



CITY OF ROCHESTER

Department of Human Resource Management

Employment / Exam Application

☐ C ☐ O

Position or Exam applying for: _____ Exam #: _____
(If Applicable)

Name: _____ SS#: _____
Last First Middle

State any other name by which you have been known: _____

Mailing Address: _____
Street or PO Box (if PO Box fill in residence address below) City State Zip

Residence Address: _____
Street (if different from Mailing Address or if Mailing Address is a PO Box) City State Zip

Home Phone: _____ Alternate Phone: _____ E-mail Address: _____

Are you at least 18 years of age: Yes ☐ No ☐ **UNDER 18 MUST SUBMIT A WORK PERMIT.**

Date of Birth (Required if applying for Police Officer or Firefighter position): _____

Are you a current employee of the City of Rochester? Yes ☐ No ☐

Driver's License #: _____ State Issued: _____ Class: _____

Restrictions: _____ Endorsements: _____

Have you served in the US Armed Forces? Yes ☐ No ☐ Dates of active service: From: _____ To: _____

Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must submit an application form VC-1 (and a VC-4 if applying for disabled veteran credits) and a copy of their discharge papers (form DD-214).

Have you ever been permanently appointed or promoted in the service of the State of New York, or any of its civil divisions, as a result of additional veterans credits granted to you on an eligible list? Yes ☐ No ☐

If yes, name agency that established the eligible list: _____

Are you a child of a City of Rochester Firefighter or Police Officer killed in the line of duty? Yes ☐ No ☐

TO BE COMPLETED BY CIVIL SERVICE EXAM APPLICANTS ONLY:

Special Testing Arrangements - Check if you require special testing arrangements: ☐ (Attach explanation) See details on 6th page of application

Applicant Statement:

I declare that all statements made in this application (and any accompanying attachments) are true and complete to the best of my knowledge. Any false statements made on this application or in subsequent interviews will result in immediate rejection or discharge from employment. I authorize the City of Rochester to contact school/college 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 by the City of Rochester does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

SIGNATURE: _____ Date: _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW

Minimum Qualifications: APPROVED ☐ DISAPPROVED ☐ INITIALS/DATE: _____

Comments: _____

Second Review: INITIALS/DATE: _____
APPROVED ☐
DISAPPROVED ☐

Promo. Eligibility: INITIALS/DATE: _____
APPROVED ☐ Seniority Points: _____
DISAPPROVED ☐ CS Date: _____

PLEASE TYPE OR PRINT IN INK

Are you a U.S. Citizen or a legal alien who has the right to work in the United States? Yes ☐ No ☐

Have you ever been discharged from public or any other employment? Yes ☐ No ☐

If Yes, please explain: _____

Education

Have you received a High School Diploma or GED? Yes ☐ No ☐ If no, please state the highest grade completed: _____

Education Above High School:		Degree or Major	Credits Completed		Degree Received			Diploma Date
Name of School	Location (City, State)		Sem. Hrs.	Qtr. Hrs	AS	BS/BA	MA	
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Additional Related Training

Other relative training you have completed. Please estimate training hours received.

School/Institution	Location (City, State)	Course or Program	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

License and/or Certification

Skill, Trade or Profession: _____ License/Certificate #: _____

Name of Issuing Agency: _____ Valid From: _____ To: _____

Is this certification permanent? Yes ☐ No ☐

Skill, Trade or Profession: _____ License/Certificate #: _____

Name of Issuing Agency: _____ Valid From: _____ To: _____

Is this certification permanent? Yes ☐ No ☐

Attach any additional sheets as necessary. Be sure to include all information requested.

Work Experience

DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. There is an additional form on the back of this page.

Listing your most recent job first, please describe all duties performed which are relevant to the position for which you are applying. To receive credit for a job, complete all information requested, including job title, employer information, supervisor's name and duties. Be sure to specify start and end dates (month/ day/year) and include the number of hours worked per week **(if number of hours vary, provide an approximation)**. You may also attach additional sheets as necessary, but please be sure to include all information as requested on this form.

