

# APPLICATION FOR EXAMINATION/EMPLOYMENT

RETURN COMPLETED APPLICATIONS TO:

**ORANGE COUNTY DEPARTMENT OF PERSONNEL  
COUNTY GOVERNMENT CENTER, GOSHEN, NY 10924-1627  
TELEPHONE: 845 291-2707**

Candidates for examination are instructed to avail themselves of the appropriate exam announcement prepared by, and available from, the Orange County Department of Personnel. This application is part of your examination. Answer all applicable questions fully and carefully in ink or typewrite. Some questions can be answered with an "X" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

**PRINT LEGIBLY IN INK OR TYPEWRITE**

1. If you are filing for more than one examination on this application be sure that they are all SCHEDULED TO BE HELD ON THE SAME DATE (check the announcement for each examination). If you wish to file for examinations being held on different dates, submit a separate application for each date.

Exam #s	Exam Date	Titles	Personnel Use Only
			#1 A C D
			#2 A C D
			#3 A C D
			#4 A C D
			#5 A C D

2. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--	--

3. FULL NAME/LEGAL RESIDENCE

\_\_\_\_\_

Last name
First Name
Initial

\_\_\_\_\_

Street Address

\_\_\_\_\_

City
State
Zip Code

\_\_\_\_\_

Mailing Address (if different from legal residence)

\_\_\_\_\_

Phone #

NOTIFY THIS DEPARTMENT IMMEDIATELY OF ADDRESS CHANGES

4. RESIDENCY

State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. \*\*\*\* IMPORTANT \*\*\*\* THIS SECTION WILL DETERMINE WHAT RESIDENT LIST (IF ANY) YOUR NAME WILL BE CERTIFIED TO.

	YRS	MOS
VILLAGE OF _____		
TOWN OF _____		
COUNTY OF _____		
STATE OF _____		
SCHOOL DISTRICT _____		

5. SPECIAL ARRANGEMENTS (Optional)

Check box below if you need special accommodations to participate in the exam:

1. Religious Observer – for religious reasons cannot be tested on date of examination.

2. Other \_\_\_\_\_   
(requires supporting documentation)

3. Disabled Persons – under remarks indicate type of assistance required

6. VETERANS CREDITS

If you are serving, or have served, in the armed forces of the United States on a full-time active duty basis during wartime, you may be eligible to receive credits as a Disabled or Non-Disabled Veteran.

YES, I WISH TO CLAIM CREDITS AS A NON-DISABLED VETERAN, PLEASE SEND APPLICATION

YES, I WISH TO CLAIM CREDITS AS A DISABLED VETERAN, PLEASE SEND APPLICATION

NO, I DO NOT WISH TO CLAIM VETERANS CREDITS

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 7. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, are you presently in default on any such loan?   | <input type="checkbox"/> | <input type="checkbox"/> |

8. CHECK APPROPRIATE BOX TO RIGHT OF EACH QUESTION

- |   |                          |                          |
|---|--------------------------|--------------------------|
| A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?          | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Did you ever resign from any employment rather than face dismissal?  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Did you receive a dishonorable discharge from the armed forces of the United States?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever been convicted of any crime (felony or misdemeanor)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are you now under charges for any crime?   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? | <input type="checkbox"/> | <input type="checkbox"/> |

None of the 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(s) for which you are applying.

If you answered "YES" to any of the questions above, you may give specifics under "REMARKS". If you elect not to provide specifics, however, or if such explanation is insufficient, a confidential inquiry will be sent to you.

9. A. If minimum and/or maximum age limits are established for the position (e.g. police officer), please enter your date of birth: \_\_\_\_\_
- B. If citizenship is a requirement for the position for which you are applying, please answer the following: **YES** **NO**
- Are you a citizen of the United States?
- C. If not a citizen, do you have the legal right to accept employment in the United States?
- Please provide Alien Registration Number \_\_\_\_\_
- D. Are you a retiree from New York State or any civil division thereof?
- E. Are you an Exempt Firefighter?

