

How did you learn about this Job Opportunity (ie; Website, Pennysaver, etc)?

**VETERANS AND DISABLED VETERANS:** If you have served or are currently serving in the Armed Forces of the U.S.A., in a designated time of war, and wish to claim additional examination credits, you must file a separate "Application For Veteran's Credit" VC-1 form to be mailed to you by placing a check mark in this area ( ).

**IF YOU WISH TO CLAIM CREDITS, PLEASE CHECK THE APPROPRIATE CHOICE:**

DISABLED VETERAN \_\_\_\_\_ NON-DISABLED VETERAN \_\_\_\_\_ CURRENTLY IN ARMED FORCES \_\_\_\_\_

**SPECIAL TESTING ACCOMMODATIONS:** Check below if you require special testing accommodations due to:

\_\_\_\_\_ Religious Observance \_\_\_\_\_ Disability \_\_\_\_\_ Alternate Date Needed

(Attach an explanation of your need for special testing accommodations on a separate sheet.)

\_\_\_\_\_ Cross-filing – Exam Number & Title & Location of Other Exam(s) \_\_\_\_\_

Please indicate the exam site at which you wish to be tested: \_\_\_\_\_

### WYOMING COUNTY AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Wyoming County Civil Service Office to provide accommodations in testing to individuals with disabilities and religious observers and to provide for and promote equal opportunity employment, compensation, and other terms and conditions of employment to all employees and applicants without regard to race, color, religion, creed, sex/gender, sexual orientation, predisposing genetic characteristics, national origin, age, physical and/or mental disability, marital status and/or military status, arrest history or criminal conviction status, status as a domestic violence victim or covered veteran's status or status as a member of any other protected group in accordance with applicable federal, state and local laws.

### VETERANS CREDITS

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 In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded.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

**IMPORTANT:** This section **MUST BE** completed. Failure to sign this section will result in disapproval of your application for employment or examination.

**Affidavit:** I certify that the answers provided by me in this application are true and complete to the best of my knowledge, and I understand that any omission, falsification, or misrepresentation of information by me in this application is grounds for refusal to hire or, if I have been hired, for termination and I release Wyoming County from any liability if I am terminated because of any material misstatements, omissions, or false information provided on this application. I hereby confirm that I have never had my professional license, registration or certifications revoked, suspended, denied, restricted, limited or placed in a probationary status, nor do I have any knowledge that my professional license, registration or certification is currently under investigation except as disclosed in this application.

I authorize the County to investigate my background, references, employment record, criminal conviction record, and other matters related to my suitability for employment. This specifically includes, without limitations, a criminal background check. I also authorize my former employers or any third party to disclose to the county all reports without giving me prior notice of such disclosure. I hereby release the County, former employers, and all references listed above from any and all claims, demands, or liabilities arising out of, or related to such investigation or disclosure. A copy of this Authorization shall have the same force and effect as the original.

I also understand that a conditional offer of employment may be based on the results of a later medical examination and drug screening to determine whether I meet the physical requirements of the job for which I am hired. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of Wyoming County.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

ALL STATEMENTS ARE SUBJECT TO VERIFICATION