

12. EDUCATION

If college coursework or a college degree is required for appointment or examination a candidate **must** submit proof of education. Normally a college transcript will satisfy this requirement. Filing of applications should not be delayed while obtaining transcripts.

A. Have you graduated from High School? YES NO

If yes, indicated name and location of High School: _____

B. If you have a high school equivalency diploma, indicate issuing governmental authority: _____
 Number: _____

C. APPLICANTS CLAIMING COLLEGE CREDITS MUST SUBMIT A COPY OF THEIR COLLEGE TRANSCRIPTS BY
 EMAIL TO: guernsey@4cls.org

Transcripts emailed to guernsey@4cls.org

Transcripts requested from college

	Name of School & City in which located	Were you graduated?	Type of Course or Major Subject	Number of credits received	Type of Degree	Date degree received or expected
College, University, Professional, or Technical School						
Special Courses						

13. 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	Date License First Issued	Registered From: (Mo./Yr.) To: (Mo./Yr.)	

14. DRIVERS LICENSE

Certain positions require possession of a valid New York State Drivers License at time of appointment. If required for the position you are applying for, do you have a valid New York State Drivers License? YES NO CLASS: _____

15. DESCRIPTION OF EXPERIENCE

Starting with your most recent job first, describe in detail ALL your work experience below. **The employment section of this application must be completed in detail, a resume may not serve as a substitute but may be included with the application.** If the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work showing its volunteer nature in the "Experience Type" box. Qualifying volunteer or unpaid experience will be considered if verifiable and fully documented. You are responsible for submitting an accurate, adequate, and clear description of your experience. **Omissions or vagueness will NOT be interpreted in your favor.** If you have had military service which includes experience pertinent to the position, describe such experience as a separate employment. If your title changed in the course of your service in any one organization, indicate such change clearly and as a separate employment (if more space is needed, attach 8 1/2"x11" sheets of paper). **Under "Describe Duties" for each employment, describe in detail the nature of work personally performed by you and indicate the estimated percentage of time spent on each type of work.** State size and kind of work force, if any, supervised by you and the extent of such supervision.

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (MM/YYYY) FROM: ____ ____ TO: ____ ____ Experience Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Your exact title: _____ Name of Supervisor: _____ Supervisor's title: _____ Number hours worked per week: _____ (Exclusive of Overtime)		Describe Duties: Reason for Leaving:	

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (MM/YYYY) FROM: ____ ____ TO: ____ ____ Experience Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Your exact title: _____ Name of Supervisor: _____ Supervisor's title: _____ Number hours worked per week: _____ (Exclusive of Overtime)	Describe Duties: Reason for Leaving:		

Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (MM/YYYY) FROM: ____ ____ TO: ____ ____ Experience Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Your exact title: _____ Name of Supervisor: _____ Supervisor's title: _____ Number hours worked per week: _____ (Exclusive of Overtime)	Describe Duties: Reason for Leaving:		

Firm Name:	Address:	City & State:	Phone Number:
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Firm Name:	Address:	City & State:	Phone Number:
Length of Employment (MM/YYYY) FROM: ____ ____ TO: ____ ____ Experience Type: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer Your exact title: _____ Name of Supervisor: _____ Supervisor's title: _____ Number hours worked per week: _____ (Exclusive of Overtime)	Describe Duties: Reason for Leaving:		

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

DELIVER TO:

Guernsey Memorial Library
3 Court Street
Norwich, NY 13815
guernsey@4cls.org

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:

- 1. 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 veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check the appropriate category in question 9A and answer all questions 9.A-B.i-iii. Failure to do so accurately and completely may result in a denial of your claim.

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

Persons claiming credit as disabled 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.

Guernsey Memorial Library is an Equal Opportunity/Affirmative Action employer and does not discriminate on the basis of one's race, including hairstyles 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. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to race, including hairstyles 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.

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

Signature: _____ Date: _____