Sauquoit Valley Central School
2601 Oneida Street
Sauquoit, NY 13456

ONLINE
SCHOOL RELATED PROFESSIONAL SUBSTITUTE
[EXCEPT BUS DRIVERS]
EMPLOYMENT APPLICATION PROCEDURE

PLEASE SAVE THIS COVER SHEET UNTIL ALL PROCESSES ARE COMPLETE!!

1. Attached please find the following:
   ➢ School Related Professional Application
   ➢ Fingerprint Instructions
   ➢ Civil Service Application
   ➢ Veteran, Exempt Volunteer Firefighter and Blind Status
   ➢ OSPRA-102 [to be completed only if previously fingerprinted for State Education Department]

2. All completed applications are to be mailed to the supervisor of the building of your choice. Please note all custodian/laborer applications are to be mailed to Stephen Parker.

   Mark Purnam            Elementary School Principal          839-6339
   Peter Madden            Middle School Principal             839-6371
   Brian Read              High School Principal               839-6316
   Stephen W. Parker       Director of Facilities              839-6333

1. The appropriate office to where you submitted your application will contact you for an interview/meeting.

2. The Business Administrator will then submit your completed Civil Service Application to Oneida County for approval.

3. If you are fingerprinted, the OSPRA-102 will allow the district to obtain your fingerprint clearance from the NYS Education Department.

   If you are not fingerprinted, please follow the instructions enclosed.

4. After you have had your appointment for fingerprinting contact the Business Administrator at 315-839-6313. You will need to supply your social security number to allow the district to retrieve your fingerprint clearance from the State Education Department’s TEACH system.

REvised October 2017
SAUQUOIT VALLEY CENTRAL SCHOOL
SCHOOL RELATED PROFESSIONAL SUBSTITUTE APPLICATION
EXCLUDING BUS DRIVERS

Social Security # ___________________________

Home Telephone # __________________________

Mr. /Mrs./ Miss ______________________________

Address ______________________________________

City ___________________ State _______ Zip Code ________

1. Position[s] applying for __________________________

2. NYS Education Department Fingerprint Requirement:
   All new applicants for employment must be fingerprinted after they are approved by Civil Service.
   ➢ If you have been fingerprinted by another school district, please complete “Clearance for Employment Request” OSPRA-102 that is included in this packet.
   ➢ If you have not been fingerprinted, please follow the instructions on the cover sheet.

3. Are you currently a member from the NYS Employee Retirement System? □ YES   □ NO
   If YES, please indicate your membership number _______________ Date of membership _______________

   If NO, you may, as a matter of right, join the New York State Employee Retirement System. You must complete a Retirement System Membership application, which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, you will be required to contribute, pursuant to Article 15 of the RSSL, percentage based on your salary to said Retirement System, and furthermore, as a member of said Retirement System, you will be required to contribute to Social Security. An application and information can be obtained in the Business Office or you can contact 839-6350 for information.

   If you choose to decline membership in the NYS Employee Retirement System currently, please sign now but remember you can join at any further date, by completing a membership application and return it to the Business Office. The Business Office has printed ones or one can be obtained from the NYS ERS web site.

   **Your membership # or decline signature must be completed prior to processing your application.**

   Your membership application can be submitted at any time, but will your membership will start from the first day of employment after it is received.

   Signature ___________________________ Date ______________________

4. Are you retired from the NYS Employee Retirement System or NYS Teacher Retirement System?   If YES,
   Prior Membership # ___________________________ Retirement Date ___________________________ Date of Birth ___________________________
   We are now required to annually report your income from both retirement systems to the State of New York.
4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of High School and/or College</th>
<th>Major</th>
<th>Year Graduated</th>
<th>Degree or Semester Hours</th>
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6. REFERENCES: Please list at least two references that would have knowledge of your qualifications for this position:

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS &amp; PHONE #</th>
<th>POSITION</th>
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7. WORK EXPERIENCE: Please list most recent first. List all positions held.

