

# SULLIVAN COUNTY PERSONNEL DEPARTMENT APPLICATION FOR EXAMINATION OR EMPLOYMENT

Form SC-330-1096

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: \_\_\_\_\_

**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? Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_
- 2) Are you a United States Citizen?  Yes  No
- 3) Have you ever been convicted of a violation of the Selective Training and Service Acts of the United States?  Yes  No

**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 (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*, AND Form MSD-332-VC-3, *Authorization for Disability Record*
  - 2)  I am applying for additional credit as a disabled war veteran: Complete Form SC-311, *Application for Veterans Credits*, AND 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 I 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>	<b>2) QUALIFICATION</b>	<b>3) ADM</b>	<b>4) ALT. ARRANGEMENTS</b>	<b>5) RESULTS</b>	<b>6) PERFORMANCE TESTS</b>	<b>7) CERTIFIC.</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No R# _____ <input type="checkbox"/> No Exam notice sent <input type="checkbox"/>	<input type="checkbox"/> Q <input type="checkbox"/> Cond _____ <input type="checkbox"/> DQ _____ Application determination sent <input type="checkbox"/>	<input type="checkbox"/> Q <input type="checkbox"/> ACC <input type="checkbox"/> ATD <input type="checkbox"/> ATS <input type="checkbox"/> AJT <input type="checkbox"/> DQ <input type="checkbox"/> ADJ Adm ltr sent <input type="checkbox"/>	<input type="checkbox"/> ACC <input type="checkbox"/> ATD <input type="checkbox"/> ATS <input type="checkbox"/> AJT TIME _____ AUT _____ ACC _____ ATD _____ ATS _____ AJT _____	<input type="checkbox"/> Q Vet pts ND 2.5 5.0 D 5.0 10.0 Keyed sent <input type="checkbox"/>	TYP _____ [ ] STN _____ [ ] 91T _____ [ ] PFA _____ STN _____ TIME _____ PFA _____ TIME _____ STN _____ 91T _____ TIME _____ PFA _____ Q/DQ _____ Sent _____	I _____ J _____ K _____ L _____ M _____ N _____ O _____ P _____ Q _____ R _____ S _____ T _____ U _____ V _____ W _____ X _____ Y _____ Z _____

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.

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 I: 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.

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

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)			

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". The Exam number is provided in the exam announcement. If the position does not require taking an examination OR if the exam number has not been announced, leave 'Exam #' blank.

**SECTION A - MAILING ADDRESS:** All correspondence relating to the examination process will be mailed to the address you provide in this section. Notify the office immediately if your mailing address or phone number changes. When writing, give the number and title of the exam and the effective date of your change of address or phone number.

**SECTION B - LEGAL RESIDENCY:** Complete using your legal residency (this may be different from the information you provided for your mailing address in Section A). 'Village residency' applies only when you reside in one of the following six incorporated villages: Village of Bloomingburg, Jeffersonville, Liberty, Monticello, Woodridge or Wurtsboro. If you change your legal residency, you should notify the office immediately. When writing, give the number and title of the exam and the effective date of your change in residency.

**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 - State law requires that we ask this question and provide the names and addresses of candidates who indicate that they are in default to the NYS Higher Education Services Corporation.

D5, D6, D7 - Each response requires that you provide additional details on a separate piece of paper:

D5 - State the criminal offense, date and court of jurisdiction.

D6 - State the name of employer, date and nature of the charges against you.

D7 - State the name of employer, date of discharge and the reason for discharge.

**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). The examination fee will be waived for persons who are 1) receiving supplemental security income payments or public assistance (home relief, aid to dependent children, foster care) OR 2) certified as eligible to receive assistance under the job training and partnership act, OR 3) unemployed and primarily responsible for the support of a household. Applicants requesting a waiver of the fee must check box (3), then check ONLY ONE of the options below box (3) AND provide the requested information 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.

**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(1) 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**