

# SULLIVAN COUNTY PERSONNEL DEPARTMENT APPLICATION FOR EXAMINATION OR EMPLOYMENT

Form SC-330 (0/96)

LAST NAME

FIRST NAME

M.I.

Social Security # (Required)

EXAM # (if applicable)

TITLE

*Instructions are on the reverse side*

**A) MAILING ADDRESS**

Street, Apt., P.O. Box

City or Post Office State Zip Code

Home Phone Day Phone

Town Of Fallsburg Human Resource Department  
19 Railroad Plaza, P.O. Box 2019  
South Fallsburg, New York 12779-2019 Tel. (845) 434-8810 Ext 307

**B) LEGAL RESIDENCY**

- 1) STATE of residency: \_\_\_\_\_
- 2) COUNTY of residency: \_\_\_\_\_
- 3) TOWN of residency: \_\_\_\_\_
- 4) VILLAGE residency: \_\_\_\_\_
- 5) SCHOOL DIST. NAME: \_\_\_\_\_

**D) INDICATE WITH A CHECK MARK (✓) ANY OF THE FOLLOWING STATEMENTS WHICH APPLY TO YOU PROVIDE ADDITIONAL INFORMATION OR FORMS AS REQUESTED (All forms are available from the Personnel Department, unless otherwise noted):**

- 1)  I am applying for additional credit as a non-disabled war veteran: Complete Form SC-311, *Application for Veterans Credits*
  - 2)  I am applying for additional credit as a disabled war veteran: Complete Form SC-311, *Application for Veterans Credits Form MSD-332-VC-3, Authorization for Disability Record*
  - 3)  I am requesting an alternate test date because I observe the Sabbath on the regular test date, OR for some other reason. I understand that the Personnel Officer will determine whether a reason is deemed acceptable to grant an alternate test date: Complete a *Request for Alternate Test Date* form.
  - 4)  I am currently in default on a loan made or guaranteed by the New York State Higher Education Services Corporation.
  - 5)  Check if you have ever been convicted of any crime (felony or misdemeanor): Provide specifics on a separate piece of paper\* *Applicants may attach a copy of either a Certificate of Relief from Disabilities form or a Certificate of Good Conduct form, issued by the State Parole Board.*
  - 6)  Check if you have ever resigned, been dismissed, or otherwise been terminated from a position in the public service upon written charges of incompetency or misconduct: Provide specifics on a separate piece of paper\*
  - 7)  Check if you were ever discharged from any employment except for lack of work or funds, disability, or medical condition: Provide specifics on a separate piece of paper\*
- \*Not 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.

**E) FILING FEES for an exam can be collected when BOTH THE EXAM NUMBER AND DATE have been assigned. This information can be found in the announcement or notice of exam. Read carefully and check ONLY one:**

- 1)  No fee enclosed. The exam number and/or date have not yet been assigned. DO NOT MARK ANYTHING ELSE IN THIS SECTION. You will be notified when the exam is announced.
- 2)  I have enclosed the fee. The amount of the fee is listed on page (2) of the exam announcement. The fee will NOT BE REFUNDED if your application is DISAPPROVED.
- 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 public assistance as described in the instructions for this section on page (4); I AM PROVIDING the Type of Assistance: \_\_\_\_\_ Providing Agency: \_\_\_\_\_
  - I am certified as eligible to receive assistance under the job training and partnership act. I AM PROVIDING a copy of appropriate documentation.
  - I am unemployed AND primarily responsible for the support of a household. I AM PROVIDING a copy of documentation of unemployment status AND I affirm that I am 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. I understand that if, in practice, or attempt to practice, any deception or fraud in my application, examination, or in securing eligibility for appointment, or if I make an intentional false statement of any material fact in this application, I may be disqualified from appointment and/or my appointment may be revoked.

X \_\_\_\_\_ Signature of Applicant  
\_\_\_\_\_ Date

Other name(s) you have been known by (Please print): \_\_\_\_\_

**OFFICE USE ONLY (Do NOT write in this area)**

<b>1) FEE PAID</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2) QUALIFICATION</b>	<input type="checkbox"/> Q <input type="checkbox"/> Cond	<b>3) ADM</b>	<input type="checkbox"/> Q <input type="checkbox"/> DO	<b>4) ALT. ARRANGEMENTS</b>	<input type="checkbox"/> ACC <input type="checkbox"/> ATD <input type="checkbox"/> ATS <input type="checkbox"/> ADT	<b>5) RESULTS</b>	<input type="checkbox"/> Q Vel p/s ND 2.5 5.0 D 5.0 10.0	<b>6) PERFORMANCE TESTS</b>	<input type="checkbox"/> TYP <input type="checkbox"/> STN <input type="checkbox"/> 911 <input type="checkbox"/> PFA	<b>7) GRADING</b>	<input type="checkbox"/> DI <input type="checkbox"/> SI <input type="checkbox"/> Co <input type="checkbox"/> Tn <input type="checkbox"/> VI <input type="checkbox"/> Sd
Exam notice sent		Application determination sent		Adm ltr sent		ACC ATD ATS ADT		Keyed sent		TYP STN 911 PFA		DI SI Co Tn VI Sd	

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, Professional, 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 Cred- ited	Were you Grad- uated?	Type of Course or Major Subject	Number of College Credits Received	Degree Received	Date of Degree

**J)** Do you have a valid New York State Driver's 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	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered	From: Mo/Yr To: Mo/Yr

**INSTRUCTIONS FOR COMPLETING SECTION L: DESCRIPTION OF EXPERIENCE**

On the following page describe in detail all experience relevant to the position being sought.

- 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.

**4) EXPERIENCE**

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

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION**