



# City of Oswego

## Personnel Department

13 West Oneida Street Oswego NY 13126

Phone: 315-342-8159 • Fax: 315-342-8248

[www.oswegony.org](http://www.oswegony.org)

## Examination Announcement

### POLICE OFFICER

<b>EXAMINATION NUMBER:</b>	62-518 (OPEN-COMPETITIVE) Open to everyone
<b>LAST FILING DATE:</b>	AUGUST 12, 2021 (Applications will <b>NOT</b> be accepted after this date)
<b>EXAMINATION DATE:</b>	SEPTEMBER 18, 2021

**PAY RATE:** \$51,536

**VACANCIES:** A single eligible list will be established as a result of this examination and will be used to fill future vacancies as they occur in the City of Oswego.

**POSITION SYNOPSIS:** Has personal responsibility in an assigned district during a specific period for the enforcement of all laws and ordinances and the protection of lives and property; assists in the investigation of criminal offenses and the apprehension of criminals; does related work as required.

This work consists primarily of routine patrol tasks. There is considerable independent responsibility for the exercise of sound judgment in emergencies.

**RESIDENCY REQUIREMENTS:** Candidates must be a legal resident of New York State for a minimum of one (1) month immediately preceding the date of the examination. Residency in Oswego County or contiguous county (Cayuga, Onondaga, Madison, Oneida, Lewis and Jefferson) must be established at the time appointment and maintained throughout employment.

**MULTIPLE EXAMINATIONS SCHEDULED FOR 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 weeks before the test date**, so they can 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.

**APPLICATION DEADLINE POLICY:** Applications must be submitted to the City of Oswego

Personnel Department before close of business at 5:00pm on the last filing date listed on the examination announcement. Applications received via U.S. mail will be accepted only if postmarked on or before the last filing date. Applications received through inter-office mail or via facsimile after the last filing date will not be accepted.

**MINIMUM QUALIFICATIONS:** *(Candidates must meet the following requirements)*

High school graduate or holder of a high school equivalency diploma issued by an education department of any of the states of the United States, or a holder of a comparable diploma issued by any commonwealth territory, or possession of the United States, or by the Canal Zone, or a holder of a report from the United States armed forces certifying his/her successful completion of the tests of general education development, high school level.

All applicants for City of Oswego Civil Service examinations are required to meet the minimum qualifications stated on the examination announcements.

Effective March 12, 2010, the City of Oswego's tolerance policy for experience is as follows:

One month of tolerance will be allowed for each required year of experience up to a maximum of three months.

This policy applies for all examinations held after March 12, 2010.

**SPECIAL REQUIREMENTS:**

Candidates must be at least 19 years old on or before the date of the examination to take the test **AND PROVIDE PROOF OF AGE** (see attached Exam Supplement). Eligibility for appointment as a police officer begins when the candidate reaches age 20. Candidates who reach their 35<sup>th</sup> birthday on or before the date of written examination are not qualified except as follows: Candidates may have a period of military duty or terminal leave, up to six (6) years as defined in Section 243 (10-a) of the Military Law, deducted from their age for purposes of determining whether they meet the age requirement.

Candidates must be citizens of the United States.

Possession of a valid New York State driver's license at time of appointment and must be maintained throughout employment.

Appointed candidates must satisfactorily complete the Basic Course for Police Officers as prescribed by the Municipal Training Council and required by Section 209-q of the General Municipal Law within one year of appointment in order to attain permanent status in the position.

**BACKGROUND INVESTIGATION AND ADDITIONAL SCREENINGS:**

Candidates will be subject to a thorough background investigation. Candidates may be required to authorize access to educational, financial, employment, criminal history, mental health records or other records. Conviction of a felony will bar appointment. Conviction of a misdemeanor or other offense is subject to evaluation and may bar appointment. Candidates may be subject to additional

screenings as a term and condition of employment, including but not limited to, fingerprinting, polygraph and psychological testing. Drug testing is included in the required medical exam. Candidates will be required to submit the necessary fees for the fingerprinting processing.

**Investigative Screening:** As stated in Section 58 of the Civil Service Law, there will be a background investigation conducted in accordance with the standards of the municipal police training council (MPTC). Derogatory information will be evaluated and may result in disqualification. All convictions must be reported. Conviction of a felony or misdemeanor, or any falsified or omitted information, may bar appointment or result in removal after appointment, depending upon the relationship of the violation or omission to the duties of the position.

