

LAST NAME _____ FIRST NAME _____ M.I. _____
 SUFFIX _____ Social Security # (Required) _____

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? 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

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 available in the Personnel Department.
 4) I am requesting special testing accommodations. (Provide specifics on separate piece of paper).
 5) I am cross-filing for this exam date (see instructions). List ALL exams on a separate piece of paper. I will be taking all exams at the following jurisdiction's site:
 6) 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.
 7) 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*
 8) 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*
 9) I am currently in default on a loan made or guaranteed by the New York State Higher Education Services Corporation.
 *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 exam fee is listed on page (1) 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 either Supplemental Security Income or Public Assistance (Foster Care, Safety Net, or TANF). I AM PROVIDING: Type: SSI FC TANF Providing Agency: _____ Case No.: _____
 I am certified as eligible to receive assistance under the Workforce Investment Act or 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. (You must be collecting unemployment benefits).

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.

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.

1) FEE/PAID Yes No
2) PREPROCESSING NDV DV ATD LD
 Receipt # _____ Req'd:
 No Keyed:
 Exam notice sent Sent:

3) QUALIFICATION O Cond
 IDQ _____
 Application determination sent _____

4) ALTERNATE ARRANGEMENTS ACC ATD ATS AUT
 ACC _____ TIME _____
 ATD _____
 ATS _____
 AUT _____
 Adm ltr sent _____

5) VETS Vet pts OC Prom
 NDV 5.0 2.5
 DV 10.0 5.0
 Keyed _____

OFFICE USE ONLY (Do not write in this area)
 SIGNATURE (ORIGINAL SIGNATURE ONLY) _____ Date _____
 Other name(s) you have been known by (Please print) _____

Sullivan County Personnel Department
 TITLE _____

oc prom
 Separate Applications Req'd

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 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	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.

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.

L 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". 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 B8. 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(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**

16. **EMPLOYMENT / BACKGROUND CHECK AUTHORIZATION - IMPORTANT: This section MUST BE COMPLETED. Failure to sign this section will result in DISAPPROVAL of your application for employment or examination.**

I, _____, except as herein noted, hereby authorize the release of information regarding
PRINT YOUR FULL NAME

prior employment history / records including but not limited to performance evaluations and any disciplinary actions, personal references, educational records, law enforcement records, drivers license and driving records, credit reports and all like information bearing on my qualifications and fitness for employment to the Delaware County Personnel Office and/or any County Appointing Authority in any jurisdiction in the County of Delaware to which I am applying for employment. I do not authorize the release of medical or related information that would otherwise be prohibited from release by the American Disability Act or similar legislation.

I further release all parties supplying said information from any liability and responsibility arising from their supplying said information.

It is understood that only relevant information obtained as the result of this release shall be considered for employment purposes and information obtained will be considered and evaluated on a case by case basis in relation to the duties and responsibilities of the position(s) for which I am applying.

A photocopy of this release will be as valid as an original thereof even though said photocopy does not contain an original writing of my signature.

* Social Security Number

Print below any other name(s) by which you have been known.

* This information will be used for identification purposes only.

SIGNATURE

DATE

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets).