

LIVINGSTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT INSTRUCTIONS

READ ALL INSTRUCTIONS CAREFULLY. IF YOUR APPLICATION IS NOT PROPERLY COMPLETED, IT WILL BE DISAPPROVED.

1. **Fully Completed.** An application must be completed fully. If a field is not applicable, write “NA.” If additional forms are required, an application is not complete without such completed forms.
2. **Deadline for Submission.** Applications must be received by the stated deadline to be accepted. Late applications will be disapproved. An application is “received” when:
 - a. It is actually received by the Livingston County Personnel Office within normal office hours (8 AM - 4 PM), whether delivered, faxed, or emailed; or
 - b. As of the United States Postal Service postmark date on the mailing envelope. Applications placed under the office door or emailed after hours are deemed received the next business day. Faxes actually received after hours are deemed received the next business day. Applications sent by interoffice mail are received when actually received.
3. **Exam Fees.** Exam fees must be paid by cash or money order. Exam fees or fee waiver forms should accompany the application. Fees must be received or postmarked by the stated deadline. Late fees will result in application disapproval. The fee is non-refundable. No refunds will be made if your application is disapproved or you fail to appear for the test. We will not prescreen applications.
4. **Form of Application.** Application may only be made on the Livingston County Application for Examination or Employment form. Fully completed applications will be accepted in the following forms:
 - a. The original paper application (Submit to: Livingston County Personnel Office; 6 Court Street, Room 206; Geneseo, New York 14454);
 - b. A copy of the paper application;
 - c. A scanned and e-mailed application (Submit e-mail to: livcopers@co.livingston.ny.us); and
 - d. A faxed application (Submit fax to: 585-243-7936).The application *must* contain the applicant’s true signature (i.e. written *not* typed), and *must* have a current date.
5. **Applicant Qualifications.** In order for an application to be approved, the applicant must clearly show the training, education, experience and/or licensure/certification stated in the minimum qualifications for the title. All qualifying information must appear on the application form. The applicant has the burden of proving he/she has the required qualifications for the position. No credit will be given for information that is illegible and/or unclear.
6. **College Credit Hours.** If a position requires the applicant to have completed a number of college credit hours in a specified field of study, the applicant must submit a copy of his/her college transcript evidencing credit hours. If the application is conditionally approved, the applicant will be notified to have his/her college *directly* send an official transcript to the Livingston County Personnel Office. The original transcript must be received by the Livingston County Personnel Office before the eligible list is established if applying for an exam, or before appointment if applying for a vacant position.
7. **Related College Degrees.** If the applicant is relying on a related college degree to qualify for an exam or position, the applicant must supply a copy of his/her college transcript with the application. In the event the application is conditionally approved, the applicant must make arrangements to have an original transcript sent as described in paragraph 6.
8. **Resumes.** Resumes *may not* be submitted with applications. Resumes *may* be taken to employment interviews.



LIVINGSTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

Livingston County Personnel Office

Livingston County
Government Center
6 Court St., Room 206
Geneseo, NY 14454

E-mail address: LivCoPers@co.livingston.ny.us
Telephone: (585) 243-7570
Fax number: (585) 243-7936

Do not mark in this area – official use only.

A D C _____

1. Examination/Position Title

Complete all parts of this section.

I am applying for:	<input type="checkbox"/> A Civil Service examination. The exam number is: _____
The title of the exam or position is:	<input type="checkbox"/> An open position with Livingston County.

2. My Personal Information

Complete all parts of this section.

My name is:	
My current mailing address is:	
I currently live at (i.e. my physical address is):	<input type="checkbox"/> The same as my mailing address. <input type="checkbox"/> Different from my mailing address. My physical address is: _____
My physical address is my permanent residence.	<input type="checkbox"/> True. <input type="checkbox"/> False. My permanent residence physical address is: _____
I have lived within Livingston County for at least the last 4 months.	<input type="checkbox"/> True. <input type="checkbox"/> False.
My permanent address is located within (complete all categories that apply) :	State: _____ County: _____ Town: _____ Village: _____ School District: _____
My e-mail address is: [Providing this address is optional. If you provide your e-mail address, it may be used for communications with you.]	
My phone number is:	

3. My Right to Work in the United States

Complete all parts of this section.

