

REPRODUCTION SERVICES OPERATOR

DISTINGUISHING FEATURES OF THE CLASS: This is routine work requiring a high quality of planning layouts, printing, duplication of forms, publications, and similar material, on digital imaging equipment, black & white and color multifunctional systems, scanners, printers and other related equipment. Supervision is received in the form of specific assignments and inspection of completed work for form, neatness and clarity of reproduction.

TYPICAL WORK ACTIVITIES:

Operates advanced digital copy/duplicators and related photo office equipment in producing a wide variety of forms, publications, bulletins, manuals, brochures, envelopes, etc.;

Sets up and adjusts machines for each job using computerized touch screens;

Plans layouts and prepares copy for reproduction;

Cuts paper and forms on manually-operated or electric paper cutters;

Collates, staples and binds materials as ordered;

Identifies operating difficulties, and makes necessary adjustments and minor repairs;

Keeps machines clean, performs preventative maintenance;

Does related work, as required.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND/OR PERSONAL CHARACTERISTICS: A working knowledge of the operation of digital imaging equipment and auxiliary machines; working knowledge of proper grammatical usage, punctuation and spelling; working knowledge of related print shop machines such as collator, paper cutter, laminator, booklet maker and folder; ability to understand and follow moderately complex oral and written directions; mechanical aptitude; physical condition commensurate with the demands of the job.

MINIMUM QUALIFICATIONS:

1. Graduation from high school or possession of an appropriate equivalency diploma recognized by the NYS Department of Education.

EDUCATION: LIST NAME REQUESTED BELOW	FROM- TO: (mo. & yr.)	MAJOR AND MINOR	TYPE OF DEGREE OR DIPLOMA	CREDITS RECEIVED	DATE DEGREE/ DIPLOMA OR GED RECEIVED/ EXPECTED
H/S OR GED (circle one) Name:			(GED: Include Number)		
COLLEGE Name:					
GRADUATE SCHOOL OR OTHER EDUCATION Name:					

SPECIAL COURSES TAKEN:

NAME OF COURSE	CREDIT HRS.	NAME OF COURSE	CREDIT HRS.

TRANSCRIPT(S) OR DEGREE(S) (IF REQUIRED AS PART OF MINIMUM QUALIFICATIONS)

_____ Copy Attached _____ Copy Requested

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:

SKILL, TRADE, OR PROFESSION	LICENSE OR CERTIFICATE NUMBER	ISSUED BY: (Name or City, State, or Agency)	LICENSE DATES (Mo./Day/Yr.)		PERMANENT	
			From	To	Yes	No

DRIVER'S LICENSE INFORMATION:

NONE NEW YORK STATE OUT OF STATE (Indicate State) _____
 MOTORIST ID # _____ CLASS _____
 RESTRICTION(S) _____ ENDORSEMENT(S) _____ EXPIRATION DATE _____

*Yes No - Have you been convicted of a violation of law (Felony/Misdemeanor)? (Omit any offense adjudicated in Juvenile Court or under a youthful offender law.) Convictions will not necessarily disqualify you from employment. ***IF YES, YOU MUST ATTACH A LIST OF VIOLATIONS WITH DATES OF CONVICTION AND RESULTANT PENALTIES ON A SEPARATE SHEET OF PAPER.**

*Yes No - Are you under age 18? ***IF YES, YOU WILL BE REQUIRED TO SUPPLY A WORK PERMIT.**

HIGHER EDUCATION LOAN INFORMATION:

Section 50-b of NYS Civil Service Law requires that all applicants for examination be asked the following:

NAME _____ ADDRESS _____ DATE _____
 SIGNATURE _____ EXAM NO. & TITLE _____

Do you have an outstanding NYS Guaranteed Student Loan? NO YES
 If yes, are you currently in default on any such Loan? NO YES

WORK EXPERIENCE: DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. Complete all information requested. Describe in detail all duties performed which are relevant to the position for which you have applied. List most current employment first. A resume may be attached to supplement this information.

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:			

ADDITIONAL SHEETS MAY BE ATTACHED: Sheets must contain **ALL** information requested. (e.g. Number of hours worked per week, etc.)

Full-Time is 30+ hours per week

Part-Time is rated as follows:

0-09 hours/week = 0

10-19 hours/week = 1/4

20-29 hours/week = 1/2

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) and provide appropriate military papers (DD214). You may request a VC-1 form to be mailed to you by placing a check mark in this area ().

IF YOU WISH TO CLAIM CREDITS, CHECK THE APPROPRIATE BOX:

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: _____

CHANGE OF ADDRESS: You must notify this agency immediately of any change of address. The number and title of the examination or eligible list must also be included in this notification. **FAILURE TO COMPLY MAY RESULT IN YOUR NAME BEING REMOVED FROM AN ELIGIBLE LIST.**

GENESEE COUNTY ✧ AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Genesee County Human Resources to provide accommodations in testing to individuals with disabilities and religious observers, and to provide for and promote equal opportunity in employment, compensation, and other terms and conditions of employment without regard to age, race, religion, creed, color, national origin, gender, marital status, sexual orientation, veteran's status, disabled veteran's status, physical or mental disability, or status as a member of any other protected group or activity.

PERSONAL INFORMATION PROTECTION STATEMENT

The information which you are providing on this application is being requested pursuant to 50.3 of the NYS Civil Service Law for the purpose of determining the eligibility of applicants to participate in an examination or a position applied for. The information will be made available only to those who have a "need to know", and will not be released to anyone else other than the applicant unless he/she has signed an appropriate release of information authorization. A candidate's failure to provide this information may result in the disapproval of the application. This information will be maintained by the Genesee County Human Resources Director.

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

I understand that false statements made herein are punishable as a **Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York.** I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

I hereby authorize the release of information regarding prior employment history/records, educational records, law enforcement records, driver's license and driving records, personal references and all like information bearing on my qualifications for this position to the appointing authority of all jurisdictions within the County of Genesee or his/her designee.

This authorization shall be valid for a period of two (2) years from the date of the execution of this document. A photocopy of this release will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____ Date: _____

(ORIGINAL SIGNATURE REQUIRED)

ALL STATEMENTS ARE SUBJECT TO VERIFICATION