



# Putnam County ★ New York

## APPLICATION

### for EXAMINATION *and/or* EMPLOYMENT

#### EXAMINATION *or* POSITION TITLE

#### EXAMINATION NUMBER

THIS APPLICATION IS USED TO DETERMINE YOUR ELIGIBILITY FOR EXAMINATION AND/OR EMPLOYMENT. BE SURE TO ANSWER *ALL* QUESTIONS COMPLETELY & CAREFULLY. USE INK OR TYPE. YOUR APPLICATION IS NOT COMPLETE IF YOU DO NOT SUBMIT THE REQUIRED FILING FEE AND A SELF-ADDRESSED, STAMPED ENVELOPE. *(Please make check or money order payable to "Putnam County Personnel Department" – no cash)* RETURN COMPLETED APPLICATION TO:  
Putnam County Personnel Department, 110 Old Route Six, Building 3, Carmel, NY 10512

**1. Name and Legal Residence** ~ PLEASE NOTIFY PUTNAM COUNTY PERSONNEL DEPARTMENT IN WRITING IMMEDIATELY IF ANY OF YOUR INFORMATION CHANGES

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)	CITY	STATE	ZIP CODE	COUNTY

**2. Mailing Address (if different from Legal Residence)**

STREET ADDRESS (P.O. BOX ACCEPTABLE)	CITY	STATE	ZIP CODE
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**3. Telephone, E-Mail, and Other Residence Information**

HOME TELEPHONE (AREA CODE & NUMBER)	BUSINESS TELEPHONE (AREA CODE & NUMBER)	E-MAIL ADDRESS (OPTIONAL)
TOWN OR CITY OF RESIDENCE		SCHOOL DISTRICT

- 4. Employment Eligibility:**   ▪ Do you have the legal right to accept employment in the United States?    Yes    No  
   ▪ Are you under 18 years of age?    Yes    No   *Proof of employment eligibility will be required upon employment.*

**5. Special Testing Arrangements:** If you require special testing arrangements due to an examination with another Civil Service Agency on the same date, religious observance, disability, or any other reason, please explain on page 4 under Remarks.  
 Religious Accommodation: Most written tests are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, check this box . We will make arrangements for you to take the test on a different date (usually Monday of the following week).

**6. Student Loan(s):** Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation?   Yes    No

**7. Check the appropriate box to the right of each question:**

- |   |  |
|---|--|
| A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B. Have you ever resigned from any employment rather than face dismissal?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| C. Have you ever been convicted of any crime (felony or misdemeanor)?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| D. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| E. Are there any arrests or criminal accusations currently pending against you?                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you answered "YES" to any question(s) above, please use the space below to give specifics. If you elect not to provide an explanation, you may be disqualified, or if such explanation is insufficient, you may be required to submit further information. Attach additional 8½" x 11" sheets if needed.

*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(s) for which application is being made.*

DO NOT WRITE BELOW – FOR CIVIL SERVICE USE ONLY				DATE RECEIVED:	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> FEE WAIVER	Check Amount:	Check No.:		
<input type="checkbox"/> DISAPPROVED					
<input type="checkbox"/> CONDITIONAL					
LOGGED BY:	OTHER:				

**8. Education:**

• **High School:** Have you graduated from high school? Yes  No

If Yes, name & location of high school: \_\_\_\_\_

If High School Equivalency Diploma: Issuing Governmental Authority: \_\_\_\_\_ Number: \_\_\_\_\_

• **Post High School Education:**

	Name & Location of School	Type of Course or Major Subject	No. of College Credits Rec'd	Did You Graduate?	Type of Degree Rec'd
College, University, Professional or Technical School	-----	-----	-----	-----	-----
Other School or Special Courses	-----	-----	-----	-----	-----

**Partially Completed Course of Study:**  
If credit is claimed for a partially completed college curriculum or course of study, attach a list of courses and credits completed, and indicate graduation requirements.

**Indicating Specific Coursework:**  
If the Examination or Position for which you are applying requires that you indicate specific course work, do so on an attached sheet.

**Transcripts:**  
If the Examination or Position for which you are applying requires that you provide a transcript, please send one. Required degrees and/or coursework will be verified.

