

# OSWEGO COUNTY



DEPARTMENT OF PERSONNEL  
46 EAST BRIDGE STREET  
OSWEGO, NEW YORK 13126  
PHONE: (315) 349-8367 + FAX: (315) 349-8254  
oswegocounty.com/personnel

## EXAMINATION ANNOUNCEMENT

### PATROL OFFICER (SHERIFF'S DEPARTMENT)

**EXAMINATION NUMBER:** 65298 (Open to the Public)  
**EXAMINATION DATE:** Saturday, May 8, 2010  
**LAST FILING DATE:** Wednesday, April 7, 2010 (Applications will **NOT** be accepted after this date)  
**EXAM FEE:** \$20.00 (NON-REFUNDABLE)

**PAY RATE:** \$18.38 per hour.

**JOB DESCRIPTION:** Enforces laws and ordinances in Oswego County and maintain order as assigned; performs related work as required. Under supervision, an employee in this class is responsible for performing patrol duties and assisting in the apprehension of suspects and criminals. Individuals are required to apply modern police methods and procedures to investigative and surveillance duties. Work is performed under the general supervision of a higher ranking Patrol Officer with considerable independent responsibility allowed for exercise of sound judgment in normal work situations and emergencies.

**RESIDENCY REQUIREMENTS:** Candidates must be legal residents of Oswego County for a minimum of four (4) months immediately preceding the date of the exam. Candidates must be residents of the County at the time of appointment.

**MINIMUM QUALIFICATIONS:**

Education, specialized background, training and experience.

**Education:** By the date of appointment, candidates must be a high school graduate or holder of a high school equivalency diploma issued by a state education department of any U.S. state or comparable diploma issued by a commonwealth, territory or possession of the U.S., Canal Zone or United States Armed Forces. **Note:** Applicants who do not have a high school or equivalency diploma are eligible to take the exam but are not eligible for appointment until they obtain a diploma.

**SPECIAL REQUIREMENTS:**

**Age:** Candidates must be at least 19 years old on or before May 8, 2010 to be admitted to the written test. Eligibility for appointment begins when the candidate reaches age 20. Candidates who reach their 35<sup>th</sup> birthday on or before the date of the written examination are not qualified except as follows: Candidates may have a period of military duty or terminal leave up to six years, as defined in Section 243 (10-a) of the Military Law, deducted from their age for the purpose of meeting the age requirement. Candidates who may be impacted by the maximum age requirement and who are requesting an alternate test date (for active military duty, religious observance, or for an alternate test date situation) are advised to contact 349-8367, ext 6 to discuss their request.

**Citizenship:** United State Citizenship is required at the time of appointment. It is not necessary for admission to the examination.

**Driver's License:** Candidates must possess a valid New York State Operator's license at time of appointment.

**Training Requirements:** Appointed candidates must satisfactorily complete the Basic Course for Police Officers as prescribed by the Municipal Training Council and required by Section 209-q of the General Municipal Law within one year in order to attain permanent status in the position.

**IMPORTANT NOTICE FOR CANDIDATES WHO TOOK THE NOVEMBER 14, 2009 EXAM SERIES:**

The Entry-Level Police Officer/Deputy Sheriff examination series scheduled for May 8, 2010, was also held on November 14, 2009. **A candidate is permitted to take an examination in the Entry-Level Police Officer/Deputy Sheriff Examination Series on one of these dates, but not both.** Any qualified candidate who **passed** an examination held on November 14, 2009 will be able to use the results achieved on that date to determine his/her placement on the eligible list resulting from this May 8, 2010 examination. Any candidate who **failed** the November 14, 2009 exam series **cannot** participate in the May 8, 2010 exam series and should not apply.

Candidates who were successful on a November 14, 2009 examination and apply for the May 8, 2010 exam must indicate the following information on the **“Supplemental Application for Patrol/Police Officer Candidates”**: the name of the civil service agency which conducted the November 14, 2009 exam, the exam title(s) and number(s), and the test score achieved. This information will be verified with the NYS Department of Civil Service before the eligible list for this examination is established. Any candidate who fails to provide information related to participation in the November 14, 2009 exam series or falsifies information related to their participation may be disqualified from this exam and other exams in the Entry-Level Police Officer/Deputy Sheriff Examination Series for a period of up to five years.

