

SULLIVAN COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

Form SC-330 5/02

LAST NAME

FIRST NAME

M.I.

SUFFIX

Social Security # (Required)

EXAM # (if applicable)

TITLE

Separate Applications Req'd

Instructions are on the reverse side

Sullivan County Personnel Department

100 North Street, P.O. Box 5012 Monticello, New York 12701-5192 Tel. (845) 794-3000 Ext. 5030

A) MAILING ADDRESS
Street address and Apt. OR Post Office Box
City or Post Office State Zip Code
Home Phone Day Phone

B) LEGAL RESIDENCY (review instructions)
1) Legal STREET address: (NO P.O. Box)
2) STATE of residency:
3) COUNTY of residency:
4) TOWN of residency:
5) VILLAGE residency: (if applicable)
6) SCHOOL DISTRICT:
7) For how long? Years Months
8) Explain IF DIFFERENT from mailing address:

C) If you are applying for examination or appointment as a POLICE OFFICER, DEPUTY SHERIFF, CORRECTION OFFICER, PROBATION OFFICER, other PEACE OFFICER, or for appointment as a PUBLIC OFFICER you must answer the following:
1) What is your date of birth?
2) Are you a United States Citizen?
3) Have you ever been convicted of a violation of the Selective Training and Service Acts of the United States?

Equal Employment Opportunity Policy: The Sullivan County government does not discriminate on the basis of age, race, religion, creed, color, national origin, gender, disability, marital status, sexual orientation, and/or veterans status.

D) INDICATE WITH A CHECK MARK (✓) ANY OF THE FOLLOWING STATEMENTS WHICH APPLY TO YOU. PROVIDE ADDITIONAL INFORMATION OR FORMS AS REQUESTED.
1) [] I am applying for additional credit as a non-disabled war veteran...
2) [] I am applying for additional credit as a disabled war veteran...
3) [] I am requesting an alternate test date because I observe the Sabbath...
4) [] I am requesting special testing accommodations...
5) [] I am cross-filing for this exam date...
6) [] Check if you have ever been convicted of any crime...
7) [] Check if you have ever resigned, been dismissed, or otherwise been terminated...
8) [] Check if you were ever discharged from any employment...
9) [] I am currently in default on a loan...
*Not an automatic bar to employment.

E) FILING FEES for an exam can be collected when BOTH THE EXAM NUMBER AND DATE have been assigned.
1) [] No fee enclosed. The exam number and/or date have not yet been assigned. DO NOT MARK ANYTHING ELSE IN THIS SECTION.
2) [] I have enclosed the fee. The AMOUNT of the exam fee is listed on page (1) of the exam announcement.
3) [] The exam number and date have been assigned, but I am requesting a waiver of the fee because (check ONLY one):
- I am receiving either Supplemental Security Income or Public Assistance...
- I am certified as eligible to receive assistance under the Workforce Investment Act...
- I am unemployed AND primarily responsible for the support of a household...

F) Affirmation: I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification.
SIGNATURE (ORIGINAL SIGNATURE ONLY) Date Other name(s) you have been known by (Please print)

OFFICE USE ONLY (Do NOT write in this area)

Table with columns: 1) FEE PAID, 2) PREPROCESSING, 3) QUALIFICATION, 4) ALTERNATE ARRANGEMENTS, 5) ADM, 6) VETS, 7) SPECIAL ACCOMODATIONS. Includes rows for Yes/No, Receipt #, Exam notice sent, and various codes like NOV, DV, ATD, LD, ACC, ATD, ATS, AJT.

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in its disapproval. **IF YOU ARE FILLING OUT MORE THAN ONE APPLICATION**, you may provide photocopies of pages (2) and (3) for the additional applications.

EDUCATION AND EXPERIENCE MUST BE FILLED IN COMPLETELY. A RESUME IS NOT SUFFICIENT.

G) Have you graduated from high school? Yes No If not, what grade did you complete? _____

If Yes, provide NAME and LOCATION OF High School: _____

H) Do you have a high school equivalency diploma? Yes No If No, go on to Section I. If yes, provide:
 Issuing Governmental Authority: _____ Number: _____ Date of issue: _____

**includes a diploma issued by an education department of any of the states of the United States (U.S.) OR a holder of a comparable diploma issued by any commonwealth, territory, or possession of the U.S. or by the Canal Zone OR a holder of a report from the U.S. Armed Forces, certifying the successful completion of the tests of general education development, high school level.

I)

| College, University, Technical and Other Schools or Special Courses | Name of School and City in which located | Dates of Attendance From: (Mo/Yr) To: (Mo/Yr) | Full or Part Time | No. of Years Credited | Were you Graduated? | Type of Course or Major Subject | Number of College Credits Received | Date of Degree Received |
|---|--|---|-------------------|-----------------------|---------------------|---------------------------------|------------------------------------|-------------------------|
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J) Do you have a valid driver license? Yes No If No, go on to Section K.

If Yes, indicate: CDL-A CDL-B CDL-C NON-CDL-C D E Provide Driver's license #: _____

State all restrictions: _____

If you have a CDL, state all endorsements: _____

K) OTHER LICENSES

Complete this section if a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement for which you are applying.

| Name of trade or profession | License Number | Date License First Issued | Granted by (Licensing Agency) | City or State of |
|-----------------------------|----------------|---------------------------|-------------------------------|------------------|
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INSTRUCTIONS FOR COMPLETING SECTION L: DESCRIPTION OF EXPERIENCE

On the following page describe in detail all experience relevant to the position being sought. **ALL STATEMENTS ARE SUBJECT TO VERIFICATION.**

- 1) You are responsible for knowing the minimum qualifications for the examination or position for which you are applying.
- 2) In listing your experience, be more specific in describing that which relates to the position for which you are applying.
- 3) Begin with your most recent experience.
- 4) You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be resolved in your favor.
- 5) Include MILITARY SERVICE experience when appropriate.
- 6) Relevant VOLUNTEER (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the exam announcement).
- 7) If your title or duties changed materially in the course of your service in any one organization, indicate such CHANGE clearly and as a SEPARATE ENTRY.
- 8) If more space is needed, attach 8-1/2" x 11" sheets of paper.
- 9) Describe the nature of the work personally performed by you, with the estimate of percentage of time spent on each type of work.
- 10) State size and kind of working force, if any, supervised by you and the extent of such supervision.

D) EXPERIENCE (Qualifying experience MUST be listed here, a resume is NOT sufficient.)

| | | | | |
|--|-----------|-----------|----------------|----------------|
| Dates of Employment (Mo/Yr) | | Firm Name | Address | City and State |
| From: / / | To: / / | | | |
| Earnings | Duties: | | | |
| \$ (circle one) per Wk/Mo/Yr | | | | |
| Type of Business: | | | | |
| Your exact title | | | | |
| Name of your Supervisor | | | | |
| Supervisor's title | | | | |
| No. of hours worked per week (exclusive of overtime) | | | | |
| Dates of Employment (Mo/Yr) | Firm Name | Address | City and State | |
| From: / / | To: / / | | | |
| Earnings | Duties: | | | |
| \$ (circle one) per Wk/Mo/Yr | | | | |
| Type of Business: | | | | |
| Your exact title | | | | |
| Name of your Supervisor | | | | |
| Supervisor's title | | | | |
| No. of hours worked per week (exclusive of overtime) | | | | |
| Dates of Employment (Mo/Yr) | Firm Name | Address | City and State | |
| From: / / | To: / / | | | |
| Earnings | Duties: | | | |
| \$ (circle one) per Wk/Mo/Yr | | | | |
| Type of Business: | | | | |
| Your exact title | | | | |
| Name of your Supervisor | | | | |
| Supervisor's title | | | | |
| No. of hours worked per week (exclusive of overtime) | | | | |
| Dates of Employment (Mo/Yr) | Firm Name | Address | City and State | |
| From: / / | To: / / | | | |
| Earnings | Duties: | | | |
| \$ (circle one) per Wk/Mo/Yr | | | | |
| Type of Business: | | | | |
| Your exact title | | | | |
| Name of your Supervisor | | | | |
| Supervisor's title | | | | |
| No. of hours worked per week (exclusive of overtime) | | | | |

How did you hear about this position?

Walkin
 Newspaper
 Internet
 Radio
 Posting
 Other (Explain) _____

INSTRUCTIONS

IN COMPLETING THIS APPLICATION, YOU MUST TYPE OR PRINT LEGIBLY. If the position you are applying for requires an exam*, you should carefully read the announcement of the examination. *The words exam and examination used in this application refer to New York State Civil Service exams.

Information requested in the **HEADING** (Name, social security #, exam # and title) is required to process your application. If you do not have a social security number, write "NONE". If the position does not require taking an examination OR if the exam number has not been announced, leave Exam # blank. **FOR POSITIONS REQUIRING AN EXAM:** You must indicate if this application is for an open competitive exam (OC, open to the public), or for a promotion exam (PROM), if the exam is currently being scheduled, request an exam announcement from our office before completing this application.

SECTION A - MAILING ADDRESS: Indicate your mailing address for correspondence. We will make reasonable effort to mail all correspondence to the MOST RECENT mailing address you have provided in connection with a current exam process. (see **SPECIAL NOTE REGARDING CHANGES TO CANDIDATE INFORMATION** following the instructions for Section B)

SECTION B - LEGAL RESIDENCY: Information in this section is required for all applicants. Complete the requested information regarding your legal domicile. This section **MUST** include a physical street address (i.e. 14 State Route 2345) and **CAN NOT** include a Post Office box. While you may receive mail at more than one address, you can be a **LEGAL RESIDENT OF ONLY ONE DOMICILE** at any given time. If your legal residency is different from the information you provided for your mailing address, explain on line BB. **VILLAGE RESIDENCY** applies only when you reside in any of the incorporated villages of Sullivan County (Bloomington, Jeffersonville, Liberty, Monticello, Woodridge or Wurtsboro).

SPECIAL NOTE REGARDING CHANGES TO CANDIDATE INFORMATION: It is your responsibility to notify our office of any changes to your name, mailing address, phone number and legal residency. Contact our office to receive a *Change of Candidate Information* form. Complete and return to our office. Upon receipt of a properly completed form, our office will update your candidate information in our system.

SECTION C - "PUBLIC OFFICER" POSITIONS: Instructions are given in the section.

SECTION D - ITEMS REQUIRING FORMS OR ADDITIONAL INFORMATION: Check off all statements that apply to you.

D1, D2 - Honorably discharged veterans of war periods may apply for additional points on civil service examinations administered by the Personnel Officer. Both the *Application for Veterans Credits* and the *Authorization for Disability Record* can be obtained from the Personnel Department. Follow the instructions on the *Authorization for Disability Record* form carefully. In order to receive veterans credits, the completed and notarized forms must be received by the Personnel Office before the eligible list for the examination is established.

D3 - Candidates are expected to make adjustments in their personal commitments in order to appear at the announced examination site on the scheduled test date. An alternate test date may be approved if there are compelling circumstances resulting from an emergency or a conflict beyond the candidate's control between the scheduled test date and an event of serious importance. The Personnel Officer will consider legitimate circumstances relating to individual requests for an alternate test date. Requests for an alternate test date must be submitted in writing using the *Request for Alternate Test Date Form* available from the Personnel Department.

D4 - See Testing Accommodations below.

D5 - You must cross-file if you are taking exams for more than one jurisdiction on a given date. Review the **CROSS-FILING** section of the exam announcement **BEFORE** completing this section.

D6, D7, D8 - Each response requires that you provide additional details on a separate piece of paper.

D6 - State the criminal offense, date and court of jurisdiction.

D7 - State the name of employer, date and nature of the charges against you.

D8 - State the name of employer, date of discharge and the reason for discharge.

D9 - State law requires that we ask this question and provide the names and addresses to the New York State Higher Education Services Corporation for candidates who indicate that they are in default on such loans.

SECTION E - FILING FEES: Read carefully and check **ONLY ONE**. Payment of the filing fee must be by check or money order payable to the Sullivan County Personnel Department, unless you are paying in person (**DO NOT MAIL CASH**). To determine if you qualify for a **WAIVER** of the fee, refer to the **FEE STATEMENT** section of the exam announcement and provide the required information and/or documentation.

SECTION F - AFFIRMATION: Read carefully and sign before submitting the application. You are required to provide an **ORIGINAL** signature for each separate civil service exam. If you photocopy your application, sign the photocopy in ink.

SECTION G AND SECTION H - HIGH SCHOOL AND HIGH SCHOOL EQUIVALENCY DIPLOMA: Answer all questions. Consult the footnote under Section H to determine qualifying diplomas.

SECTION I - POST SECONDARY EDUCATION: Complete as requested. Do not mail a copy of your transcript unless requested by the exam announcement.

SECTION J - DRIVER'S LICENSE: Answer all questions. It is **NOT** necessary to note other classes that you hold if they are not listed.

SECTION K - OTHER LICENSES: Instructions are given in the section.

SECTION L - EXPERIENCE: Instructions are given just prior to the section.

ADDITIONAL INFORMATION

ADMISSION TO EXAMINATION: Applicants may be conditionally admitted to an exam on the basis of statements made on the application. Such statements may not be reviewed and/or verified until after the exam is held. At that time those candidates not meeting the requirements are disqualified. Candidates who are subsequently disqualified after taking the test will **NOT** be notified of their score.

TESTING ACCOMMODATIONS: Accommodations in testing will be provided for individuals with disabilities. Persons who are requesting testing accommodations must make a request in writing clearly stating the type of accommodation requested and the reason for the request.

PERSONAL PRIVACY PROTECTION LAW: The information provided in this application is requested pursuant to §50(3) of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with §96(f) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disqualification of the application. This information will be maintained by the Sullivan County Personnel Department.

**DO NOT PUT ADDITIONAL COMMENTS ON THIS PAGE
ENCLOSE A SEPARATE PIECE OF PAPER**