

APPLICATION FOR EXAMINATION/EMPLOYMENT

UPON COMPLETION MAIL OR DELIVER TO:



**WESTCHESTER COUNTY DEPARTMENT OF
HUMAN RESOURCES
RECRUITMENT & SELECTION UNIT**
148 Martine Avenue, Suite 100
White Plains, New York 10601

READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING

This application is part of the examination and must be filled out **completely and accurately**. Answer **all** questions **fully**, printed in ink or typed. Attach additional sheets and documents, if needed, to give complete information. If you apply for more than one examination, a separate application or copy must be filed for each. **(PLEASE PRINT OR TYPE)**

WESTCHESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER-WOMEN AND MINORITIES ARE ENCOURAGED TO APPLY. It is the policy of Westchester County to provide for and promote the equal opportunity of employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, sexual orientation, or any other protected status.

1. Social Security Number	4. Exam Number						
/ /	Title						
2. Last Name	First Name	M.I.	Date of Examination	Mo	Day	Yr	
Mailing Address							
City	State	Zip Code					
REQUIRED INFORMATION							
LEGAL ADDRESS (Not a Post Office Box #)							
Number and Street							
City	State	Zip Code					
3. Home Phone	Business Phone						
()	()						

Open Competitive Examinations Only-Legal Residence Codes: If you are applying for an open-competitive examination, please indicate, in the boxes below, each of the municipalities/districts in which you are a legal resident and have been for at least 30 days prior to the examination date. Fill in the boxes with the residency codes of your legal residence, as listed on page 2 of this application. If you do not live in one of the listed municipalities/districts, use the codes provided for "Other". Based on the legal address you provide and the information you submit below, the Westchester County Department of Human Resources will determine, subject to verification, your legal residence for eligible list resident certifications. It is your responsibility to provide us sufficient information regarding legal residence for you to be included. If your residency changes, you must immediately notify the Westchester County Department of Human Resources, in writing.

County	City	Town	Village	School District	Fire District

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. IT IS A CRIME PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, PUNISHABLE AS A CLASS "A" MISDEMEANOR, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

FOR COUNTY EMPLOYMENT: IN ACCORDANCE WITH WESTCHESTER COUNTY'S COMPREHENSIVE DRUG-FREE WORKPLACE POLICY AND PROCEDURES, AND COMMITMENT TO MAINTAIN A SAFE, ALCOHOL AND DRUG-FREE WORK ENVIRONMENT, YOU MAY BE REQUIRED TO SUBMIT TO URINALYSIS, BREATH, AND/OR BLOOD TEST. IN ADDITION, IF OFFERED EMPLOYMENT, YOU WILL BE SUBJECT TO THE WESTCHESTER COUNTY FINGERPRINTING POLICY UNDER WHICH YOUR APPOINTMENT MAY BE CONDITIONED ON THE RESULTS OF A FINGERPRINTING INVESTIGATION.

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED: By my signature below, I hereby authorize the Westchester County Department of Human Resources, the County of Westchester, and/or its respective Departments, Offices or Agencies to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records. I further release the Westchester County Department of Human Resources, the County of Westchester, and/or its respective Departments, Offices or Agencies, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand the "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of the front page of the Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for examination/employment are subject to investigation and verification, including a background investigation by the prospective appointing authority.)

Signature of Applicant

Is additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your school and/or work record? NO YES
If yes, please indicate here: _____

Date

DO NOT WRITE BELOW - FOR HUMAN RESOURCES USE		Entered By: _____	JCC: _____	Dispo: _____	Fee: _____	Vet: _____
CPT/D: _____ / _____						
<input type="checkbox"/> Approved By: _____ Date: _____ <input type="checkbox"/> Conditional: _____ <input type="checkbox"/> Disapproved: _____ Section 7: _____		Paid		Date Received		