If you took any of the following examinations on November 14, 2009		The following applies to your participation in the Entry-Level Police Officer/Deputy Sheriff examination on May 8, 2010		
		Can I Apply?	Can I Take the Written Test?	Can I Use My Results from November 14?
Local	Police Officer/Deputy Sheriff	Yes	No	Yes
Local	Constable* (See Note)	Yes	No	Yes
State	Environmental Conservation Officer Trainee & (Spanish Language) University Police Officer & (Spanish Language)	Yes	No	Yes

- **Note:** Due to scoring differences that exist between Constable and the Entry-Level Police Officer/Deputy Sheriff examinations, it is possible that a score of 70 on the Constable exam may not result in a passing score on the May 8, 2010 exams.

**SCOPE OF THE WRITTEN EXAM:** A written test designed to evaluate knowledge, skills and /or abilities in the following areas:

**1. Applying written information (rules, regulations, policies, procedures, directives, etc.) in police situations:** These questions test for the ability to apply written rules in given situations similar to those typically experienced by police officers.

**2. Memory for facts and information:** These questions test for the ability to remember facts and information presented in written form. You will be given 5 minutes to read and study the information in the Memory Booklet. After the 5-minute period, the Memory Booklet will be taken away. You will then be required to answer questions about the material that was presented in the Memory Booklet.

**3. Reading, understanding and interpreting written information:** These questions test for the ability to read, understand, and interpret the kinds of written information that police officers are required to read during their formal training period and on the job.

**4. Preparing written material in a police setting:** These questions test for the ability to prepare the types of reports that police officers write. You will be presented with a page of notes followed by several questions. Each question will consist of four restatements of the information given in the notes. From each set of four, you must choose the version that presents the information most clearly and accurately.

The rating key for this examination will be established by the New York State Civil Service Commission prior to the date of the test, upon recommendation of a committee of police experts who will review all the questions for appropriateness and the key answers for correctness. There will be no review of the questions by candidates. This committee was selected with the assistance and endorsement of the Police Conference of New York, Inc., the New York State Association of PBA's, Inc., and the New York State Association of Chiefs of Police, Inc.

Use of a calculator is **PROHIBITED** for this exam.

**TEST GUIDE:** The Test Guide for Entry-Level Police Officer and the Resource Booklet, Police Officer/Deputy Sheriff Exam – Frequently Asked Questions are each available on the New York State Department of Civil Service web site at <http://www.cs.state.ny.us/testing/localtestguides.cfm>. In addition, a copy of this Test Guide is available upon request from the Oswego County Department of Personnel or may be downloaded from the web at <http://oswegocounty.com/personnel/studyguides.html>.

**BACKGROUND INVESTIGATION/CRIMINAL RECORD:**

Candidates will be subject to a pre-employment background investigation and may be required to authorize access to educational, financial, employment, criminal history, mental health and other related records. Conviction of a **felony will bar** appointment. Conviction of a misdemeanor or other offense will be evaluated on a case-by-case basis and may bar appointment. Candidates who have been convicted of a crime must submit a **certificate of conviction** from the court with their application. Candidates may be subject to additional screenings as a term of employment, including but not limited to, drug testing, fingerprinting, polygraph and psychological testing.

**MEDICAL AND PHYSICAL FITNESS STANDARDS:**

A qualifying physical fitness screening test and medical standards are prescribed by the Municipal Police Training Council (MPTC) and must be met by candidates upon receipt of a conditional offer of employment. The MPTC Standards are available upon request at the Oswego County Department of Personnel or may be downloaded at: <http://criminaljustice.state.ny.us/ops/docs/registry/policeapptsmed.pdf>.

The MPTC medical standard for **visual acuity** requires candidates to have vision better or equal to 20/30 in each eye. If a candidate must use corrective lenses (glasses or contacts) in order to satisfy the 20/30 standard, then the candidate's uncorrected vision should be no worse than 20/100 in each eye. A complete description of physical and medical standards can be found as indicated above.

The MPTC adopted the physical fitness screening test based on the model formulated by the Cooper Institute of Aerobics Research. The minimum passing scores, depending on age and sex, represent the fortieth (40<sup>th</sup>) percentile of physical fitness as established by the Cooper Institute. Failure on any part of the qualifying test will remove your name from further consideration for appointment.

<u>Test Element</u>	<u>Description</u>
Sit-up	Muscular Endurance - The score indicated below is the number of bent-leg sit-ups performed in one minute.
Push-up	Muscular Endurance - The score below is the number of full body repetitions that a candidate must complete, without breaks.
1.5 Mile Run	Cardiovascular Capacity - The score indicated below is calculated in minutes:seconds.