**9. Licenses:** If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please provide the following information:

**Name of Trade or Profession:** \_\_\_\_\_ **License No.** \_\_\_\_\_

**Dates of Validation:** From \_\_\_\_\_ To \_\_\_\_\_ **Licensing Agency** \_\_\_\_\_ **City/State** \_\_\_\_\_

**10. Driver License:** A Driver License may be a requirement for certain positions. Do you have a valid license to operate a motor vehicle in New York State? Yes  No  **License No.** \_\_\_\_\_ **Class** \_\_\_\_\_ **Date of Expiration** \_\_\_\_\_

**11. Contacting Employers:** For reference purposes, may we contact your present employer? Yes  No  Past employers? Yes  No   
If no, please explain: \_\_\_\_\_

**12. Performance Tests:** If you have previously taken & passed any Putnam County Performance Test(s), indicate approximate dates below:

STENO	TYPING	DATA ENTRY	LANGUAGE ORAL	OTHER (Describe)
_____	_____	_____	_____	_____
MO / YR	MO / YR	MO / YR	LANGUAGE MO / YR	MO / YR

**It is the responsibility of the applicant to provide documentation of successful completion of performance tests.**

**13. Other Examinations:** Have you previously taken any other examinations given by this department? Yes  No   
If yes, list titles and dates: \_\_\_\_\_

**14. Veterans Credits:** If you are an active duty member during wartime, a wartime veteran, or a disabled wartime veteran<sup>1</sup> of the Armed Forces of the United States,<sup>2</sup> then you may be eligible to have extra credits added to your examination score.<sup>3</sup> To claim Veterans Credits, active duty members of the Armed Forces must submit proof of active duty status<sup>4</sup> (e.g. current military ID, military orders or other official military document that substantiates active duty status); discharged and/or disabled veterans are required to submit a copy of their DD214 discharge papers.

<sup>1</sup> "Disabled Wartime Veteran" means that you are entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.

<sup>2</sup> The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force or Coast Guard and all components thereof, or 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.

<sup>3</sup> Please note that Veterans Credits can only be added to passing scores. <sup>4</sup> "Active duty status" means full-time, active duty other than active duty for training purposes.

- I am claiming credit as a  Veteran  Disabled Wartime Veteran  Active Service Member.
- I am enclosing an Application for Veterans Credits and proof of active duty status or honorable discharge .
- I have previously claimed Veterans Credits (since January 1, 1951) for permanent appointment or promotion in New York State or a civil division of New York State  Yes  No
- Check below to indicate your area(s) of service, and provide time period(s) of service:

	Time Period of Service (From Mo/Yr - To Mo/Yr)
<input type="checkbox"/> World War II, US Public Health	December 7, 1941 – December 31, 1946
<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 – present

\*If you served during this conflict, to be eligible for Veterans Credits you must have received the Armed Forces Expeditionary Medal for service in Zone of Conflict

**15. Employment Experience:** Read The Following Instructions Before Completing This Section:

- **Order:** List most recent employment first.
- **What to List:** Any and all employment pertinent to the position or examination for which you are applying.
- **Professional Experience:** Indicate whether or not professional experience occurred *after* your professional degree or coursework.
- **Volunteer/Unpaid Work:** List *volunteer or unpaid experience* only if noted as qualifying experience on the examination announcement. Describe volunteer/unpaid work the same way as paid work, and write "unpaid" in "Earnings."
- **Military Experience:** If you have had *military service that included experience pertinent to the position*, list that experience.
- **Changes in Status:** If your title or duties changed significantly during your service in any one organization, list such changed status separately.
- **Duties:** In the "Duties" section, describe nature of work personally performed by you; estimate percentage of time spent on each type of work.
- **Supervisory Experience:** For any supervisory role, state size and type of workforce supervised, as well as the extent of supervision by you.

**You are responsible for submitting an accurate, adequate, clear description of your experience**

**Omissions or vagueness will NOT be interpreted in your favor** ~ If more space is needed, you may attach 8½" x 11" sheet(s) of paper

LENGTH OF EMPLOYMENT FROM ____ / ____ TO ____ / ____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
EARNINGS (CIRCLE ONE) \$ /WK / MO / YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____ / ____ TO ____ / ____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
EARNINGS (CIRCLE ONE) \$ /WK / MO / YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____ / ____ TO ____ / ____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
EARNINGS (CIRCLE ONE) \$ /WK / MO / YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____ / ____ TO ____ / ____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
EARNINGS (CIRCLE ONE) \$ /WK / MO / YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			

**YOUR APPLICATION WILL NOT BE ACCEPTED IF YOU DO NOT READ AND SIGN BELOW**

**AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

By my signature below, I hereby authorize the Putnam County Personnel Department, the County of Putnam, and/or its respective departments, offices or agencies, and/or any municipality within Putnam County to request verbal or written verification or records of any or all information contained herein. By signing this authorization, I give my consent for full and complete disclosure and review of all records concerning me, whether said records are of a public, private or confidential nature. Further, I hereby release the Putnam County Personnel Department, Putnam County and/or its respective departments, offices or agencies, and/or any municipality within Putnam County, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. By signing this authorization, I give my consent for a photocopy of the *Application for Examination and/or Employment* containing this release to be valid as an original thereof, even though said photocopy will 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. My signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please indicate any additional information relative to change of name, maiden name, use of an assumed name or nickname:  
\_\_\_\_\_

**PERJURY STATEMENT: APPLICANTS—PLEASE BE ADVISED:**

Any and all statements made by the applicant in connection with Application for Examination and/or Employment are subject to verification, including background investigation by prospective appointing authorities. Misrepresentations may constitute cause for disqualification or discharge. Pursuant to Section 210.45 of the New York State Penal Law, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.



**APPLICATION COMPLETION CHECKLIST ... DID YOU ... ?**

- Read, Sign and Date** the *Affirmation And Authorization For Release Of Personal Information*, above?
- Enter the **Title and Number** for the Examination, or the **Title** for the Position for which you are filing (top of application form)?
- Enter your **Social Security Number** (in Section 1, Page 1 of this application form)?
- Include a **Check or Money Order**, for the correct filing fee, payable to Putnam County Personnel Department?
- Include a **Self-Addressed Stamped Envelope** Business-size (#10 -- 4 1/8" x 9 1/2") with appropriate amount of postage?
- Per Putnam County Resolution #305 of 2005, **EXAM FILING FEES ARE NOT REFUNDABLE** even if you are disqualified.

**★NEXT STEP—AFTER YOU APPLY★**

Once your application materials are received, your application will be reviewed. If qualified, you will receive a Letter of Admission to the examination, with further information about the examination including location and time. If you are not qualified to take the examination, you will receive a letter explaining why you are not qualified. **Important!** Call the Putnam County Personnel Department – (845) 225-0860 – if you have not received a letter within three (3) days of the date of the examination informing you whether or not you are to be admitted to the examination.

**IMPORTANT APPLICANT INFORMATION**

**ADMISSION TO EXAMINATION:** Notice of admission to, or actual participation in, an examination does not necessarily mean that you have been found to fully meet the announced requirements. In some cases, applicants may be admitted to an examination conditionally, if conclusive prior review or verification of the application has not been completed, or if further information has been requested but has not yet been received. Once conclusive review of the application is completed, and all further information has been received, **it is possible that candidates who do not meet the requirements may be disqualified, and receive notification of such disqualification, after the examination has been held.** Candidates who are disqualified subsequent to taking an examination will not be notified of their score.

**CHANGE OF ADDRESS:** Putnam County Personnel Department must receive **written notification of any change of address and/or telephone number** in order to communicate important examination and/or employment information to you. Please note the number and title of examination in your letter.

**DRUG & ALCOHOL TESTING:** In accordance with Putnam 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 tests to be considered for County employment.

**EQUAL OPPORTUNITY:** In compliance with the **New York State Human Rights Law**, which prohibits discrimination in employment based on age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record, **no part of this application form is intended or should be construed to express, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record** in connection with employment. Putnam County is an Equal Opportunity – Affirmative Action employer.

**EXAMINATION ANNOUNCEMENT:** Before completing an application, you must review the **Examination Announcement for the examination for which you wish to apply.** The Examination Announcement contains information about (1) the position for which the examination is testing, (2) the minimum qualifications for that position (and for the examination), (3) details about the subject of the examination, (4) last filing date, (5) filing fee, etc.

**VETERANS CREDITS:** All claims for, and grants of, **Veterans Credits are tentative and must be verified** through inspection of discharge papers and other related documents prior to the establishment of the eligible list. You will be advised as to which documents you must produce for such verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by Putnam County. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified.

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