

7. 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 Position for which you are applying requires that you indicate specific course work, do so on an attached sheet.	Transcripts: If the Position for which you are applying requires that you provide a transcript, please send one. Required degrees and/or coursework will be verified.
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8. 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** _____

9. 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** _____

Special License Endorsements: _____

10. Contacting Employers: For reference purposes, may we contact your present employer? Yes No Past employers? Yes No

If no, please explain: _____

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

TYPING	DATA ENTRY	911 DISPATCHER	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.

12. Other Examinations: Have you taken any examinations given by this department? Yes No

If yes, list titles and dates: _____

13. Veterans Status: If you are an active duty member during wartime, a wartime veteran, or a disabled wartime veteran¹ of the Armed Forces of the United States,² then you may be eligible for certain benefits.³ To claim Veterans Status, active duty members of the Armed Forces must submit proof of active duty status⁴ (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.

¹ "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.

² 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.

³ "Active duty status" means full-time, active duty other than active duty for training purposes.

• I am a Veteran Disabled Wartime Veteran Active Service Member.

• 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)
World War II, US Public Health Service	December 7, 1941 – December 31, 1946
Korean Conflict	June 27, 1950 – January 31, 1955
US Public Health Service	June 26, 1950 – July 3, 1952
Vietnam Conflict	February 28, 1961 – May 7, 1975
Hostilities in Lebanon*	June 1, 1983 – December 1, 1987
Hostilities in Grenada*	October 23, 1983 – November 21, 1983
Hostilities in Panama*	December 20, 1989 – January 31, 1990
Persian Gulf Conflict	August 2, 1990 – present

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

- **Order:** List *most recent* employment first.
- **What to List:** Any and all employment.
- **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 for the position or job posting. Describe volunteer/unpaid work the same way as paid work and note in appropriate check box.
- **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 duties in detail; the nature of work personally performed by you; estimate percentage of time spent on each type of work. If more space is needed, you may attach 8½" x 11" sheet(s) of paper.
- **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 ~

LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ <small>MO YR MO YR</small>	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOUNTEER			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ <small>MO YR MO YR</small>	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOUNTEER			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ <small>MO YR MO YR</small>	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOUNTEER			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ <small>MO YR MO YR</small>	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOUNTEER			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			

If more space is needed, you may attach 8½" x 11" sheet(s) of paper

SIGNATURE REQUIRED ON NEXT PAGE

PUTNAM COUNTY IS AN EQUAL OPPORTUNITY ~ AFFIRMATIVE ACTION EMPLOYER

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 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 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 ... ?

WAIT!

- Read, Sign and Date** the *Affirmation And Authorization For Release Of Personal Information*, above?
- Enter 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)?

IMPORTANT APPLICANT INFORMATION

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 employment information to you. Please note the title of position 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 will be required to submit to urinalysis, breath and/or blood tests to be considered for County employment.

FINGERPRINTING: As of January 1, 2019, all prospective employees of Putnam County will be required to undergo a digital fingerprint background check at a cost of approximately \$100 to be borne by applicant.

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.

REMARKS: Use this space to provide any additional information, as necessary. If more space is required, attach additional 8½" x 11" sheet(s).

Rev. May 2021

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