I have the legal right to accept employment within the United States.	<input type="checkbox"/> True. <input type="checkbox"/> False.
I am at least 18 years of age.	<input type="checkbox"/> True. <input type="checkbox"/> False. I have working papers that allow me to do the type of work for which I have applied. <input type="checkbox"/> True. <input type="checkbox"/> False.

4. Examination Information

Only complete this section if you are currently applying to take a Civil Service exam. If you are not applying for an exam, proceed to section 5.

I have taken this exam within the last 6 months.	<input type="checkbox"/> True. <input type="checkbox"/> False.
I am applying for the Police Officer and/or Deputy Sheriff/Road Patrol exam.	<input type="checkbox"/> True. My date of birth is: _____ <input type="checkbox"/> False.
I wish to apply for veterans' credits.	<input type="checkbox"/> True. You must attach a completed veterans' credits form with your DD214 form. Contact the Personnel Office for the veterans' credits form. <input type="checkbox"/> False.
I need an alternate test date.	<input type="checkbox"/> True. You must review the alternate test date policy to determine if you are potentially eligible. If so, you must apply for the alternate test date at least 2 weeks prior to the exam if the need for the alternate test date is known at that time. Otherwise, you must apply within 3 business days of the date on which you become aware of your need for an alternate test date. Contact the Personnel Office for the request form. <input type="checkbox"/> False.
I need special arrangements for this exam due to my religious observance.	<input type="checkbox"/> True. No later than 2 weeks prior to the exam, you must submit a written request explaining the special arrangements you need and providing an explanation of why the arrangements are needed. <input type="checkbox"/> False.
I need special arrangements for this exam due to my disability.	<input type="checkbox"/> True. No later than 2 weeks prior to the exam, you must submit a completed Exam Accommodation Request form. Contact the Personnel Office for this form. <input type="checkbox"/> False.

5. My Background Information

Complete all parts of this section.

<p>I have :</p> <ul style="list-style-type: none"> ▪ Been discharged from employment for reasons other than lack of work; ▪ Resigned from employment in lieu of termination; AND/OR ▪ Been <i>dishonorably</i> discharged from the U.S. Armed Forces. 	<p><input type="checkbox"/> True. Submit a completed Employment Discharge form with your application for <i>each</i> of your terminations that fall within any of these categories. Contact the Personnel Office for this form.</p> <p><input type="checkbox"/> False.</p>
<p>I have been convicted of one or more misdemeanor and/or felony crimes.</p>	<p><input type="checkbox"/> True. Submit a completed Sworn Statement form with your application for <i>each</i> conviction. Contact the Personnel Office for this form.</p> <p><input type="checkbox"/> False.</p>
<p>I work for Livingston County presently.</p>	<p><input type="checkbox"/> True.</p> <p style="padding-left: 40px;">I work for the following department: _____</p> <p style="padding-left: 40px;">I work in the following job title: _____</p> <p><input type="checkbox"/> False.</p>
<p>I have worked for Livingston County in the past.</p>	<p><input type="checkbox"/> True.</p> <p style="padding-left: 40px;">I worked for the following department(s): _____</p> <p style="padding-left: 40px;">I worked in the following job title(s): _____</p> <p><input type="checkbox"/> False.</p>

6. My License Information

Complete all sections.

<p>I have a valid New York State driver's license.</p>	<p><input type="checkbox"/> True.</p> <p style="padding-left: 40px;">My license has no restrictions that would affect my ability to work.</p> <p style="padding-left: 80px;"><input type="checkbox"/> True.</p> <p style="padding-left: 80px;"><input type="checkbox"/> False. The restrictions on my license are: _____</p> <p><input type="checkbox"/> False.</p> <p style="padding-left: 40px;">I have a valid driver's license from another state within the U.S.</p> <p style="padding-left: 80px;"><input type="checkbox"/> True. My license is from the state of: _____</p> <p style="padding-left: 80px;"><input type="checkbox"/> False.</p>
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<p>I have a valid New York State commercial driver's license.</p>	<p><input type="checkbox"/> True. The class of my license is: _____ I have endorsements <input type="checkbox"/> True. My endorsements are: _____ <input type="checkbox"/> False. My license has no restrictions that would affect my ability to work. <input type="checkbox"/> True. <input type="checkbox"/> False. The restrictions on my license are: _____</p> <p><input type="checkbox"/> False.</p>
<p>I have one or more New York State professional licenses and/or certifications (not including a commercial driver's license).</p> <p>(If you have more than one New York State professional licenses and/or certifications please use page 13 for the others.)</p>	<p><input type="checkbox"/> True. For each professional license/certification, provide the following: The type of license/certification: _____ License/certification number: _____ Date license/certification first issued: _____ Date current license/certification expires: _____ Whether the license/certification is currently in good standing with no restrictions? <input type="checkbox"/> Yes. <input type="checkbox"/> No. If there are any restrictions on the license, explain those restrictions and how they affect your ability to work in the title for which you are applying: _____ _____</p> <p><input type="checkbox"/> False.</p>
<p>I have one or more currently valid professional licenses and/or certifications issued by a state within the U.S. <i>other than</i> New York.</p> <p>(If you have more than one currently valid professional licenses and/or certifications please use page 13 for the others.)</p>	<p><input type="checkbox"/> True. For each professional license/certification, provide the following: The type of license: _____ The state that issued the license: _____</p> <p><input type="checkbox"/> False.</p>

