g)

Firm Name:	Address	City & State:	Phone Number:				
Length of Employment (Mo/Year)	Describe Duties:						
From: / To: /							
Experience Type:  Paid Volunteer							
Your exact title:	-						
Name of Supervisor:							
Supervisor's Title:							
Oupervisor o Tiale							
No. hours worked per week	Reason for Leaving:						
(Exclusive of overtime):							
Firm Name;	Address:	City & State:	Phone Number:				
Length of Employment (Mo/Year)	Describe Duties:						
	Describe Dates,						
From: / To: /		-					
Experience Type:	~		.41				
Your exact title:							
Name of Supervisor:							
Supervisor's Title:							
No. hours worked per week (Exclusive of overtime):	.Reason for Leaving	E	39.				
F M							
Firm Name:	Address:	City & State:	Phone Number:				
Firm Name:  Length of Employment (Mo/Year)	Address:  Describe Duties:	City & State:	Phone Number:				
Length of Employment (Mo/Year)		City & State:	Phone Number:				
Length of Employment (Mo/Year) From: / To: /		City & State:	Phone Number:				
Length of Employment (Mo/Year)		City & State:	Phone Number:				
Length of Employment (Mo/Year)  From: / To: /  Experience Type:		City & State:	Phone Number:				
Length of Employment (Mo/Year)  From: / To: /  Experience Type:		City & State:	Phone Number:				
Length of Employment (Mo/Year)  From: / To: /  Experience Type:  Paid Volunteer		City & State:	Phone Number:				
Length of Employment (Mo/Year)  From: / To: /  Experience Type:		City & State:	Phone Number:				
Length of Employment (Mo/Year)  From: / To: /  Experience Type:  Volunteer  Your exact title:  Name of Supervisor:  Supervisor's Title:	Describe Duties:	City & State:	Phone Number:				
Length of Employment (Mo/Year)  From: / To: /  Experience Type: Volunteer  Your exact title:  Name of Supervisor:		City & State:	Phone Number:				
Length of Employment (Mo/Year)  From: / To: /  Experience Type: Volunteer  Your exact title:  Name of Supervisor:  Supervisor's Title:  No. hours worked per week	Describe Duties:						
Length of Employment (Mo/Year)  From: / To: /  Experience Type: Volunteer  Your exact title:  Name of Supervisor:  Supervisor's Title:  No. hours worked per week (Exclusive of overtime):  Firm Name:	Describe Duties:  Reason for Leaving:  Address:	City & State:	Phone Number:				
Length of Employment (Mo/Year)  From: / To: /  Experience Type: Volunteer  Your exact title:  Name of Supervisor:  Supervisor's Title:  No. hours worked per week (Exclusive of overtime):	Describe Duties:						
Length of Employment (Mo/Year)  From: / To: /  Experience Type: Volunteer  Your exact title:  Name of Supervisor:  Supervisor's Title:  No. hours worked per week (Exclusive of overtime):  Firm Name:  Length of Employment (Mo/Year)  From: / To: /	Describe Duties:  Reason for Leaving:  Address:						
Length of Employment (Mo/Year)  From: / To: /  Experience Type: Volunteer  Your exact title:  Name of Supervisor:  Supervisor's Title:  No. hours worked per week (Exclusive of overtime):  Firm Name:  Length of Employment (Mo/Year)  From: / To: /  Experience Type:	Describe Duties:  Reason for Leaving:  Address:						
Length of Employment (Mo/Year)  From: / To: /  Experience Type:	Describe Duties:  Reason for Leaving:  Address:						
Length of Employment (Mo/Year)  From: / To: /  Experience Type: Volunteer  Your exact title:  Name of Supervisor:  Supervisor's Title:  No. hours worked per week (Exclusive of overtime):  Firm Name:  Length of Employment (Mo/Year)  From: / To: /  Experience Type:	Describe Duties:  Reason for Leaving:  Address:						
Length of Employment (Mo/Year)  From: / To: /  Experience Type:	Describe Duties:  Reason for Leaving:  Address:						
Length of Employment (Mo/Year)  From: / To: /  Experience Type:	Describe Duties:  Reason for Leaving:  Address:						
Length of Employment (Mo/Year)  From: / To: /  Experience Type:	Describe Duties:  Reason for Leaving:  Address:						
Length of Employment (Mo/Year)  From: / To: /  Experience Type:  Volunteer  Your exact title:  Name of Supervisor:  Supervisor's Title:  No. hours worked per week (Exclusive of overtime):  Firm Name:  Length of Employment (Mo/Year)  From: / To: /  Experience Type:  Volunteer  Your exact title:  Name of Supervisor:	Describe Duties:  Reason for Leaving:  Address:						