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th>Address &amp; Phone #</th>
<th>Immediate Supervisor</th>
<th>From</th>
<th>To</th>
<th>Reason for Leaving</th>
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</table>

Has an investigation been conducted or pending at the time of separation from prior employment? ______________

Signature ___________________________ Date ___________________________
Fingerprint Instructions

You will be required to be fingerprinted with NYS Education Department prior to your appointment with the Board of Education.

If you have been fingerprinted, please complete the OSPRA 102 form and return with your application.

If you are not fingerprinted, please follow these instructions:

1) Go to the website www.identogo.com
2) Click on the “State Fingerprinting” button.
3) Select New York and hit “GO”
4) Scroll down and click on the “State Fingerprinting” button (again)
5) Click on the “click here” link at the next screen to get the service code.
6) Select New York, enter the ORI it is TEACH. Hit submit and follow the instructions to register online.

➢ Without internet access please call 877-472-6915. You will be required to provide an “ORI Number”, it is TEACH, when requested.

Please make payment while registering online with a credit card. You will need to travel to one of the vendor locations to complete the fingerprinting process. Locations and hours are on the website that when you register.

After you have had your appointment contact Charlie Cowen at 315-839-6313. You will need to supply your social security number to allow the district to retrieve your fingerprint clearance from the State Education Department’s TEACH system.

1) Once your application is approved by the Board of Education, an appointment letter with additional paperwork will be mailed to the address on your application. Please complete and return this paperwork to the Superintendent’s office.

Revised 9/17
# OSPRA 102 (1/03)

**Clearance For Employment Request Form**

**Office of School Personnel Review and Accountability**
NYS Education Department
987 Education Building Annex
Albany, NY 12234
ph: (518) 473-2998 fax: (518) 473-8812
www.highered.nysed.gov/tcer/ospra
OSPRA@mail.nysed.gov

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**Instructions**

- This form is to be filed to secure a "Clearance for Employment" for an individual who has been previously fingerprinted on New York State Education Department (SED) fingerprint cards or the New York City Department of Education (NYCDOE) fingerprint cards.
- Sections 1 and 3 are to be completed by the prospective employee.
- The school district, charter school or BOCES must complete section 2.

**Type or print all information. Inaccurate, incomplete or illegible information will delay processing.**

## SECTION 1

<table>
<thead>
<tr>
<th>Name: (Last, First, Middle Initial)</th>
<th>Social Security Number:</th>
<th>Date of Birth: (00/00/0000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

## SECTION 2

(This section MUST be completed by the school district, charter school or BOCES)

- Please neatly print, type or attach a label in the box below with the name and mailing address of the fingerprint contact person of the school district, charter school or BOCES.
- This form will be returned to the person identified below if SED has no fingerprint application on file for the above individual as of the "OSPRA Processing Dates."
- Make no other marks in the box below or the box to the right of this space.

SAUQUOIT VALLEY CENTRAL SCHOOL
2601 ONEIDA STREET
SAUQUOIT, NY 13456

(leave blank) First 6 digits of BEDS code of school district, charter school or BOCES:

411603

Title of position employee will be placed in:

Signature of employer representative or fingerprint contact person: Date: Telephone # of fingerprint contact person:

315-839-6313

## SECTION 3

1. I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation.

2. I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998.

I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Commissioner's Regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer.

Signature: Date:

## SECTION 4

Mail or fax completed OSPRA 102 to:

OSPRA
NYS Education Department
987 EBA
Albany, NY 12234
fax: (518) 473-8812
**APPLICATION FOR CIVIL SERVICE EXAMINATION OR EMPLOYMENT**

Application Instructions and Information Listed on Page 4

Oneida County Department of Personnel, 800 Park Avenue Utica, NY 13501

John P. Talerico – Commissioner of Personnel

Phone: (315) 798-5726 Fax: (315) 798-6490 Website: www.ogov.net

NO E-MAILED OR FAXED APPLICATIONS WILL BE ACCEPTED

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>EXAM NUMBER</th>
<th>SOCIAL SECURITY #:</th>
<th>E-MAIL ADDRESS:</th>
</tr>
</thead>
</table>

Last Name  | First Name  | MI  |

Permanent Legal Address  | Apt  |

City / Town / Village  | State  | Zip Code  |

Check the appropriate box for each question below. Failure to answer A-H will result in DISAPPROVAL of your application.