10. Do you object to this department making inquiry regarding your character and qualifications from:
- |                       | YES                      | NO                       |
|-----------------------|--------------------------|--------------------------|
| Your Former Employer  | <input type="checkbox"/> | <input type="checkbox"/> |
| Your Present Employer | <input type="checkbox"/> | <input type="checkbox"/> |
- If answer is "YES" please explain under REMARKS

11. LICENSES - If a license, certificate or other authorization to practice a trade or profession is a requirement of the position for which you are applying, complete the following question: IF NOT currently licensed check this box
- Trade/Profession \_\_\_\_\_
- License/Certificate # \_\_\_\_\_
- Licensing Agency \_\_\_\_\_
- City/State \_\_\_\_\_
- Expiration Date \_\_\_\_\_

12. EDUCATION **YES** **NO**
- Have you graduated from high school?
- If no, highest grade completed \_\_\_\_\_
- Name and location of high school \_\_\_\_\_

If you have a high school equivalency diploma, indicate issuing Government Authority and Number \_\_\_\_\_

HAVE YOU PREVIOUSLY SUBMITTED PROOF OF EDUCATIONAL ACHIEVEMENTS? YES  NO

**COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL INFORMATION**

Name & Location of School	Attendance Dates (Mo & Yr) From To	Course or Major Subject	# Credits Rec'd	Degree Rec'd	Date of Degree
Other Schools or Special Courses					

13. Do you possess a license to operate a vehicle in New York State?       YES, Class \_\_\_\_\_       NO

14. DESCRIPTION OF EXPERIENCE: Beginning with your most recent experience, describe below in detail ALL employment that establishes your possession of the minimum qualifications adopted for the title for which you are applying. (The minimum qualifications are found on the exam announcement available from the Orange County Department of Personnel.) Omissions or vagueness will NOT be interpreted in your favor. If relevant volunteer (unpaid experience) is acceptable as qualifying, describe it in the same way as paid work. If you have had military service which included experience pertinent to the positions, describe such experience as a separate employment. Under "Duties" for each employment describe the nature of the work which you personally perform. If you supervised a work group, state its size and nature and the extent of such supervision. **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.**

Length of Employment MO/YR      MO/YR From      /      to      /	Firm Name	Address
Earnings      (Circle One) \$      WK      MO      YR	Duties	
Type of Business		
Your Exact Title		
Supervisor's Name		
Supervisor's title		
# of hours worked per week (exclude overtime)		
Length of Employment MO/YR      MO/YR From      /      to      /	Firm Name	Address
Earnings      (Circle One) \$      WK      MO      YR	Duties	
Type of Business		
Your Exact Title		
Supervisor's Name		
Supervisor's title		
# of hours worked per week (exclude overtime)		

**YOUR SIGNATURE IS REQUIRED ON THE REVERSE OF THIS PAGE**

Length of Employment MO/YR MO/YR From / to /	Firm Name	Address
Earnings (Circle One) \$ WK MO YR	Duties	
Type of Business		
Your Exact Title		
Supervisor's Name		
Supervisor's title		
# of hours worked per week (exclude overtime)		
Length of Employment MO/YR MO/YR From / to /	Firm Name	Address
Earnings (Circle One) \$ WK MO YR	Duties	
Type of Business		
Your Exact Title		
Supervisor's Name		
Supervisor's title		
# of hours worked per week (exclude overtime)		

REMARKS

---



---



---

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT ANY OTHER NAME BY WHICH  
YOU ARE OR HAVE BEEN KNOWN

NOTE: CHECK TO MAKE SURE THAT ALL APPLICABLE QUESTIONS HAVE BEEN ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL. A RESUME MAY NOT BE SUBMITTED IN LIEU OF COMPLETING THE APPLICATION.

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status, veteran status or criminal record. 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, marital status, veteran status or criminal record in connection with employment in the municipal service of the County of Orange.