

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, handicap or marital status. 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, sex, disability, handicap or marital status in connection with employment in the municipal service of Ulster County. It is the policy of Ulster County to provide equal opportunity to all employees and applicants for employment without regard to age, race, creed, national origin, sex, disability, handicap, marital status or any other protected status.

Leave this space blank

Date Received

COUNTY OF ULSTER
APPLICATION FOR
EXAMINATION OR EMPLOYMENT

TITLE OF POSITION APPLYING FOR, EXAM # IF APPLICABLE

Leave this Space Blank

Approved _____

Disapproved _____

Conditional _____

INSTRUCTIONS AND INFORMATION

MAIL OR DELIVER TO: Ulster County Personnel Department, County Office Building,
244 Fair St., Box 1800, Kingston, NY 12402-1800. Telephone (845) 340-3550.
Ulster County is an equal opportunity affirmative action handicap employer.

COMPLETING THIS APPLICATION - This application is part of your examination. Answer all questions fully and carefully. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

ANNOUNCEMENT OF EXAMINATION - Carefully read the examination announcement before filling out your application.

FILING FEE - There may be a filing fee for the examination for which you are applying. Please refer to the examination announcement. If there is a filing fee, it may be waived as described on the examination announcement.

ADMISSION TO EXAMINATION - If you do not receive a notice within three days of the examination informing you whether or not you are to be admitted to the examination, call or wire Ulster County Personnel Department immediately. Do not interpret a notice to appear for, or actual participation in, the examination to mean that you have been found to meet fully the announced requirements. Depending on the time available before this examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally without prior review of the application. Such statements may not be reviewed and/or verified until after the examination 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.

1. NAME AND RESIDENCE

Last Name First Name Initial

Address

Post Office or City State Zip

Immediate written notice should be given of any change in Post Office address or legal residence before or after examination. This must include date of change.

Day Phone Evening Phone

2. Social Security Number: ____ - ____ - ____

3. Check the appropriate line to the right of each question:

A. Were you ever dismissed or discharged for reasons other than lack of work or funds? Yes No

B. Have you ever been convicted of any crime (felony or misdemeanor)? Yes No

C. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? Yes No

If you answered "Yes" to any of the above, you may give specifics under "Remarks" on the last page of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, a confidential investigation supplement will be sent to you.

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.

4. State your permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date.

	Yrs/Mos
School District	
Town	
Village	
County	
State	

5. Are you currently a U.S. citizen? Yes No

If not, give alien registration number: _____

6. If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

7. If the position you are applying for has minimum or maximum age limits (see announcement), please enter your birth date: Month ____ Day ____ Year ____

8. Do you possess certification as an exempt volunteer firefighter? Yes No

9. If you have ever been employed by the County of Ulster or by any civil division therein (city, town, village, school district or special district), please state location(s) and date(s) _____

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10. Are you now serving or have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes?
 _____ Yes _____ No

If "No", omit questions 11 to 13

11. Did you serve in the Armed Forces of the United States during any of the following periods?

- A. December 7, 1941 to December 31, 1946
 - B. June 27, 1950 to January 31, 1955
 - C. December 22, 1961 to May 7, 1975
 - D. August 2, 1990 to "date to be determined"
 - E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952
- _____ Yes _____ No

Did you receive an expeditionary medal for any of the following conflicts?

- F. Lebanon - June 1, 1983 to December 1, 1987
- G. Grenada - October 23, 1983 to November 21, 1983
- H. Panama - December 20, 1989 to January 31, 1990

_____ Yes _____ No

I. I am currently on active duty (for other than training purposes).
 _____ Yes _____ No

12. Since January 1, 1951, have you ever used additional credits as a veteran for appointment to any position in the public employment of New York State or any of its civil divisions?
 _____ Yes _____ No

13. Are you: A non-disabled war veteran _____
 A disabled war veteran _____

Disabled and non-disabled war veterans who are eligible for additional credits must submit an application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed and notarized forms must be received in the office before the eligible list for this examination is established.

14. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a:

1. _____ Sabbath Observer and cannot be tested on Saturdays for religious reasons.

2. _____ Disabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application.

15. Do you have a valid license to operate a motor vehicle in New York State? _____ Yes - Class _____
 _____ No

16. EXAMINATIONS IN OTHER JURISDICTIONS - Candidates wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of consideration may not be approved if received after the announced last file date for the examination.

The following sections on education and work experience must be filled in completely. A resume is not sufficient.

17. Have you graduated from high school? _____ Yes _____ No Equivalency diploma #:

If not, what grade did you complete? _____

Name of school/issuing agency _____ Address: _____

For College, University, Professional, Technical and other schools or special courses - Please provide copies of transcripts

Name of school and its location	Dates of Attendance From: / To: / (month/year)	Full or Part Time	No. of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	From: /							
	To: /							
	From: /							
	To: /							
	From: /							
	To: /							
	To: /							

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18. DESCRIPTION OF EXPERIENCE: In listing your experience, be more specific in describing those which relate to the position for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be resolved in your favor. Include military service experience when appropriate. Relevant volunteer (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the examination announcement). 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 employment. (If more space is needed, attach 8½" x 11" sheets of paper using the same format.)

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Earnings (Circle One)	Type of Business
From ____/____/____ To ____/____/____				\$ _____ (Wk/Mo/Yr)	
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____	

DUTIES: Describe the nature of the work personally performed by you, with estimates of percentages of time spent on each type of work.
State size and kind of working force, if any, supervised by you and the extent of such supervision.

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Earnings (Circle One)	Type of Business
From ___/___/___ To ___/___/___				\$ _____ (Wk/Mo/Yr)	
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____	

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Earnings (Circle One)	Type of Business
From ____/____/____ To ____/____/____				\$ _____ (Wk/Mo/Yr)	
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime)	

[illegible]

DO NOT WRITE IN THIS SPACE

19. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) or position(s) for which you are applying, complete the following. If not currently licensed check this box ☐

20. REMARKS:

Signature _____ Date _____