

**HELP WANTED
TOWN OF STOCKHOLM
JOB OPPORTUNITY**

The Town of Stockholm Highway Department is hiring for a Motor Equipment Operator (MEO) full-time Position in the Town of Stockholm Highway Department. Must have a minimum clean class B CDL License. Responsibilities include performing manual labor in connection with snow removal, highway repair, excavation and construction, loading and unloading of vehicles, transportation of equipment and material, cutting brush and other related activities. Must be on call (without compensation) in order to respond to weather related events and emergencies, 7 days a week, 24 hours a day, holidays, nights and weekends. Must be able to report to work within a half hour of call-in. A background check and drug testing are required for employment. Benefits available including NYS Pension membership. Salary: \$25-\$27/hour.

The Town of Stockholm is an equal opportunity employer. All applicants will be considered for employment; without attention to age, race, color, creed, religion, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status or marital status. The Town is committed to providing a work environment that is free of discrimination or harassment. Applications can be found on our website www.stockholm-ny.gov; the Stockholm Town Office, 540 State Highway 11C, Winthrop, or via email at clerk@stockholm-ny.com. We will be collecting applications until March 2, 2026 at 4:00 PM.

LEAVE THIS SPACE BLANK
Type of payment

FEE

\$ _____

ST. LAWRENCE COUNTY CIVIL SERVICE
48 COURT STREET
CANTON, NY 13617
APPLICATION FOR EXAMINATION OR EMPLOYMENT

LEAVE THIS SPACE BLANK

APPROVED DISAPPROVED

BY: _____
REASON: _____

Insert below, Title of Position applying for and Examination Number (if applicable)

Rev: 10/16

TITLE:

EXAM NO.

This application is part of your examination. Answer all questions fully and carefully in ink or typewriter. Some questions can be answered with an "x" in the box which applies to you. Attach additional sheets if necessary in order to give completed and detailed information.

1. PERSONAL INFORMATION

Social Security Number _____

LAST NAME FIRST NAME INITIAL

STREET ADDRESS OR ROAD

CITY STATE ZIP CODE

() ()
Home Phone Business Phone

Email address: _____

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN POST OFFICE ADDRESS BEFORE OR AFTER EXAMINATION

2. CITIZENSHIP, SEX & AGE (For Police Officer, Deputy Sheriff, Corrections Officer & Probation Officers ONLY)

Are you a citizen of the United States CHECK ONE BOX

Yes, by birth Yes, by naturalization No, not a citizen
 MALE FEMALE

For Police and Deputy Sheriff ONLY - Date of Birth _____

These questions are required by Civil Service Law. By agreement with the Commission for Human Rights, answers will not be revealed to appointing officers. If you are a naturalized citizen or your citizenship is based on naturalization of parent or spouse, submit proof to this department in person, or send proof by registered mail. Your documents will be returned by registered mail.

3. RESIDENCE

Fill in names of the city or village, town, county, state, school district of which you are an actual permanent legal resident. Show for how long you have continuously lived in each immediately preceding the date of this application.

	Name of	YEARS	MONTHS
City or Village			
Town			
County			
State			
School District			

4. (A) Have you ever been convicted of a crime? (felony or misdemeanor)
Yes No
- (B) 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?
Yes No
- (C) Are you now under charges for any crime? Yes No
- (D) Were you ever dismissed from any public employment for disciplinary reasons? Yes No
- (E) Did you ever resign from any employment rather than face discharge?
Yes No

If answers to any question is "YES" give full particulars below or on additional sheet. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

5. Are you a certified exempt volunteer firefighter registered with St. Lawrence County Clerk's office?
Yes No

6. VETERAN'S CREDITS

A disabled or non-disabled veteran who wishes to establish eligibility for additional credits MUST submit Veteran's Credit forms prior to the establishment of the eligible list.

Have you used your veteran's credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951? Yes No

If you answer yes, you cannot use veteran's credits again unless you had been certified as a non-disabled war veteran and became a disabled veteran after that. Effective January 1, 2014, the State Constitution was amended to permit disabled veterans to use additional credits on civil service examinations to obtain a second appointment or promotion.

- Do you claim additional credits as an honorably discharged war veteran?
 Yes, as a disabled war veteran (A)
 Yes, as a disabled war veteran requesting additional credits for second appointment or promotion (B)
 Yes, as a non-disabled war veteran (C)
 Yes, as a member of commissioned corps of the US Public Health Services (D)

If you answered Yes to (A), (B) or (C) above, check the appropriate box:

- World War II Dec. 7, 1941 - Dec 31, 1946
 Korean Conflict June 27, 1950 - Jan 31, 1955
 Viet Nam Conflict Feb. 28, 1961 - May 7, 1975
 *Hostilities in Lebanon June 1, 1983 - Dec 1, 1987
 *Hostilities in Grenada Oct. 23, 1983 - Nov 21, 1983
 *Hostilities in Panama Dec. 20, 1989 - Jan 31, 1990
 Persian Gulf Conflict Aug. 2, 1990 - End of Persian Gulf Conflict

*Armed Forces, Navy or Marine Corps expeditionary medal is required.

If you answered YES to 6. (D) above, check the appropriate box:

- July 29, 1945 - Dec. 31, 1946 June 27, 1950 - July 3, 1952

7. Have you a license, certificate or other authorization to practice a trade or profession? Yes No

Name of trade or profession _____
License No. _____ Granted by _____
Licensed From: _____ To: _____

8. If a motor vehicle license is required for the position for which you are applying, give the following

Class _____ Number _____ Expiration _____

9. THIS DECLARATION MUST BE COMPLETED

I DECLARE, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS MADE IN THIS APPLICATION (INCLUDING STATEMENTS MADE IN ANY ACCOMPANYING PAPERS) HAVE BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT DATE

PLEASE COMPLETE PAGE 2 OF APPLICATION

11. EDUCATION: (If more space is required for full explanation attach additional sheets above this line)

TYPE OF SCHOOL	NAME OF SCHOOL AND LOCATION	NO. OF YEARS COMPLETED	WERE YOU GRADUATED?	DAY OR NIGHT	FULL OR PART TIME	TYPE OF COURSE OR MAJOR SUBJECT	CIRCLE HIGHEST SCHOOL YEAR COMPLETED IN GRAMMER, JUNIOR HIGH, OR HIGH SCHOOL											
							1	2	3	4	5	6	7	8	9	10	11	12
HIGH SCHOOL							NUMBER OF COLLEGE CREDITS RECEIVED						DEGREE RECEIVED					
COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL																		
OTHER SCHOOL OR SPECIAL COURSES																		

12. EXPERIENCE: DESCRIBE UNDER THE HEADINGS GIVEN BELOW ANY EMPLOYMENT OR OCCUPATION YOU HAVE EVER HAD WHICH INCLUDES EXPERIENCE THAT TENDS TO QUALIFY YOU FOR THE POSITION SOUGHT, AND AS FAR AS POSSIBLE, EVERY OTHER EMPLOYMENT, INCLUDING MILITARY SERVICE. **BEGINNING WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY TO YOUR FIRST ONE.** APPLICANTS MAY BE REQUIRED TO FURNISH SATISFACTORY PROOF OF EXPERIENCE CLAIMED. **NO ADDITION OF NEW MATERIAL CAN BE MADE TO THIS SECTION AFTER APPLICATION APPROVAL/DISAPPROVAL. DO NOT SUBSTITUTE A RESUME FOR THIS SECTION**

LENGTH OF EMPLOYMENT FROM: MO. YR.	FIRM NAME:	ADDRESS:	CITY AND STATE:
TO: MO. YR.	TYPE OF BUSINESS:	YOUR TITLE:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:
TOTAL: YRS. MOS			
HRS PER WEEK:			
REASON FOR LEAVING:			

DUTIES:

LENGTH OF EMPLOYMENT FROM: MO. YR.	FIRM NAME:	ADDRESS:	CITY AND STATE:
TO: MO. YR.	TYPE OF BUSINESS:	YOUR TITLE:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:
TOTAL: YRS. MOS			
HRS PER WEEK:			
REASON FOR LEAVING:			

DUTIES:

LENGTH OF EMPLOYMENT FROM: MO. YR.	FIRM NAME:	ADDRESS:	CITY AND STATE:
TO: MO. YR.	TYPE OF BUSINESS:	YOUR TITLE:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:
TOTAL: YRS. MOS			
HRS PER WEEK:			
REASON FOR LEAVING:			

DUTIES:

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, DISABILITY, GENETIC PREDISPOSITION OR CARRIER STATUS, OR MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, DISABILITY, GENETIC PREDISPOSITION OR CARRIER STATUS, OR MARITAL STATUS OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT BY THE MUNICIPALITY.

BACKGROUND INVESTIGATIONS, FINGERPRINTS AND FEES

FINGERPRINTING IS SOMETIMES REQUIRED AT THE TIME OF APPOINTMENT. IF SO, YOU MAY BE REQUIRED TO PAY THE PROCESSING FEE. 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.

USE ADDITIONAL SHEETS AS NEEDED RETURN TO: ST. LAWRENCE COUNTY CIVIL SERVICE, 48 COURT STREET, CANTON NY 13617