A. Are you a citizen of the United States? **YES** **NO**
   - If no, you MUST submit a copy of the document(s) allowing you to work in the United States.

B. Do you have a valid New York State Driver License? **YES** **NO**

C. Are you an Exempt Volunteer Firefighter? **YES** **NO**
   - If yes, you MUST submit an Exempt Volunteer Firefighter Certificate with your application.

D. Are you a Veteran? **YES** **NO**
   - If yes, you MUST submit the member 4 copy of your DD-214 with your application.

E. Were you ever discharged or discharged from any employment for reasons other than lack of work, funds, disability or medical condition? **YES** **NO**

F. Did you ever resign from any employment rather than face dismissal? **YES** **NO**

G. Are you now under charges for any crime? **YES** **NO**

If you answered "YES" to any of the Questions E-G above, you must give specifics under "Remarks" below.

Remarks:

H. Have you ever been convicted of any crime, felony or misdemeanor? **YES** **NO**
   - If Yes, attach a Request For Criminal Offense Form

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities.

**CIVIL SERVICE USE ONLY**

<table>
<thead>
<tr>
<th>DATE OF APPOINTMENT IN CURRENT PERMANENT TITLE:</th>
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<table>
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<tr>
<th>CURRENT DEPARTMENT:</th>
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<tr>
<th>PERMANENT TITLE:</th>
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<tr>
<th>SENIORITY:</th>
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</table>

- Approved  
- Conditioned  
- Disapproved

The following information is based on your current residence and may be used for residency preference on certifications. Any incomplete or incorrect information may result in not being included on such certification.

School District:

City/Village:

Town:

County:

If there is an age requirement for appointment or to take the examination, complete:

Date of Birth: __/__/____

Cross-filler Information: I have applied for civil service exams in another jurisdiction (state, county, city) scheduled on the same date as this one. **YES** **NO**

If yes, you must follow the cross-filler instructions on the exam announcement.

SPECIAL EXAM ARRANGEMENTS (Optional—See Instruction F, on page 4)

- Religious Accommodation
- Military
- Disability

**VETERANS' CREDITS** (Optional—See Instruction G, page 4)

If you wish to claim Veterans' Credits, complete questions 1-5 and submit the member 4 of your DD-214. If you are a Disabled War Veteran, also submit a copy of your benefits letter.

- Disabled War Veteran (10 Points)  
- Non-disabled War Veteran (5 Points)

1. Did you receive a discharge which was honorable or were you released under honorable circumstances? **YES** **NO**

2. Did you serve in the Armed Forces of the United States on a full-time, active duty basis, other than for training purposes, during any of the following periods? **YES** **NO**

   - WWII: 12/7/1941-12/31/1946  
   - 1950-1955  
   - 1975  
   - Persian Gulf: 1990-1995  
   - Panama: 12/20/1989-1/31/1990

3. Have you received a permanent appointment in New York State using your Veterans' Credits? **YES** **NO** (If no, skip question 4)

4. Subsequent to using your Veterans' Credits, did you become a disabled war veteran? **YES** **NO**

5. Are you currently a New York State Resident? **YES** **NO**

**THIS AFFIRMATION MUST BE COMPLETED**

I affirm that the statements made on this application, including any attached papers, are true under the penalties of perjury.

X (Signature in blue ink)  

Date

Indicate any other surname (last name) by which you are or have been known.