7. My Education

Complete this table fully.

I have participated in the following type(s) of education. (Check every category that applies.)	<input type="checkbox"/> High school. Complete the “a” section below. <input type="checkbox"/> Trade School or Program. Complete the “b” section below. <input type="checkbox"/> Undergraduate Degree Program. Complete the “c” section below. <input type="checkbox"/> Graduate Degree Program. Complete the “d” section below. <input type="checkbox"/> Other schools or special courses. Complete the “e” section below. <input type="checkbox"/> I have college credit hours meeting the minimum qualifications of the title for which I am submitting this application. Complete the “f” section below.
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For each of the types of education you checked above, complete the corresponding section(s) below.

a. High school

I have a high school diploma or high school equivalency diploma.	<input type="checkbox"/> True. My diploma was issued by: _____ _____ <input type="checkbox"/> False.
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b. Trade school or program

I participated in an official trade school and/or trade program.	<input type="checkbox"/> True. The school or program was: _____ _____ <input type="checkbox"/> False.
The trade for which I received training was:	
I successfully completed the program.	<input type="checkbox"/> True. <input type="checkbox"/> False.
The trade for which I received training is a skilled building and/or construction trade.	<input type="checkbox"/> True. My training and/or experience places me at the following skilled trade level: <input type="checkbox"/> Apprentice. <input type="checkbox"/> Journeyman. <input type="checkbox"/> Master. <input type="checkbox"/> Other. Please specify: _____ <input type="checkbox"/> False.

c. Undergraduate degree program (for Associate's and/or Bachelor's degrees)

The name(s) of the college(s)/university(ies) I attended was/were:	
My major(s) was/were:	
The degree I received was:	<input type="checkbox"/> Associate's degree in: _____ <input type="checkbox"/> Bachelor's degree in: _____ <input type="checkbox"/> I did not receive a degree.
My degree is:	<input type="checkbox"/> A degree named in the minimum qualifications for this title. <input type="checkbox"/> Closely related to a degree named in the minimum qualifications for this title. (Complete section "f" below.) <input type="checkbox"/> I do not have a degree. <input type="checkbox"/> None of the above apply.
Date degree expected.	

d. Graduate degree program (for advanced degrees, i.e. beyond Bachelor's degrees)

The name(s) of the college(s)/university(ies) I attended was/were:	
My major(s) was/were:	
The degree I received was:	<input type="checkbox"/> Master's degree in: _____ <input type="checkbox"/> Doctorate degree in: _____ <input type="checkbox"/> I did not receive a degree.
My degree is:	<input type="checkbox"/> A degree named in the minimum qualifications for this title. <input type="checkbox"/> Closely related to a degree named in the minimum qualifications for this title. (Complete section "f" below.) <input type="checkbox"/> I do not have a degree. <input type="checkbox"/> None of the above apply.

e. Other schools or programs

School or program #1	The name of the school was: _____ The subject of study was: _____ The degree or certification I received was:
School or program #2	The name of the school was: _____ The subject of study was: _____ The degree or certification I received was:

School or program #3	The name of the school was: _____
	The subject of study was: _____
	The degree or certification I received was: _____

f. College credit hours:

- **Toward meeting minimum qualifications (if the minimum qualifications require a certain number of credit hours in a field of study), OR**
- **You are claiming your degree is a closely related degree to the degrees specified in the minimum qualifications.**

Complete the table below with your relevant course work.