**Psychological Evaluation:** As stated in Section 58 of the Civil Service Law, you will be required to participate in a psychological evaluation to determine your fitness to perform the essential duties of the position prior to appointment. Failure to meet the standards may result in your offer of employment being rescinded or in your disqualification. An eligible will be called for a psychological assessment as needed to fill existing and anticipated vacancies.

### **SCOPE OF EXAMINATION:**

Written test will cover knowledge, skills and/or abilities in such areas as:

#### **Situational Judgment**

These questions test for the ability to identify appropriate and effective responses to work-related challenges. You will be presented with scenarios that reflect the types of challenges one could encounter in a work environment. Each scenario will be followed by several responses to the scenario. You must rate the effectiveness of each response.

#### **Language Fluency**

These questions test for the ability to read, understand, and present a clear and accurate summary of information. For some questions, you will be given a brief reading passage followed by four statements, each summarizing the information. You must then choose the best version. For other questions, you will be given several sentences, one of which contains a spelling, grammatical, or punctuation error. You must then select the line that contains the error.

#### **Information Ordering and Language Sequencing**

These questions test for the ability to properly identify the sequence or order of events, or to organize information to fit a timeline. You will be given a brief reading passage followed by one or more questions. You must identify the proper sequence of events in order to answer one or more questions.

#### **Problem Sensitivity and Reasoning**

These questions test for the ability to apply information and to identify a problem or potential problem. For some questions, you will be given information in the form of policies, rules, regulations, or laws, which will be followed by a situation. You must then identify the problem and apply the information to select the best course of action to take. For other questions, you will be given a scenario and mock witness statements. You must use this information to answer one or more questions about the scenario.

#### **Selective Attention**

These questions test for the ability to focus on completing a task and to pay attention to important details while performing repetitive and monotonous tasks. You will be presented with a series of letters, symbols, and/or numbers. You must select the choice that contains the series of letters, symbols, and/or number that matches exactly.

### **Visualization**

These questions test for the ability to imagine how something will look when it is moved around or when its parts are changed, moved, or rearranged. You will be presented with an image of a face followed by four images of faces. Each face is disguised or altered in some way. Three of the images have a difference in facial structure or facial features. You must select the choice that contains the image with the identical facial structure and facial features.

### **Spatial Orientation**

These questions test for the ability to understand how to navigate within spaces or how to get from one point to another. You will be provided with a map followed by one or more questions. You must imagine yourself at a certain location and orient yourself to the direction in which you would move to get to another location by the shortest (least distance) route.

Test guide:

A Guide for the Written Test for **Entry-Level Law Enforcement** is available at the New York State website: <https://www.cs.ny.gov/testing/testguides.cfm>. Candidates not having access to a computer or the internet may request copy of the test guide from the municipal civil service office conducting this examination using the contact information found elsewhere on this announcement.

### **Use of calculators is PROHIBITED**

### **MEDICAL AND PHYSICAL FITNESS STANDARDS:**

A qualifying physical fitness screening test and medical standards are prescribed by the Municipal Police Training Council (MPTC). Physical fitness screening test results completed no more than 6 months prior to the scheduled fitness test from other civil service jurisdictions will be accepted. The physical fitness standards must be met by candidates as scheduled by the personnel department. The medical standards must be met by candidates upon receipt of a conditional offer of employment. The MPTC Standards are available upon request at the City of Oswego Department of Personnel or may be downloaded at: <http://criminaljustice.state.ny.us/ops/docs/registry/policeapptsmed.pdf>.

The MPTC medical standard for **visual acuity** requires candidates to have vision better or equal to 20/30 in each eye. If a candidate must use corrective lenses (glasses or contacts) in order to satisfy the 20/30 standard, then the candidate's uncorrected vision should be no worse than 20/100 in each eye. A complete description of physical and medical standards can be found as indicated above.

The MPTC adopted the physical fitness screening test based on the model formulated by the Cooper Institute of Aerobics Research. The minimum passing scores, depending on age and sex, represent the fortieth (40th) percentile of physical fitness as established by the Cooper Institute. Failure on any part of the qualifying test will remove your name from further consideration for appointment.

### **Test Element Description**

Sit-up Muscular Endurance - The score indicated below is the number of bent-leg sit-ups performed in one minute.

Push-up Muscular Endurance - The score below is the number of full body repetitions that a candidate must complete, without breaks.

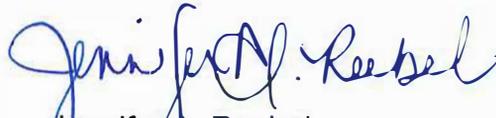
1.5 Mile Run Cardiovascular Capacity - The score indicated below is calculated in minutes:seconds.

<b>Age/Sex Male</b>	<b>Sit-up</b>	<b>Push-up</b>	<b>Test 1.5 Mile/Run</b>
20-29	38	29	12:38
30-39	35	24	12:58
40-49	29	18	13:50
<b>Age/Sex Female</b>	<b>Sit-up</b>	<b>Push-up</b>	<b>Test 1.5 Mile/Run</b>
20-29	32	15	14:50
30-39	25	11	15:43
40-49	20	9	16:31

**All candidates who achieve a passing score on the written portion of this exam will be notified of the scheduled physical fitness test. Candidates who do not appear for the scheduled physical fitness test, without providing a reasonable explanation in writing to the Personnel Director, will be removed from the eligible list. Successful candidates may be re-tested after one year.**

OSWEGO CITY GOVERNMENT IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER  
AND ALL INTERESTED PERSONS ARE INVITED TO APPLY FOR THESE EXAMINATIONS

ISSUED: July 1, 2021

  
Jennifer A. Reebel  
Personnel Director

## GENERAL INSTRUCTIONS

1. Applications and additional information is available at the Personnel Department, City of Oswego, 13 West Oneida Street, Oswego NY 13126, or by calling 342-8159, or on the web at [www.oswegony.org](http://www.oswegony.org).
2. Unless otherwise indicated on this announcement, the candidate will complete one "Application for Employment" for each open-competitive exam he/she wishes to take.
3. Falsification of any part of the "Application for Employment" will result in disqualification and possible legal action.
4. Approved candidates will be notified when and where to appear for the examination. No one will be admitted into the examination without the official admission letter. If an application is rejected, due notice will be sent. The Department does not make formal acknowledgment of the receipt of an application.
5. Applicants must answer every question on the application form and make sure the application is complete in all respects. **Incomplete applications will be disapproved.**
6. If you have not received your notice to appear for the exam three days before the exam date, call 342-8159.
7. **It is your responsibility to notify this office of any change of address/phone number that may have occurred since this examination and for the duration of the resulting eligible list. Failure to do so may result in your removal from an eligible list.**
8. Unless otherwise noted, candidates are permitted to use quiet, hand-held, solar or battery powered calculators. Devices with typewriter keyboards, Spell Checkers, Personal Digital Assistants, Address Books, Language Translators, Dictionaries or any similar devices are prohibited.
9. Active service members, veterans or disabled veterans desiring to claim additional credit may submit an "Application for Veterans Credit" prior to the establishment of the eligible list. Forms are available upon request at the Personnel Department.
10. Military Service members on active duty on the exam date may request a military makeup exam by calling 342-8159. Members on active duty or discharged during the exam filing period may apply for the exam up to ten days before the exam date.
11. Candidates who fail the examination, or who fail to appear for the examination as scheduled, will be eliminated from further consideration.
12. The duration of the eligible list shall be fixed for up to four years. Changing conditions may make it advisable to certify for future vacancies at higher or lower level salaries than those announced.
13. Inquiries may be made to character and ability and all statements made by candidates are subject to verification.
14. Disabled persons: If special arrangements for testing are required, indicate this on your application form.
15. Special Requirement for Appointment in the School District: Per Chapter 180 of the Laws of 2000, and by Regulations of the Commissioner of Education, to be employed in a position designated by a school district as involving contact with students, a clearance for employment from the State Education Department is required.



# Application for Examination or Employment

City of Oswego Department of Personnel

13 West Oneida Street, Oswego, NY 13126

Phone: (315) 342-8159 Fax: (315) 342-8248

Web: www.oswegony.org

***This application is part of your examination. Please answer all questions completely and accurately.***

## INSTRUCTIONS AND INFORMATION

There is a non-refundable application filing fee per examination number Cash, check or money order (payable to The City of Oswego) must accompany this application. One check may be used. Record all exam numbers on the check. Applications received without the filing fee will be returned.

### A. EXAMINATION ANNOUNCEMENT

Before filling out your application, carefully read the examination announcement. Announcements may be viewed at the City of Oswego, City Hall, Personnel Department 3rd Floor, Oswego NY or the Department's website, [www.oswegony.org](http://www.oswegony.org).

### B. QUALIFICATIONS

The burden of establishing required qualifications is the responsibility of the applicant. Fees are not refunded for disqualification. Out-of-title experience cannot be credited towards meeting the minimum qualifications. Applications will be rejected for lateness, if postmarked or received after the last filing date. Part-time experience will be pro-rated.

### C. ADMISSION TO EXAMINATION

Admission notices are mailed the week prior to the examination date. If you do not receive a notice three days prior to the exam date, call (315) 342-8159. Candidates will be required to bring proof of identification to the examination such as a passport, photo driver license, or a photo non-driver I.D. Participation in the examination does not mean you have been found to meet the announced requirements. Applicants may be admitted on the basis of statements made on the application which are subject to review and verification. Scores will not be available if a disqualification determination is made subsequent to the examination.

### D. DISQUALIFICATION APPEAL

Any appeal of a disqualification notice must be made in writing and received in the Personnel Department by the date and time indicated on the notice.

### E. LEGAL ADDRESS CHANGES (IMPORTANT)

You must report a change in address to insure proper notification of test results, canvass letters and certification of civil service lists. Residency must be established 30 days prior to the examination date in order to meet residence preference requirements.

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**NAME AND LEGAL RESIDENCE:** (Is additional information relative to change of name, use of an assumed name or nickname to enable a check on your school and/or work record? (If so, please indicate here : \_\_\_\_\_))

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

**MAILING ADDRESS:** \_\_\_\_\_

(If different from above) STREET CITY STATE ZIP

**PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Cell

**EMAIL ADDRESS:** \_\_\_\_\_

EXAM/JOB TITLE		EXAM NUMBER	OFFICE USE ONLY:		
			FEE PAID	STATUS	DATE & INITIALS
Police Officer		62-518		Approved _____ Disapproved _____ Conditional _____	
Are you filing for examinations with other civil service commissions that are being held on the same date? YES NO				Reason:	

If yes, please complete the City Of Oswego Cross Filer Notification form.

### PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:

State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **(IMPORTANT)** This section will determine what resident list (if any) your name will be certified to.

I currently reside (indicate one of the three) in the: **(1) City** of \_\_\_\_\_

**OR (2) Town** of \_\_\_\_\_, **OR (3) Village** of \_\_\_\_\_

in the **School District** of \_\_\_\_\_ located in the **County** of \_\_\_\_\_ in the

**State** of \_\_\_\_\_ . I have lived at this residence for (indicate) number of years \_\_\_\_\_ and months \_\_\_\_\_ .

Are you 18 years of age or older?  YES  NO If no, you must supply a work permit.

Are you a citizen of the United States?  YES  NO If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

Do you have a **High School diploma**?  YES  NO  
If YES, **NAME AND LOCATION OF HIGH SCHOOL:** \_\_\_\_\_

Or, a **High School Equivalency Diploma (GED)**?  YES  NO  
If YES, **GOVERNMENT AUTHORITY (GED) NUMBER & ISSUING AGENCY:** \_\_\_\_\_

Please check college degree program(s) completed:  Associate  Bachelor  Master  Doctorate

**EDUCATION:**

Read the exam announcement for educational requirements, if any. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.

INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL or TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU GRADUATE	DEGREE EXPECTED
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR
Address (City, State):					

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

Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

**Driver's License** (Complete only if the position for which you are applying requires one.) Number: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_ Class of License: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**VETERANS CREDITS: Are you at Veteran? YES NO ARE YOU USING THESE CREDITS? \_\_\_\_\_**

Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as a veteran or disabled veteran must submit an "Application for Veterans' Credit" form and a copy of their discharge papers (form DD-214). You may download the form at <http://www.oswegony.org> under Work/Employment Applications, or call the Personnel Office at (315) 342-8159 to request a form be mailed to you.

**ADDITIONAL CREDITS FOR CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY**

In conformance with Section 85-a of the Civil Service Law, children of firefighters and police officer killed in the line of duty shall be entitled to receive an additional ten points in a competitive examination for original appointment in the same municipality in which his or her parent had served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this office of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.  
**I am claiming credit as a child of a firefighter or police officer killed in the line of duty. YES NO**

**BACKGROUND INVESTIGATION:**

Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

**EXPERIENCE:** Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. You may include a resume but **do not substitute a resume**. Under **"DUTIES"** describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. Part-time experience will be prorated unless otherwise stated on the announcement. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain **all** information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc...)

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	PAID OR UNPAID	<b>DUTIES:</b>	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	PAID OR UNPAID	<b>DUTIES:</b>	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	PAID OR UNPAID	<b>DUTIES:</b>	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
HOURS WORKED PER WEEK	PAID OR UNPAID	<b>DUTIES:</b>	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

**COMPLETE ALL QUESTIONS:**

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever resign from any employment rather than face discharge?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been convicted of any crime (felony or misdemeanor)? For crimes other than traffic tickets you must provide a <b>Certificate of Conviction</b> from the court as soon as possible.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you now under charges for any crime?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever forfeited a bail bond posted to answer any criminal charge (felony, misdemeanor or violation including traffic violations)?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you an Exempt Volunteer Firefighter? <span style="float: right;">If yes, indicate years of service: _____</span>

If you answered **(YES)** to any of these questions, provide details on a separate 8 ½ x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.

**REFERENCES:** List below the names of three individuals familiar with your ability to perform the job for which you are applying. These should **NOT** be relatives.

NAME	ADDRESS	PHONE (BUSINESS OR HOME)

**TESTING ACCOMMODATIONS:**

We provide reasonable accommodations in testing for persons with disabilities. If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

Yes, I need testing accommodations. (**Attach description describing accommodation request**).

**ALTERNATE TEST DATE:**

If you cannot take the test on the announced test date because of any of the following reasons, arrangements may be made for you to take the test on an alternate test date. If applicable, **check** the appropriate box below **and attach supporting documentation** with this application. In the case of an emergency, please notify the Department of Personnel on the **next** business day following the exam date. You will be **required** to submit documentation of your emergency. A complete copy of the policy is available in the Personnel Office.

- A death in the immediate family or household within the week preceding the examination.
- A medical emergency involving you or a member of the immediate family. (Medical certification required)
- Military Orders.
- Religious Observance.
- Participant or immediate family member of a participant in a religious or civil ceremony (wedding, graduation, baptism, bar mitzvah).
- Vacation plans for which a non-refundable down payment was made before the exam announcement was issued.
- A required court appearance.
- Conflicting professional or education examination
- Emergency weather conditions with verification from a local public safety agency

**STATEMENT:**

I affirm under penalties of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize the City of Oswego to contact schools/colleges 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 for employment by the City of Oswego does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF OSWEGO IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

It is the policy of the City of Oswego Personnel Department to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, color, religion, national origin, sex, disability, military status, sexual orientation, marital status, or criminal record.

**CITY OF OSWEGO**  
**CROSS FILER NOTIFICATION**

DATE OF EXAM(S): \_\_\_\_\_

CANDIDATE'S NAME: \_\_\_\_\_

CANDIDATE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

I WISH TO TAKE ALL EXAMS AT \_\_\_\_\_ SITE.

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If you have applied for both STATE and LOCAL government examinations, you must notify the City of Oswego Personnel Department of your intent to take both a STATE and LOCAL government examination. When taking both a STATE and LOCAL examination you will be required to take all your examinations at the STATE examination center. You will be advised by letter when and where to report for your examinations.

**LIST ALL EXAM NUMBERS, TITLES AND THE CIVIL SERVICE AGENCY FOR WHICH CANDIDATE HAS APPLIED:**

<u>EXAM NUMBER</u>	<u>TITLE</u>	<u>CIVIL SERVICE AGENCY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CANDIDATE SIGNATURE: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

Please complete this form and return it with your application if you answered YES to filing for examinations with other civil service commissions that are being held on the same date.



**Jennifer A. Reebel**

**Personnel Director**

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## **EXAM SUPPLEMENT**

**for**

## **POLICE OFFICER CANDIDATES ONLY**

Section 58 of the Civil Service Law states the following:

Candidates must be at least 19 years old on or before the date of examination to take the test. Eligibility for appointment as a police officer begins when the reaches age 20. Candidates who reach their 35<sup>th</sup> birthday on or before the date of written examination are not qualified except as follows:

Candidates may have a period of military duty or terminal leave, up to six (6) years as defined in Section of 243 (10-a) of the Military Law, deducted from their age for purposes of determining whether they meet the age requirement.

**Please complete the bottom portion of this form and submit it along with a copy of your driver's license or a copy of your birth certificate with your application.**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**