Rev. 6/17
**EDUCATION:** List all education showing you meet the minimum qualifications. If home instruction was provided, a copy of the HIIP MUST accompany application. If education beyond high school or high school equivalency is required, copy of transcripts showing credit hours, major, and date of completion MUST accompany application. If education was obtained in other than the United States, see instruction A, page 4.

<table>
<thead>
<tr>
<th>Have you graduated from high school?</th>
<th>NAME AND LOCATION OF HIGH SCHOOL</th>
<th>YEAR GRADUATED</th>
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<td>O YES</td>
<td>O NO</td>
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<tr>
<th>Do you have a high school equivalency diploma?</th>
<th>ISSUING AUTHORITY</th>
<th>DATE OF ISSUE</th>
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<tr>
<td>O YES</td>
<td>O NO</td>
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<thead>
<tr>
<th>Name of School or College and Address</th>
<th>Dates of Attendance (MM/YY) From To</th>
<th>Type of Course or Major Subject</th>
<th>Number of Credits Received</th>
<th>Type of Degree Received</th>
<th>Date Degree Received</th>
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<tbody>
<tr>
<td>College, University, Professional, or Technical School</td>
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**Other Schools or Special Courses**

**LICENSES:** If a license or other authorization to practice trade or profession is listed as a requirement for the title you are applying for, complete the following. You MUST also submit a copy of your license with this application.

<table>
<thead>
<tr>
<th>Name of Trade or Profession</th>
<th>License Number</th>
<th>Granted by (licensing agency)</th>
<th>City or State of</th>
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</thead>
<tbody>
<tr>
<td>Specialty</td>
<td>Date License First Issued</td>
<td>Registered From: (Mo./Yr.) To: (Mo./Yr.)</td>
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</tbody>
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**DESCRIPTION OF EXPERIENCE:** Beginning with your most recent employer, list all applicable experience. All fields must be completed for each position held and descriptions must CLEARLY show you meet the minimum qualifications. Part-time experience may be pro-rated. If hours per week vary, provide an average. If listing self-employment, see instruction B, page 4.

<table>
<thead>
<tr>
<th>Dates Employed MO YR to MO YR</th>
<th>Employer</th>
<th>Address</th>
<th>City and State</th>
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<tbody>
<tr>
<td>Hours per week</td>
<td>Job Title</td>
<td>Supervisor's Name</td>
<td>Supervisor's Title</td>
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Describe specific work performed and job responsibilities:

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<th>Dates Employed MO YR to MO YR</th>
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<th>Hours per week</th>
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<th>Supervisor's Name</th>
<th>Supervisor's Title</th>
<th>Type of Business</th>
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Describe specific work performed and job responsibilities:
INSTRUCTIONS AND INFORMATION
For more information or help completing the application, call (315) 798-5726.

Before filling out your application, read the examination announcement and/or job description carefully (available at www.ocgov.net). This application is part of your examination. Answer all questions fully and carefully, making sure all boxes are filled in or checked. Resumes will NOT be accepted in lieu of this application. Print in ink or type. If necessary, attach additional sheets to give complete and detailed information.

- Applicants must answer all questions on the application. Incomplete applications will be disapproved.
- ALL STATEMENTS ARE SUBJECT TO VERIFICATION. Any false, misleading, or unverified information may result in disqualification.
- NO E-MAILED OR FAXED APPLICATIONS WILL BE ACCEPTED.

A. FOREIGN EDUCATION: High school from other than U.S. schools may be verified by a transcript and against college-entry requirements in the corresponding country. Applicable documentation must be submitted. If your degree and/or college credit was awarded by an educational institution outside of the United States and its territories, you must provide independent verification of equivalency. A list of acceptable companies providing this service may be obtained in person from the Oneida County Department of Personnel, by mail (include a self-addressed, stamped envelope) or on the New York State Department of Civil Service website: www.cs.ny.gov/jobseeker/degrees.cfm. You will be responsible for the required evaluation fee.

B. SELF-EMPLOYMENT: All self-employment must be verifiable and requires submission of a DBA certificate as well as any other applicable documentation.