Age/Sex Male	Sit-up	Push-up	Test 1.5 Mile/Run
20-29	38	29	12:29
30-39	35	24	12:53
40-49	29	18	13:50
Age/Sex Female	Sit-up	Push-up	Test 1.5 Mile/Run
20-29	32	15	15:05
30-39	25	11	15:56
40-49	20	9	17:11

**EXAM FEES:** A non-refundable fee of \$20.00 is required for each separate examination for which you apply. The required fee must accompany your application. Please refer to the "Application for Exam or Employment" for information about fee waiver. Write the name of the exam(s) on your check or money order **payable to Oswego County** and submit the check or money order with your application. **CASH WILL NOT BE ACCEPTED.** A \$20.00 charge will be imposed on checks returned for insufficient funds. You are urged to compare your qualifications carefully with the requirements for admission and file only for those examinations for which you are clearly qualified. No refunds will be made to applicants who are disqualified or fail to appear.

**MULTIPLE EXAMS SCHEDULED FOR THE SAME DAY (CROSS-FILING):**

- If you have applied to take exam(s) announced by another jurisdiction (county, city, state) scheduled on the same day as this exam, you must make arrangements (no later than two weeks before the date of the exam) to take all exams at one test site.
- If you have applied for both State and Local (county/city) government examinations, you must make arrangements to take all your examinations at the State examination center by calling toll free (877) 697-5627 (press 2, then press 1) no later than two weeks before the test date.
- If you have applied for multiple Local exams 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 examination. For Oswego County examinations complete a "Cross Filer Notification" form, available at the Oswego County Department of Personnel or online at <http://oswegocounty.com/personnel/forms.html>, and send to Oswego County Department of Personnel, 46 East Bridge Street, Oswego, NY 13126 or FAX to (315) 349-8254 or call (315) 349-8367. If you are taking multiple exams on the same date with the Oswego County Personnel Department only, you do not have to file a cross filer form.

**APPLICATION DEADLINE POLICY:** Application/exam fee must be submitted to the Oswego County Department of Personnel before the close of business at 5:00 p.m. on the last file date listed on the Examination Announcement. Applications received via U.S. Mail will be accepted only if postmarked on or before the last file date. Applications that are received through inter-office mail or via facsimile after the last file date will not be accepted.

OSWEGO COUNTY GOVERNMENT IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER.

ISSUED: February 8, 2010  
Carol N. Alnutt  
Director of Personnel

**GENERAL INSTRUCTIONS**

1. Applications and additional information is available at the Department of Personnel, Oswego County Office Building, 46 East Bridge Street, Oswego, New York 13126, or by calling (315) 349-8367, or on the web at <http://www.oswegocounty.com/personnel>.
2. Applications postmarked after midnight of the **Last Filing Date** will not be considered eligible for this examination.
3. Falsification of any part of the "Application for Employment" will result in disqualification and possible legal action. Inquiries may be made as to character and ability and all statements made by candidates are subject to verification.
4. Applicants must answer every question on the application form. Incomplete applications will be disapproved.
5. Accepted candidates will be notified when and where to appear for exam. None will be admitted to the examination without the official admission notice. If an application is rejected, due notice will be sent. The department does **not** make formal acknowledgment of the receipt of an application.
6. If you have not received your notice to appear for the exam three days before the exam date, call (315) 349-8367.
7. If special arrangements for testing are required (i.e. religious observance, disability), submit written request describing your needs with the application form.
8. Unless otherwise noted, candidates are permitted to use quiet, hand-held, solar or battery powered calculators. Devices with typewriter keyboards, Spell Checkers, Personal Digital Assistants, Address Books, Language Translators, Dictionaries, or any similar devices are prohibited.
9. Active service members, veterans or disabled veterans desiring to claim additional credit may submit an "Application for Veteran's Credit" prior to the establishment of the eligible list. Forms are available upon request at the Department of Personnel.
10. Military Service members on active duty on the exam date may request a military makeup exam, call (315) 349-8367. Members on active duty or discharged during the exam filing period may apply for the exam up to ten days before the exam date.
11. Per Section 85-a of the Civil Service Law, children of firefighters and police officers killed in the line of duty are entitled to receive ten additional credits on an exam which may result in an original appointment in the municipality where the deceased parent served. Candidates eligible for additional credit should indicate this on their exam application.
12. Candidates who fail the examination, or who fail to appear for the examination as scheduled, will be eliminated from further consideration.
13. Under specific circumstances an alternate test date may be arranged in accordance with established policy. Your request and verifiable documentation should be submitted at least one week prior to the test date or in case of an emergency no later than 5:00 p.m. on the next business day following the test.
14. This examination is being prepared and rated by the New York State Department of Civil Service in accordance with Section 23-2 of the Civil Service Law. The provisions of the New York State Civil Service Rules and Regulations dealing with the rating of exams will apply to this examination.
15. Unless otherwise specified, the final rank order of the eligible list established as a result of the exam will be determined on the basis of the scores received on the written test, plus veterans and seniority credits where appropriate.
16. The eligible list will remain in force for at least one (1) year and may be extended by the Personnel Officer for a maximum of four (4) years. Changing conditions may make it necessary to certify future vacancies at higher or lower salaries than those announced.
17. Special Requirement for Appointment in School Districts and BOCES: 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 or BOCES as involving direct contact with students, a clearance for employment from the State Education Department is required.
18. In accordance with the Child Abuse Prevention Act of 1985, candidates for appointment to Oswego County government positions which involve regular and substantial contact with children will be required to complete a State Central Register of Child Abuse and Maltreatment clearance form. Failure to complete this form may result in decertification of your name from this eligible list for appointments in Oswego County.
19. 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.



# APPLICATION FOR EXAMINATION OR EMPLOYMENT

Oswego County Department of Personnel, 46 East Bridge street, Oswego, NY 13126

Phone: (315) 349-8367 Fax: (315) 349-8254

www.oswegocounty.com

**This application is part of your examination. Please answer all questions completely and accurately. Print in black ink or type application. Attach additional 8 1/2 x 11 sheets if necessary to provide required information.**

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**NAME AND LEGAL RESIDENCE:** (Please notify Oswego County Department of Personnel immediately of any information changes)

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

**MAILING ADDRESS:** (if different from above) STREET CITY STATE ZIP

**PHONE NUMBER:** ( ) Home ( ) Business ( ) Cell

**EMAIL ADDRESS:** \_\_\_\_\_

POSITION TITLE (NO EXAM REQUIRED)	ANNOUNCED EXAM(S) ONLY:		OFFICE USE ONLY:	
	EXAM TITLE(S)	EXAM NUMBER(S)	FEE PAID	STATUS
				A D C
				A D C
				A D C
				A D C

**PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:**

State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **(IMPORTANT)** This section will determine what resident list (if any) your name will be certified to.

I currently reside (indicate one of the three) in the: (1) City of \_\_\_\_\_

OR (2) Town of \_\_\_\_\_, OR (3) Village of \_\_\_\_\_

in the School District of \_\_\_\_\_ located in the County of \_\_\_\_\_ in the

State of \_\_\_\_\_. I have lived in Oswego County for (indicate) number of years \_\_\_\_\_ and months \_\_\_\_\_.

Are you 18 years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, you must supply a work permit.
Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.
Do you have a High School diploma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, NAME AND LOCATION OF HIGH SCHOOL: _____		
_____		
Or, a High School Equivalency Diploma (GED)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, GOVERNMENT AUTHORITY (GED) NUMBER: _____		
Please check college degree program(s) completed: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate		

NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

EDUCATION:					
Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.					
INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL or TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU Graduate	DEGREE EXPECTED
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO    YR /
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO    YR /
Address (City, State):					

PLEASE LIST MOST RELEVANT COURSE WORK IF REQUIRED FOR POSITION:					
NAME OF COURSE	DIVISION	CREDIT HRS.	NAME OF COURSE	DIVISION	CREDIT HRS.
Race & Ethnicity (Example)	Sociology (Example)	3 (Example)			

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:						
Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

**Driver's License** (Complete only if the position for which you are applying requires one.) Number: \_\_\_\_\_ State \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_ Class of License: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**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.

COMPLETE ALL QUESTIONS:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever resign from any employment rather than face discharge?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been convicted of any crime (felony or misdemeanor)? For crimes other than traffic tickets you must provide a <b>Certificate of Conviction</b> from the court as soon as possible.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you now under charges for any crime?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you an Exempt Volunteer Firefighter? <span style="margin-left: 50px;">If yes, indicate years of service: _____</span>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation?
If you answered (YES) to any of these questions, provide details on a separate 8 1/2 x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.		