#### MAIL OR DELIVER TO:

Oxford Academy & Central School
District Office
PO Box 192
Oxford, NY 13830

#### INSTRUCTIONS AND INFORMATION

#### A. ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read carefully the announcement for this examination.

When completing your application, be sure to enter, at the top of page 1, the examination number which identifies the examination for which you are filing.

#### **B. ADMISSION TO EXAMINATION**

Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test may NOT be notified of their score.

Call this agency immediately if you do not receive a notice within three days of examination informing you whether or not you are to be admitted to the examination.

#### C. CHANGE OF ADDRESS or PHONE NUMBER

Notify this agency immediately of any change of address or phone number. When writing give the number and title of examinations.

#### D. SPECIAL TESTING ARRANGEMENTS

If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination), or if you require reasonable accommodations in order to participate in the examination, you must EITHER:

- Check the appropriate box in question 5 and indicate the special arrangements you require in the remarks section below
   OR
- 2. Write to this agency no later than the last date of filing for this examination. Your request must include examination number and title and the special type of arrangements required.

#### E. VETERANS' CREDITS

If you are making a claim for veterans' credits with this application, be sure you read the following information very carefully.

Any claim for additional credit as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check the appropriate category in question 4 and answer all questions 9 A-E. Failure to do so accurately and completely may result in a denial of your claim.

If you are claiming credits as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions 9 A-D and a "NO" answer to question 9 E, be certified by the veterans' administration as being entitled to receive payments for a service-connected disability rated at 10 percent (10%) or more incurred during a "Time of War or Hostilities" as indicated in question 9B.

Persons claiming credit as disabled war veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veterans' credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment from any eligible list on which you have been granted additional credit as a result of such misstatement or fraud.

Chenango County is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of race, creed, color, national origin, age, sex, religion, disability, sexual orientation, gender identity or expression, marital status, military status, familial status, domestic violence victim status, predisposing genetic characteristics, prior arrest or conviction record, reproductive health decision making, or any other status protected by State or Federal Law. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to race, creed, color, national origin, age, sex, religion, disability, sexual orientation, gender identity or expression, marital status, military status, familial status, domestic violence victim status, predisposing genetic characteristics, prior arrest or conviction record, reproductive health decision making, or any other status protected by State or Federal Law.

REMARKS: (Use this space to provide any additional information, as necessary.	If more space is required, attach additional 8 1/2"x11" sheets).
SEC	

# Oxford Academy and Central School





I, give my
permission for the Oxford Academy & Central School to conduct a
fingerprint supported criminal history background check, along with
checking references of past employees and references given by
myself.
Ci
Signed:
Date:

## CIVIL SERVICE EDUCATIONAL REQUIREMENTS

**POSITION** 

REQUIREMENT

Custodial Worker-Substitute

None

Food Service Helper-Substitute

None

Registered Professional Nurse (School) - Substitute

License issued by the State of New

York to practice as Registered

Professional Nurse

Teacher Aide-Substitute

High School Diploma or GED

Teacher Aide-Substitute (Nurse Office)

High School Diploma or GED

and RN License