C. NON-REFUNDABLE EXAM FILING FEE: Refer to the front of the examination announcement for the required filing fee. Enclose a MONEY ORDER ONLY for the total amount, made payable to ONEIDA COUNTY. Do NOT send cash or checks. IF YOUR APPLICATION IS DISAPPROVED, THE FEE WILL NOT BE REFUNDED.

APPLICATION FEE WAIVERS: You will be allowed a waiver of the application fee if you meet the qualifications as stated on the examination announcement.

D. ADMISSION TO EXAM: Applications are reviewed for qualifying status. If your exam application is disapproved, you will be notified of the reason and given an opportunity to amend your application. All amendments to applications are due by the amendment due date listed on your disapproval letter. IF YOU DO NOT RECEIVE AN ADMISSION LETTER THREE (3) DAYS BEFORE THE EXAM DATE, CALL: (315) 798-5726. Collect calls will not be accepted.

E. CHANGE OF ADDRESS: Notify the Oneida County Department of Personnel immediately of any change of address by filling out a Change of Information form. This form is available at www.ocgov.net/personnel and in the Oneida County Department of Personnel Office.

F. SPECIAL ARRANGEMENTS: If you need special arrangements because you are a person with a disability, are requesting a military make-up exam, or need a religious accommodation you must, EITHER: Check the appropriate box on the first page of the application and indicate the special arrangements you require in the "REMARKS" section OR write to our office no later than the last filing date for this exam. Your request must include the exam number and title, the type of special arrangements required, and applicable documentation.

Military Services Members: If you apply for an examination during the filing period but are on active duty on the date the examination is scheduled, you may request a military make-up examination. Contact the Oneida County Department of Personnel for more information. If you are on active duty or discharged after the filing period has begun, you may apply for the examination up to ten (10) business days before the test date.

It is the policy of the New York State Department of Civil Service and Oneida County to provide qualified persons with disabilities an equal opportunity to participate in and receive the benefits, services, programs, and activities of the department and to provide such persons reasonable accommodations and reasonable modifications as are necessary to enjoy such equal opportunity, including accommodations in the examination process. Further, it is the policy of the department to provide reasonable accommodation for religious observers.

G. VETERANS' CREDITS: Disabled or non-disabled veterans who have served on active duty during the creditable periods of war, who have been honorably discharged/released, and who are New York State residents at the time of application for examination will be eligible for Veterans’ Credits. Eligible veterans must submit member 4 copies of their Honorable Discharge Forms (DD-214) with their applications. By law, copies of DD-214s must be submitted prior to the establishment of the eligible list in order to receive credits. An option of waiving these credits will be allowed up until appointment. Applicants who claim additional credits as disabled veterans must also submit copies of their benefits letters.

Candidates who meet the Veterans’ Credits criteria currently serving in the Armed Forces of the United States may apply for Veterans' Credits and receive conditional Veterans’ Credits until member 4 copy of the Honorable Discharge Form (DD-214) is submitted.

Armed forces is defined as the Army, Navy, Marine Corps, Air Force, Coast Guard and the National Guard when in service for the United States. Such service must be or have been on a full-time active duty basis, other than for training purposes.

H. PERSONAL PRIVACY PROTECTION LAW NOTIFICATION: The information that you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. For further information, relating only to the Personal Privacy Protection Law, call (518) 457-9375.

I. BACKGROUND INVESTIGATION: Applicants may be required to undergo a State and National criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Oneida County is an Equal Opportunity/Affirmative Action Employer

It is the policy of the New York State Department of Civil Service and Oneida County to provide for and promote equal employment opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, military status, genetic predisposition, carrier status, political affiliation or belief.
Veteran, Exempt Volunteer Firefighter, Disabled Spouse and Blind Status

Name (PRINT): ________________________________

Oneida County must maintain veteran, exempt firefighter, disabled spouse, and blind status on all employees under our Civil Service jurisdiction. This information is very important to ensure employees’ rights and statuses are protected in the event of a reduction in force, disciplinary action, promotion, testing, etc.