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

**EXPERIENCE:** Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. You may include a resume but **do not substitute a resume**. Under **“DUTIES”** describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. Part-time experience will be prorated unless otherwise stated on the announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain **all** information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc...)

LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

**VETERANS CREDITS:**

Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as a veteran or disabled veteran must submit an “**Application for Veterans’ Credit**” form and a copy of their discharge papers (form DD-214). You may download the form at [www.oswegocounty.com/personnel](http://www.oswegocounty.com/personnel) or call the Personnel Office at (315) 349-8209 to request a form be mailed to you.

**TESTING ACCOMMODATIONS:**

We provide reasonable accommodations in testing for persons with disabilities. If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

Yes, I need testing accommodations. (Attach description describing accommodation request).

**ALTERNATE TEST DATE:** If you cannot take the test on the announced test date because of any of the following reasons, arrangements may be made for you to take the test on an alternate test date. If applicable, **check** the appropriate box below and attach supporting documentation with this application. In the case of an emergency, please notify the Department of Personnel on the **next** business day following the exam date. You will be required to submit **documentation** of your emergency.

- A death in the immediate family or household within the week preceding the examination.
- A medical emergency involving you or a member of the immediate family.
- Military Orders.
- Religious Observance.
- Participant or immediate family member of a participant in a religious or civil ceremony (wedding, graduation, baptism, bar mitzvah).
- Vacation plans for which a non-refundable down payment was made before the exam announcement was issued.
- A required court appearance.
- A conflicting professional or educational examination.

**COMPLETE THIS SECTION ONLY IF YOU QUALIFY TO HAVE THE EXAM FEE WAIVED:**

Section 50.5(b) of the NYS Civil Service Law allows exam fees to be waived for candidates who certify that they are currently in one of the following categories. Please check box that applies to you:

- Unemployed and primarily responsible for support of a household
- Eligible to receive Medicaid
- Receiving Supplemental Security Income (SSI)
- Receiving Temporary Assistance for Needy Families (TANF)
- A certified eligible under the Workforce Investment Act (WIA)

I certify that I am qualified to receive an exam fee waiver because of my current status indicated above. I understand that my waiver claim may be investigated and that I may be disqualified from the civil service exam(s) if I make a false statement regarding my eligibility for the exam fee waiver.

**Signature (if eligible)** \_\_\_\_\_ **Date** \_\_\_\_\_

**STATEMENT:**

I affirm under penalties of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize Oswego County to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application for employment by Oswego County does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OSWEGO COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

It is the policy of the Oswego County Personnel Office to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record.

# SUPPLEMENTAL APPLICATION FOR PATROL/POLICE OFFICER CANDIDATES

Oswego County Department of Personnel, 46 East Bridge street, Oswego, NY 13126  
Phone: (315) 349-8367 Fax: (315) 349-8254  
[www.oswegocounty.com](http://www.oswegocounty.com)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_  
NAME AND LOCATION  Yes  No  
DID YOU GRADUATE?

GED OR EQUIVALENCY DIPLOMA: \_\_\_\_\_  
GOVERNMENT AUTHORITY AND NUMBER

1. Have you ever been convicted of a crime (felony or misdemeanor)?  Yes  No  
If yes, you must submit a **Certificate of Conviction** from the court to this office as soon as possible or by **4/7/10**.
2. Are you a citizen of the United States?  Yes  No
3. Did you take a Police/Patrol Officer, Deputy Sheriff or related title on **November 14, 2009**?  Yes  No

**IF YES**, you must provide the following information regarding the November 14, 2009 exam:

- A. **Name of Civil Service Agency:** \_\_\_\_\_
- B. **Exam Title(s) and Number(s):** \_\_\_\_\_
- C. **Test Score Achieved:** \_\_\_\_\_

4. A. Please list any other jurisdictions you have cross-filed with to take the upcoming **May 8, 2010** exam:  
\_\_\_\_\_  
B. If you have cross-filed with another jurisdiction indicate which test site you will sit for the exam.  
\_\_\_\_\_

5. If you have served, or are currently serving on active duty in time of war, you may file an application for Veterans' Credit form at the examination. Please be prepared to supply a copy of your DD214. If you do not intend to take the exam at the Oswego County test site, please request this form from the Personnel Office at 349-8209 or download at: [oswegocounty.com/personnel](http://oswegocounty.com/personnel).

I do hereby certify that the statements made on this form are true under the penalties of perjury.

\_\_\_\_\_  
SIGNATURE DATE