

DISTINGUISHING FEATURES OF THE CLASS: The work is primarily of a routine nature and involves the performance of standardized clerical tasks. Although detailed instructions are given for new or difficult assignments, and procedures are rather definitely fixed, employees must exercise independent judgment in applying them to specific cases. The work is reviewed by immediate observation, by checking completed work, by periodic or spot checks, by cross checking, or by another step in the clerical process.

TYPICAL WORK ACTIVITIES:

Sorts, indexes, and files mail, bills, requisitions, ledger cards and other material;
Pulls material from files, makes simple file searches and maintains charge-out records;
Issues and records applications, licenses and permits;
Collects fees and account for monies received;
Checks reports and records for clerical accuracy, completeness and proper extension;
Answers telephone and gives out routine information, or relieves at switchboard;
Maintains time records and payroll data;
Operates mimeograph, Photostat, simple computing and other office machines;
Makes entries on control cards, or in ledger from original sources;
Makes arithmetical computations and compiles simple statistical reports;

The above examples of duties are intended only as illustrations of the various types of work performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES, AND/OR PERSONAL CHARACTERISTICS: Working knowledge of office terminology, procedures and equipment; working knowledge of business arithmetic and English; ability to understand and follow oral and written instructions; ability to get along well with others; ability to write legibly; clerical aptitude; mental alertness; neatness; accuracy; tact and courtesy.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is frequently required to sit, use hands to finger, handles, or feel objects, tools, or controls; and reach with hands and arms. The employee is required to walk, talk and hear. The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close and distance vision and the ability to adjust focus.

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually quiet.

MINIMUM QUALIFICATIONS: Graduation from high school or possession of an appropriate equivalency diploma recognized by the NYS Education Department or any equivalent combination of experience and training.

HIGH SCHOOL EDUCATION

Do you have a High School Diploma? Yes No _____
HIGH SCHOOL NAME CITY STATE

Date Graduated: _____

If not, do you have a GED? Yes No _____
GED # NAME OF ISSUING AUTHORITY

College, University, Professional or Technical School (print name and address of school).	Semester Credits Received	Major Subject or Type of Course	Type of Degree Received	Did you Graduate?	Date Received OR Expect to Receive It?

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
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

DRIVER'S LICENSE INFORMATION:

<input type="checkbox"/> NONE	<input type="checkbox"/> NEW YORK STATE	<input type="checkbox"/> OUT OF STATE (Indicate State) _____
MOTORIST ID # _____	CLASS _____	EXPIRATION DATE _____
RESTRICTION(S) _____	ENDORSEMENT(S) _____	

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.**

WORK EXPERIENCE: YOU MUST COMPLETE THIS SECTION, EVEN IF YOU INCLUDE A RESUME. To receive credit for employment experience, this section **MUST** be completed thoroughly. Be sure to include specific dates, hours per week and earnings. Describe in detail all duties performed that are relevant to the position for which you have applied. List your most current employment first.

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, without regard to race, color, creed, religion, sex, sexual orientation, national origin, age, disability, marital status, citizenship status, military or veteran status, criminal conviction status, predisposing genetic characteristics or genetic information, pregnancy, domestic violence victim status, or any other category protected by law.

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