BACKGROUND, EDUCATION AND TRAINING

VETERANS: If you served or if you are an active member of the Armed Forces of the United States, read and fill out Section H on page 4
(FORM DD214 or proof of current service MUST BE ATTACHED)

CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY: In conformance with section 85a of the New York State Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this department of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.
I claim additional credit as a child of a firefighter or police officer killed in the line of duty. Yes No

Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.			
Do you have a High School Diploma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name and location of High School			
Or a High School Equivalency (GED) Diploma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Issuing Governmental Authority	Document Number		

TRANSCRIPTS: previously filed on request from school
An official transcript is required as verification within 60 days after the date of the examination for periodic examinations; and **prior to participation in continuous recruitment examinations.** If the examination announcement asks for specific course work, list the courses which you have passed on an attached sheet. If you claim credit for a partially completed college curriculum, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation.

COLLEGE/UNIVERSITY

Name of School and City in which located	Dates of Attendance (Month/Year) From _____ To _____	Type of Course or Major	Number of College Credits Received	Were You Graduated?	Type of Degree Received	Date Degree Received or Expected

PROFESSIONAL SCHOOLS, RESIDENCIES, MILITARY SERVICE SCHOOLS, OTHER SCHOOLS

LICENSE: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination, or posting, for which you are applying, complete the following and **attach a copy:**

Name of Trade or Profession	Specialty	License Number
Granted by (Licensing Agency) City or State	Date License First Issued	Registered From (Mo/Yr) To (Mo/Yr)

Note: If a position requires a specified license to operate a motor vehicle, the applicant must provide the appointing authority with proof of a current, valid license (subject to verification) prior to appointment.

LEGAL RESIDENCE CODES

COUNTIES		LEGAL RESIDENCE CODES											
CODE	MUNICIPALITY	TLB	Town of Lewisboro	VPL	Village of Pelham	SKL	Katonah-Lewisboro School District						
BRNX	Bronx County	TMM	Town of Mamaroneck	VPM	Village of Pelham Manor	SLL	Lakeland School District						
COLB	Columbia County	TMP	Town of Mount Pleasant	VPV	Village of Pleasantville	SMM	Mamaroneck School District						
DUTH	Dutchess County	TNW	Town of New Castle	VPC	Village of Port Chester	SMP	Mt. Pleasant School District						
KING	Kings County (Brooklyn)	TNC	Town of North Castle	VRB	Village of Rye Brook	SNS	North Salem School District						
NASS	Nassau County	TNS	Town of North Salem	VSD	Village of Scarsdale	SNT	Pocantico Hills School District						
NYNY	New York County (Manhattan)	TOS	Town of Ossining	VNT	Village of Sleepy Hollow	SOS	Ossining School District						
ORAN	Orange County	TPL	Town of Pelham	VTK	Village of Tuckahoe	SPC	Port Chester School District						
PUTN	Putnam County	TPR	Town of Pound Ridge	VTT	Village of Tarrytown	SPK	Peekskill City School District						
QUEN	Queens County	TRY	Town of Rye	VTH	Other	SPL	Pelham School District						
RICH	Richmond County (Staten Island)	TSM	Town of Somers			SPV	Pleasantville School District						
ROCK	Rockland County	TYT	Town of Yorktown			SRN	Rye Neck School District						
SUFF	Suffolk County	TTH	Other			SRY	Rye City School District						
SULL	Sullivan County					SSD	Scarsdale School District						
ULST	Ulster County					SSM	Somers School District						
WEST	Westchester County					STK	Tuckahoe School District						
WTH	Other					STT	Tarrytown School District						
CITIES						SVL	Valhalla School District						
CPK	Peekskill	VBM	Village of Briarcliff Manor			SYH	Yonkers Heights School District						
CRY	Rye City	VBV	Village of Bronxville			STH	Other						
CTH	Other	VCR	Village of Croton-on-Hudson										
TOWNS		VDF	Village of Dobbs Ferry										
TBF	Town of Bedford	VEF	Village of Elmsford										
TCT	Town of Cortlandt	VHH	Village of Hastings-on-Hudson										
TEC	Town of Eastchester	VHR	Village of Harrison										
TGB	Town of Greenburgh	VIR	Village of Irvington										
		VLM	Village of Larchmont										
		VMK	Village of Mount Kisco										
		VMM	Village of Mamaroneck										
		VOS	Village of Ossining										
SCHOOL DISTRICTS													
CODE DISTRICT													
SAR	Ardsley School District												
SMK	Bedford Central School District												
SBB	Blind Brook School District												
SBH	Byram Hills School District												
SBM	Briarcliff Manor School District												
SBV	Bronxville School District												
SCH	Chappaqua School District												
SCR	Croton School District												
SCT	Hendrick Hudson School District												
SDF	Dobbs Ferry School District												
SEC	Eastchester School District												
SEF	Elmsford School District												
SEM	Edgemont School District												
SHD	Greenburgh Central #7 School District												
SHH	Hastings School District												
SHR	Harrison Central School District												
SIR	Irvington School District												
FIRE DISTRICTS													
CODE DISTRICT													
FEC	Eastchester Fire District												
FFV	Fairview Fire District												
FGV	Greenville Fire District												
FHD	Hartsdale Fire District												
FLM	Lake Mohegan Fire District												
FTH	Other												

DESCRIPTION OF EXPERIENCE

ALL SECTIONS MUST BE FILLED OUT COMPLETELY. DO NOT LEAVE BLANK. A RESUME IS NOT A SUBSTITUTE.

Carefully read the minimum qualifications for the position/examination for which you are applying. Fee(s) will not be refunded if you do not meet the established qualifications.
 List below all relevant work experience. A resume is not a substitute. Be more specific in describing your experiences relating to the minimum qualifications of the position or examination 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 interpreted in your favor. Include military service experience when appropriate. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job description or 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. Mo. Yr. From / To /		Name of Employer	Address	City and State
Earnings \$	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Business		Describe duties below:		
Your Exact Title				
Name of your Supervisor				
Supervisor's Title				
Reason for Leaving				
Length of Employment Mo. Yr. Mo. Yr. From / To /		Name of Employer	Address	City and State
Earnings \$	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Business		Describe duties below:		
Your Exact Title				
Name of your Supervisor				
Supervisor's Title				
Reason for Leaving				
Length of Employment Mo. Yr. Mo. Yr. From / To /		Name of Employer	Address	City and State
Earnings \$	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Business		Describe duties below:		
Your Exact Title				
Name of your Supervisor				
Supervisor's Title				
Reason for Leaving				

Have you answered all appropriate questions? An incomplete application may be disapproved.

Student Loan Supplement

Do you have any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?

Yes No

If so, are you presently in default on any such loan? Yes No

Name

Address

Signature

Date

INSTRUCTIONS AND INFORMATION

There is a non-refundable application filing fee per examination number. No cash accepted. A check or money order only (payable to Westchester County Department of Human Resources) must accompany this application. One check may be used. Record all exam numbers on the check. Applications received without the filing fee will be returned. Waivers: See section "C," below.

A. EXAMINATION ANNOUNCEMENT

Before filling out your application, carefully read the examination announcement. Announcements may be viewed at the Westchester County Department of Human Resources or the Department's website, www.westchestergov.com/hr and at municipal buildings and public libraries throughout Westchester County.

B. QUALIFICATIONS

The burden of establishing required qualifications is the responsibility of the applicant. Fees are not refunded for disqualification. Out-of-title experience cannot be credited towards meeting the minimum qualifications. Applications will be rejected for lateness, if postmarked or received after the last filing date. Part-time experience will be pro-rated based on a 35-hour work week.

C. APPLICATION FEE WAIVER

The application fee **may** be waived with proof of supplemental Social Security payments, public assistance, receiving foster care, or unemployed and primarily responsible for the support of a household.

D. ADMISSION TO EXAMINATION

Admission notices are mailed the week prior to the examination date. If you do not receive a notice three days prior to the exam date, call (914) 995-2117. Candidates will be required to bring proof of identification to the examination such as a passport, photo driver license, or a photo non-driver I.D. Participation in the examination does not mean you have been found to meet the announced requirements. Applicants may be admitted on the basis of statements made on the application which are subject to review and verification. Scores will not be available if a disqualification determination is made subsequent to the examination.

E. DISQUALIFICATION APPEAL

Any appeal of a disqualification notice must be made in writing and received in the Department of Human Resources by the date and time indicated on the notice.

F. LEGAL ADDRESS CHANGES

You must report a change in address to insure proper notification of test results and certification of civil service lists. Residency must be established 30 days prior to the examination date in order to meet residence preference requirements.

G. TESTING ACCOMMODATION (ATTACH REQUEST)

If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required. Most written tests are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a documented religious observance or practice we will make arrangements for you to take the test on a different date. Please check the appropriate box below.

AN ALTERNATE TEST DATE MAY BE REQUESTED **ONLY** FOR ONE OF THE FOLLOWING REASONS: (CHECK APPROPRIATE BOX)

1. A death in the immediate family or household within the week preceding the examination.
2. Medical emergencies involving the candidate or member(s) of the immediately family.
3. Military Orders (A copy of orders is required).
4. Religious Observance - Candidate must submit required form.
5. Wedding - must be a member of the wedding party or member of the immediate family of the bride or groom.
6. Vacation for which a non-refundable down payment was made before the exam announcement was issued.
7. Required court appearances.

WITH THE EXCEPTION OF REASONS 1 AND 2, REQUESTS MUST BE MADE IN WRITING WITH DOCUMENTATION ATTACHED TO THE APPLICATION.

H. VETERANS CREDITS

If you received or expect to receive an honorable discharge from the Armed Forces of the United States, as a war-time veteran or disabled veteran as defined below, you may claim extra credits to be added to your exam score, if you pass. The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, and all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a full-time, active duty basis other than active duty for training purposes.

Discharged Veterans are **required** to submit a copy of their DD214 discharge papers. Active duty members of the Armed Forces must submit proof of active duty status, such as current Military I.D., Military Orders or other official Military document that substantiates active duty status. To claim credits as a Disabled Veteran, you must be entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.

Are you claiming credit as a Veteran? As a Disabled Veteran? Active service member?

Have you used your Veterans credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951? Yes No

CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED OR ARE SERVING IN THE ARMED FORCES OF THE UNITED STATES

	FROM MO/YR	TO MO/YR
<input type="checkbox"/> World War II:	December 7, 1941- December 31, 1946	() () ()
<input type="checkbox"/> US Public Health Service:	July 29, 1945-September 2, 1945	() () ()
<input type="checkbox"/> Korean Conflict:	June 27, 1950-January 31, 1955	() () ()
<input type="checkbox"/> US Public Health Service:	June 26, 1950-July 3, 1952	() () ()
<input type="checkbox"/> Vietnam Conflict:	February 28, 1961-May 7, 1975	() () ()
* <input type="checkbox"/> Hostilities in Lebanon:	June 1, 1983-December 1, 1987	() () ()
* <input type="checkbox"/> Hostilities in Grenada:	October 23, 1983-November 21, 1983	() () ()
* <input type="checkbox"/> Hostilities in Panama:	December 20, 1989-January 31, 1990	() () ()
<input type="checkbox"/> Persian Gulf Conflict:	August 2, 1990 - ()	() () ()
<input type="checkbox"/> Active Duty: ()	() () ()

*For these service dates Veterans must have received the Armed Forces Expeditionary Medal for Service in Zone of Conflict.

LEAVE THIS SPACE BLANK