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Work Experience (Con't)

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Job Title: _____ Start Date: _____ End Date: _____ Hrs/ Wk: _____
(Month/Day/Year) (Month/Day/Year)

Employer's Name: _____ Supervisor's Name: _____

Employer's Address & Phone: _____

Duties: _____

Reason for leaving: _____

Special Arrangements for Examination

If you need special arrangements because you are unable to be tested on the date of the examination(s) due to religious reasons, or if you have a disability that requires you to have special accommodations for you to participate in an examination, you must check the box on the front of this application and **ATTACH** an explanation of the reason why you are unable to take the examination as scheduled and submit supporting documentation, if available.

Requests for alternate test dates that are made for non-emergency situations must be submitted to the Examination Administration section of Human Resource Management no later than ten (10) working days prior to a scheduled examination date (or a scheduled subtest date). For emergency situations, the candidate must notify the Examination Administration section of the need for an alternate test date **NO LATER** than the Tuesday following the scheduled Saturday test date by calling (585) 428-7454 or e-mail to HR@cityofrochester.gov. The Examination Administration Section will notify candidates regarding the status of their request for an alternate test date. Approved candidates will be notified of the date, time and location of an alternate examination.

Application Fee for Examination

Your application fee will NOT be refunded if you do not meet the minimum requirements of the job you are applying for or if you fail to appear for the exam. Compare your qualifications carefully to the requirements stated on the announcement and apply only for those examinations for which you are clearly qualified.

Your application will not be reviewed until payment is received. Payment made payable to “CITY TREASURER” must be submitted with an Exam Application Fee Statement to the City Treasurer’s Office. Fee statement forms may be obtained in the Department of Human Resource Management, City Hall, Room 103A. The deadline for fee submission is the Application Deadline Date on the Exam Announcement.

Cross File (more than one exam on the same day):

If you have applied to take a written test announced by either one or several local jurisdictions (county, town, city) scheduled to be held on the **SAME** test date as this written test, you must notify each of the local jurisdictions **NO LATER** than two (2) weeks before the test date to make arrangements for taking **ALL** tests at **ONE** test site. All examinations for positions in State government will be held at a State examination center. To notify the City of Rochester that you will be taking more than one exam on the same day, please submit a Cross-Filer form. To access the City of Rochester’s Cross-Filer form and other employment forms, please copy the following into your browser: <http://www.cityofrochester.gov/article.aspx?id=8589935785>

Veterans:

To apply for your Veterans’ or Disabled Veterans’ Credits you must submit an application which can be found at City Hall, 30 Church St., Rm. 103A or on-line at: <http://www.cityofrochester.gov/article.aspx?id=8589935785> Your Veterans’ Credits application can be submitted with your exam application, but **MUST** be submitted **PRIOR** to the establishment of the eligible list. Veterans’ Credits **CANNOT** be added to your score after the eligible list has been established. Veterans’ Credits can only be added to a passing score. You may waive using your Veterans’ Credits any time prior to appointment. You may use your Veterans’ Credits for hire only once in your lifetime.

APPLICANT DATA RECORD

PLEASE PRINT:

Name _____
Last First Middle

Completion of this section is voluntary. This information is not for selection purposes, but only to assist the City of Rochester in the administration of its Affirmative Action Program.

Qualified applicants are considered for employment without regard to age, race, color, creed, sex, religion, national origin, sexual orientation, gender identity or expression, genetic information, physical or mental disability, marital status, military status/service, or domestic violence victim status.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of your official application for employment.
It is considered confidential information that will not be used in any hiring decision.
Upon receipt it is filed separately from the employment application.

Position/Exam applying for: _____ Exam #: _____

Gender: Male ☐ Female ☐

Race/Ethnicity: White ☐ Black or African American ☐ Hispanic ☐ Asian or Pacific Islander ☐
American Indian or Alaskan Native ☐ Other Ethnic Origin ☐

How did you learn of this position or examination opportunity? (Please check one)

- | | | |
|--|---|--|
| ☐ Affirmative Action Office | ☐ College Placement Office | ☐ Community Organization |
| ☐ Newspaper | ☐ NYS Job Service | ☐ Printed public announcement |
| ☐ Private Employment Agency | ☐ Radio | ☐ Relative/friend |
| ☐ Television | ☐ Veterans Organization | ☐ Website |
| Other: _____ | | |