Name of course	Area of study	Credit hours earned	Grade for class

8. My Work Experience

Current job. (If you have more than one current job, enter data here for the job you consider to be your primary job.)

I am currently working.	<input type="checkbox"/> True. <input type="checkbox"/> False. Proceed to the next table.
My current job is paid.	<input type="checkbox"/> True. <input type="checkbox"/> False. Complete the remainder of this table with “employer” meaning the person for whom you do work. I work as a/an: <input type="checkbox"/> Volunteer. <input type="checkbox"/> Intern. <input type="checkbox"/> Other unpaid worker. The type of work is:
My current employer is:	Employer name:
My employer’s address is:	Town/City: _____ State:
My job title is:	
I began working in this title in:	Month _____ Year _____
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Other job duties I perform regularly are:	
My average hours of work per week are (<i>not</i> including overtime):	
OPTIONAL. This is additional information I would like to provide about this work experience.	

Current or prior relevant jobs.

I have had prior employment or other current employment not described above that is relevant to the title for which I am applying.	<input type="checkbox"/> True. <ul style="list-style-type: none"> ▪ Describe your relevant prior experience below. ▪ All qualifying experience must be described fully on this application. ▪ You do not need to repeat the current job you described above. ▪ “Employer” as used below means any person for whom you worked, even if not paid. <input type="checkbox"/> False. Proceed to section 9.
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Relevant Job #1

- **Note: If you had more than one job with the same employer, each job should be listed as a separate job.**

My employer is/was:	
My employer's address is:	Town/City: _____ State: _____
My job title is/was:	
I began working in this title in:	Month _____ Year _____
My work ended:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <i>not</i> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Other job duties I perform regularly are:	
My average hours of work per week are (<i>not</i> including overtime):	
This work is:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<i>OPTIONAL.</i> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Continue below. <input type="checkbox"/> False. Proceed to section 9.

Relevant Job #2

My employer is/was:	
My employer's address is:	Town/City: _____ State: _____
My job title is/was:	
I began working in this title in:	Month _____ Year _____
My work ended:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <i>not</i> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Other job duties I perform regularly are:	
My average hours of work per week are (<i>not</i> including overtime):	
This work is:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<i>OPTIONAL.</i> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Continue below. <input type="checkbox"/> False. Proceed to section 9.

Relevant Job #3

My employer is/was:	
My employer's address is:	Town/City: _____ State: _____
My job title is/was:	
I began working in this title in:	Month _____ Year _____
My work ended:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <i>not</i> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Other job duties I perform regularly are:	
My average hours of work per week are (<i>not</i> including overtime):	
This work is:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<i>OPTIONAL.</i> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Obtain additional work experience pages and attach them to your application. The additional pages may be obtained from the Personnel Office or from the Personnel page of the County's website at: www.livingstoncounty.us (go to "Departments," select "Personnel Department," and select "Employment Application and Other Forms." <input type="checkbox"/> False. Proceed to section 9.

9. Equal Employment Opportunity statement

New York and Federal law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, sexual orientation, non-disqualifying disability, marital status, religion, genetic information, gender identity, and gender orientation. Accordingly, nothing in this application should be viewed as expressing any limitation, specification, or discrimination as to these protected classifications or any others, in connection with employment by Livingston County municipalities.

10. Affirmation, Signature, and Date

I affirm that the statements made in this application, including any attached/included documents (in any format including, but not limited to, electronic and paper), are true under penalties of perjury. I understand that any misrepresentations may result in my disqualification for examination/appointment or my removal from employment following appointment.

My signature: <i><u>(Signature must be hand written. It may not be typed.)</u></i>	
Date:	



Do not mark in this area. Reserved for use by Livingston County Personnel.

Date Received: _____

Fee Received: _____

By: _____

Reasons for disapproval or conditional approval:

1. _____

2. _____

3. _____

Prior County employment: Yes No

If so: Dept. _____ Title _____

Dates of most recent employment: _____



Additional Information

Please note that this page is to provide more detail where you may not have had enough room within the application. This is not space to provide a resume and/or cover letter. Resumes and cover letters are not accepted at the time of application and will not be reviewed.

