



ERIE COUNTY PERSONNEL DEPARTMENT

Application for Employment

Form PO-30Y (Rev. 01/25)

1 POSITION

Title of position you are applying for: _____

Department of position: _____

2 NAME, MAILING ADDRESS AND PHONE

LAST NAME FIRST M.I.

STREET ADDRESS APARTMENT NUMBER

CITY OR POST OFFICE STATE ZIP CODE

PHONE (INCLUDING AREA CODE) E-MAIL ADDRESS

3 ARE YOU 18 YEARS OF AGE OR OLDER? No Yes

4 ARE YOU A CITIZEN OF THE UNITED STATES? No Yes

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? No Yes

5 REFERENCES (Optional)

NAME AND TITLE	COMPANY NAME AND ADDRESS	PHONE	EMAIL

PLEASE NOTE: By providing this information, you are authorizing Erie County to contact references provided for employment reference checks.

FOR OFFICIAL USE—DO NOT WRITE IN THIS SPACE

NOTE: When completing the application, make sure that all appropriate questions have been answered. An incomplete application may result in disapproval.

6 DRIVERS LICENSE

Do you have a valid license to operate a motor vehicle in New York State?

No Yes

If yes, please provide your Driver ID Number and License Class:

CLIENT ID NUMBER

LICENSE CLASS

7 EDUCATION

HIGH SCHOOL

Have you received a High School Diploma? No Yes

If no, have you received a High School Equivalency (H.S.E.)? No Yes

If you received a H.S.E., please provide the HSE Diploma/Certificate

ID Number, State or Jurisdiction of Issuance, and Date Received.

ID NUMBER

STATE OR JURISDICTION

DATE

EDUCATION ABOVE HIGH SCHOOL LEVEL

SCHOOL NAME AND ADDRESS	NO. OF YEARS ATTENDED?	SEMESTER CREDITS COMPLETED	GRADUATED?	COURSE OR MAJOR	TYPE OF DEGREE
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

TRAINING

Other related training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received:

COURSE TITLE	DESCRIPTION	TRAINING PROVIDER	TRAINING DATE	HOURS

8 PROFESSIONAL LICENSES OR CERTIFICATIONS

If a license, certificate or the authorization to practice a trade or profession is listed as a requirement of the examination for which you are applying, please fill out the section below.

NAME OF TRADE OR PROFESSION

LICENSE NUMBER

GRANTED BY (LICENSING AGENCY)

CITY OR STATE OF

SPECIALITY

DATE LICENSE FIRST ISSUED

REGISTERED FROM

REGISTERED TO

9 WORK HISTORY

Describe your employment, including military experience, beginning with your current or most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average number of hours in the workweek, reason for leaving, specific job duties, your job title, etc. must be shown.

Dates		Name and Address of Employer	Supervisor's Name and Title
Starting Date	Ending Date		
Reason for Leaving:			
Position Title:			Hours Per Week (Excluding Overtime):
Describe duties below:			
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Starting Date	Ending Date		
Reason for Leaving:			
Position Title:			Hours Per Week (Excluding Overtime):
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Position Title:			Hours Per Week (Excluding Overtime):
Describe duties below:			

REMARKS: (Use this space to provide any additional information, as necessary.)

THIS AFFIRMATION MUST BE COMPLETED. I affirm that the statements made on this application are true under the penalties of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature

Date