Please complete the following and check the appropriate items:

➢ VETERAN STATUS
  □ Non Veteran  □ Veteran (Must submit Member 4 copy of DD-214)
  □ Disabled Veteran (Must submit proof of disability from the Division of Veterans’ Affairs)

Date(s) of Service: ________________________________

Did you serve in the Armed Forces of the United States during any of the following periods?

□ 12/7/41-12/31/46 □ 6/27/50-1/31/55 □ 02/28/61-5/7/75
□ Lebanon: 6/1/83-12/1/87 □ Grenada: 10/23/83-11/21/83
□ Persian Gulf: 8/2/90-present
□ Panama: 12/20/89-1/31/90

Lebanon, Grenada and Panama will be limited to those who received the following Expeditionary Medals: Armed Forces, Navy or Marine Corps.

➢ Disabled Spouse Status
  □ Check if you are a spouse of a 100% Disabled Veteran. You must submit proof of spouse’s disability by the Division of Veterans’ Affairs.

➢ Blind Status
  □ Check if you have been certified as blind by the Commission for the Blind. If checked you must submit proof.

➢ EXEMPT VOLUNTEER FIREFIGHTER STATUS
  □ Check if you are an Exempt Volunteer Firefighter

You must provide a certificate signed by two officers and notarized, that you have been a volunteer member of the company for five years or more. A form for this purpose can be obtained from your volunteer fire company or from Oneida County Civil Service.

______________________________  ________________________________
Signature                           Date

Rev. 9/15
Oneida County Civil Service
Exempt Volunteer Firefighter Certificate

General Municipal Law, Section 200. Defining qualifications of exempt volunteer fireman: “An exempt volunteer fireman is hereby declared to be a person who as a member of a volunteer fire company duly organized under the laws of the state of New York shall have at any time after attaining the age of eighteen years faithfully actually performed service in the protection of life and property from fire within the territory immediately protected by the company of which he is a member, and while a bona fide resident therein, for a period of five years.”

Section 202. Certificate to be issued to exempt volunteer firemen. “Such certificate shall be signed by the president, captain, foreman or secretary of the company and shall be acknowledged by such officers before an officer commissioned to take acknowledgements, and shall also have attached thereto a certificate attested by the affidavit of the secretary, clerk or other person having the custody of the company’s record of membership, that the statements of fact contained in said certificate are true, and the affidavit and acknowledgement shall be substantially in the following form:”

This is to certify that ____________________________________________ is a member of good

PRINT Name of Volunteer Firefighter

standing in the ____________________________________________, and has been a volunteer

Volunteer Fire Company

member of said company from ______________________ to ______________________, and would
like to claim his/her exempt volunteer firefighter status.

☐ If s/he is no longer a member of the volunteer fire company, s/he must have been a member in
good standing and was honorably discharged.

________________________________________________________________________
Officer (President, Captain, Foreman)

________________________________________________________________________
Officer (Secretary, Clerk)

__________________________
Date

State of New York )

) ss.

County of ................... )

On this ......day of ..........., in the year ..........., before me
personally came ................................., to me known and by
me known to be the same persons described in and who
executed the foregoing certificate and they severally duly
acknowledged to me that they executed the same and the said
...... being by me duly sworn, deposes and says, that he is
......................... of the company aforesaid and is the
custodian of the records of its membership and that the facts
above stated relating to the service of the person described in
such certificate are true.

__________________________Notary Public

State of New York )

) ss.

County of ................... )

On this ......day of ..........., in the year ..........., before me
personally came ................................., to me known and by
me known to be the same persons described in and who
executed the foregoing certificate and they severally duly
acknowledged to me that they executed the same and the said
...... being by me duly sworn, deposes and says, that he is
......................... of the company aforesaid and is the
custodian of the records of its membership and that the facts
above stated relating to the service of the person described in
such certificate are true.

__________________________Notary Public