Continued from page:	Item:	Additional Information:

NOTICE REGARDING CRIMINAL HISTORY RECORD CHECKS
Required by NYS Department of Health

You have applied for employment in an unlicensed position involving the direct care and/or supervision of patients of the Livingston County Center for Nursing & Rehabilitation or the Livingston County Department of Health (the “operator”). Under New York State law, the operator must conduct a criminal history record check on you. The process for the criminal history record check is as follows:

- You complete: (1) a Livingston County Application for Examination or Employment, (2) a signed, sworn statement regarding your criminal convictions and findings of patient or resident abuse on a form provided by the County, and (3) an Authorization for Search and Exchange of Information form. You provide the completed documents to the Livingston County Personnel Office.
- If your application is approved, your application documents (listed in prior bulleted item) will be forwarded to the operator. If the operator makes a conditional offer of employment to you, you must be fingerprinted. The operator will give you an instruction sheet and fingerprint card. Applicants for employment at the Center for Nursing & Rehabilitation will be fingerprinted by an outside agency. Applicants for employment by the Department of Health must report to the Livingston County Sheriff’s Office for fingerprinting and then return the finger print card to the Department of Health.
- The operator will forward the fingerprint card, and any other required information and fees to the New York State Department of Health (“NYSDOH”). (You are *not* responsible for the payment of any fees associated with the criminal history record check.)
- The NYSDOH will submit these items to the United States Attorney General (“USAG”) for a full search of the records of the Federal Bureau of Investigation.
- The USAG will provide the requested information to the NYSDOH.
- The NYSDOH will forward this information to the operator.
- The operator will review the information to determine whether there are any criminal convictions that may disqualify you from employment. If so, the operator will provide you with an opportunity to obtain, review and explain any criminal history record information contained in the criminal history record check.
- If the operator disqualifies you on the basis of a criminal conviction, it will put the basis of this decision in writing and provide a copy to you.

YOU HAVE THE RIGHT TO WITHDRAW YOUR APPLICATION FOR EMPLOYMENT AT ANY TIME, WITHOUT PREJUDICE, PRIOR TO THE OPERATOR’S DECISION ON EMPLOYMENT. YOUR REQUEST TO WITHDRAW YOUR APPLICATION SHOULD BE MADE IN WRITING AND DELIVERED TO THE LIVINGSTON COUNTY PERSONNEL OFFICE. UPON A WITHDRAWAL, YOUR FINGERPRINTS AND CRIMINAL HISTORY RECORD WILL BE DESTROYED.

I acknowledge receipt of a copy of this notice.

Name [Print]

Signature

Date: _____

My name is:

NYS Department of Health, Criminal History Record Check Unit
chrc@health.state.ny.us

The purpose of this form is to obtain consent from the subject individual for fingerprints and criminal history record information pursuant to Article 28-E of the Public Health Law and Section 845-b of the Executive Law.

SECTION 1 – SUBJECT INDIVIDUAL INFORMATION

Last Name	First Name	Middle Initial	Maiden Name
Date of Birth (mm/dd/yyyy)	Alias/AKA	Mother's Maiden Name	
Mailing Address (street)	City	State	ZIP Code

SECTION 2 - ATTESTATION

- I have applied to an agency to provide direct care or supervision to residents or patients. I understand that as part of the application process, the Public Health Law (PHL) Article 28-E requires that the New York State Department of Health perform a criminal history check on me with the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI).
- I acknowledge and consent to having my fingerprints taken for the purpose of a criminal history record check by the DCJS and the FBI.
- I have been advised that DOH is authorized by law to receive the results of the criminal history record check from DCJS and the FBI for the purpose of developing a criminal history record summary. In accordance with applicable laws, DOH will furnish appropriate summary information to the agency to which I applied for a position to provide direct care or supervision to residents or patients. I have been advised that the criminal history record summary will indicate whether I have a criminal history, including convictions of a crime (felony or misdemeanor) or criminal charges which do not reflect a disposition. The criminal history record summary prepared by DOH and sent to the agency will contain the results of the criminal history record check performed by DCJS. I have been advised that the information shall be confidential pursuant to applicable federal and state laws, rules and regulations and shall only be disclosed to persons authorized by law. I have been informed that upon receiving notification from DCJS that there is a subsequent pending criminal action or proceeding or conviction, the DOH shall promptly notify an authorized person(s) of a provider of the additional allegation or new conviction.
- I hereby consent to DOH sharing with any DCJS agency to which I applied for a position to provide direct care or supervision, any criminal history record check information provided to DOH by the FBI, including the specific crime(s) for which I was convicted or charged, the date of the arrest for such charge, and/or date of conviction, and the jurisdiction in which the arrest or conviction took place.
- I have been informed of the procedures and my rights to obtain, review and seek correction of my criminal history information pursuant to regulations and procedures established by the DCJS and the FBI. If I believe an error has been made by DCJS for any New York State conviction/charge or the FBI for any non-New York State conviction/charge, I understand that I should notify DCJS and/or the FBI to report and request correction of this error to the addresses below.

NYS Division of Criminal Justice Services
 Criminal History Bureau
 Record Review Unit-5th Floor
 4 Tower Place
 Albany, NY 12203
 (518) 485-7675

Federal Bureau of Investigation
 Criminal Justice Information Services
 (CJIS) Division
 1000 Custer Hollow Road
 Clarksburg, WV 26306

- I understand that I have the right to withdraw my application for employment, without prejudice, any time before employment is offered or declined, regardless of whether an agency, DOH or I have reviewed my criminal history information.
- I certify to the best of my knowledge and belief that I (check as appropriate):
 - Have** **Have not been convicted of a crime in New York State or any other jurisdiction**
 - Do** **Do not have a final finding of patient or resident abuse**
 If you checked either "Have" and/or "Do", please provide a brief explanation. (Optional)

- My current mailing or home address is indicated in Section 1 of this form.
- I have read this form and hereby consent to the request by the agency to use my fingerprints to obtain my criminal history record, if any, from the DCJS and the FBI. I hereby consent to the re-disclosure of any convictions or open charges on my criminal history record, received by DOH from DCJS, to the requesting agency in accordance with applicable laws. I declare and affirm that the information I have provided on this consent form is true, complete and accurate and that the fingerprints to be submitted are my own.

Applicant Signature: _____ Date: ____/____/____

Name and Signature of Parent or Legal Guardian: _____ Date: ____/____/____
 (if subject individual is under 18 years of age)

SECTION 3 – AGENCY AUTHORIZED PERSON INFORMATION

Agency Name:	Operating License Number (PFI):
Print Name of Authorized Person:	Title:
Signature of Authorized Person:	Date:

**SWORN STATEMENT REGARDING
FINDINGS OF PATIENT/RESIDENT ABUSE
AND CONVICTIONS FOR CRIMES**

I, _____ [Print name], am providing the following information in connection with my Livingston County Application for Examination or Employment.

Section 1: Findings of Patient/Resident Abuse

Have you ever been found guilty of patient or resident abuse? Yes No

If no, proceed to Section 2.

If yes, complete the following.

[If you were found guilty of more than 1 instance of patient/resident abuse, request an additional page for each additional incident.]

Date of incident for which you were found guilty of patient/resident abuse	
Full description of the act(s) of patient/resident abuse	
Name of your employer at time of incident	
Your job title	
Action taken by your employer toward you as a result of the incident	
Identify any State or Federal agency that investigated the incident	
Findings of the State or Federal agency	
Action taken by the State or Federal agency	

Attach an additional sheet if more space is needed.

CONTINUE TO NEXT PAGE.

My name is:

Section 2: Convictions

Have you ever been convicted of a felony or misdemeanor? Yes No

If not, proceed to section 3.

If yes, complete the following:

[If you have more than one conviction, request an additional page for each additional conviction.]

Name of criminal offense	
Date of the offense	
Date of the conviction	
Classification of offense	<input type="checkbox"/> Felony, Class _____ <input type="checkbox"/> Misdemeanor, Class _____
Name of court	
Location of court (municipality & state)	
What happened? (Describe fully the events that were the basis of the criminal offense.)	
Sentence imposed	
Sentence completed to date	
What was your age at the time of the offense?	
Specify any evidence you have of rehabilitation	
Do you have a certificate of relief from disabilities or a certificate of good conduct?	<input type="checkbox"/> Yes (provide a copy) <input type="checkbox"/> No

Attach an additional sheet if more space is needed.

Do you have any other convictions? No. Yes. If you answered yes, you must complete a separate sworn statement form for each and every additional conviction.

Section 3: Affirmation

I do solemnly, sincerely and truly declare and affirm that the statements made by me in this Sworn Statement Regarding Findings of Patient/Resident Abuse and Convictions for Crimes and its attachments are complete, true and correct.

_____ Date

_____ Signature of Applicant

My name is: