

It is the policy of the Rockland County Department of Personnel to provide accommodations in testing to individuals with disabilities and to religious observers and to provide for and promote equal opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, or criminal record.



APPLICATION FOR EXAMINATION OR EMPLOYMENT

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS,
LIBRARIES AND SPECIAL DISTRICTS

1. _____
 POSITION TITLE EXAM NUMBER

Date Received _____ Approved _____
 Conditional _____ Disapproved _____

**PERSONNEL DEPT.
USE ONLY**

READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING. This application is part of the examination. It is necessary that you answer all questions completely. Print in ink or use typewriter. Attach additional sheets if necessary to give complete and detailed information. A resume cannot substitute for the application. **Immediate Notice should be given of any change in address before or after examination.**

2. NAME AND RESIDENCE

Last Name	First Name	Initial	
	Home:		
	Business:		
Street Address or Road		Phone Number	
R.D. # or P.O. Box #	Town	State	Zip
Email Address:			

7A. Are you currently a U.S. Citizen? YES NO
 (Citizenship is no longer a requirement for employment except for public officer positions)
 (If "Yes" to question 7A skip to question 7C)

B. If not, do you have the legal right to accept Employment in the United States? YES NO
 Please give alien registration number:

C. Are you a retiree from New York State or any civil division thereof? YES NO

D. Are you an Exempt Volunteer Fireman? YES NO

3. Social Security Number - -

NON-REFUNDABLE APPLICATION FILING FEE Please read the announcement and information on page 4

FEE PAID: _____ **NO FEE IS DUE BECAUSE:**
 I have enclosed the fee I have completed the Application Fee Waiver request form. (*Attach to application*)
 (The fee WILL NOT BE REFUNDED if your application is DISAPPROVED)

4. If you are applying for a law enforcement position or are under 18 years of age, fill in your date of birth. _____
MM/DD/YYYY

5. State your actual permanent legal residence and indicate how long you have resided there continuously, up to and including date of this application.

	Yrs.	Mos.
School District _____		
Village of _____		
Town of _____		
County of _____		
State of _____		

6. If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, list below. Call to make arrangements no later than Tuesday before the test date.

Exam Number(s)	Title(s)

EXTRA CREDIT FOR WAR TIME VETERANS – READ LAST PAGE FOR DETAILS

8A. I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. I served on a full-time active duty Basis other than for training purposes during one of The war periods listed on the back of this form. If not, omit questions 8B-F. YES NO

B. Are you currently in the military? YES NO
 What was your date of entry? _____
 What was or is your expected date of separation? _____

C. I wish to claim additional credits as a non-disabled war veteran. YES NO

I wish to claim additional credits as a disabled war Veteran. YES NO

(Separation from Service Forms/VA forms must be submitted)

D. I am a New York State Resident. YES NO

E. I am a US citizen or alien lawfully admitted for permanent residence. YES NO

F. I have used veteran credits for appointment to a position in New York State or Local government. YES NO

9. Check the appropriate box below if you desire special arrangements for testing because you are a:
- A. For religious reasons cannot be tested on Saturday.
 - B. Disabled Person – Complete a confidential questionnaire to indicate reasonable accommodations required. (e.g. braille booklet, amanuensis, reader)
 - C. Active Military Members - indicate your military address and length of duty.

10. Check appropriate answer 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, disability or medical condition? YES NO
 - B. Did you ever resign from any employment other than face dismissal? YES NO
 - C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? YES NO
 - D. Have you ever been convicted of a crime (felony or misdemeanor)? YES NO
 - E. Are you now under charges for any crime? YES NO

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 you are applying.

If you answered "YES" to any of the questions above, you may give specifics under "REMARKS" on page 4. If you elect not to provide however, or if such explanation is insufficient, a confidential questionnaire will be sent to you.

Do Not Write In This Area

For questions 11 – 14, make certain you answer all those questions which pertain to requirements listed on the announcement for the examination(s) for which you are filing, or set forth in the specification for the position applied for. If in doubt, answer all questions. IF RESUME IS ATTACHED, APPLICATION MUST BE FILLED OUT COMPLETELY.

11. EDUCATION. If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. If specific courses are required, list under REMARKS on last page. PLEASE HAVE OFFICIAL TRANSCRIPTS FORWARDED TO OUR OFFICE. (Student copies are not acceptable.)

Have you graduated from high school? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give year graduated: _____ If no, give highest grade completed: _____	Give name and location of high school: _____ _____
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If you have a high school equivalency diploma, indicate issuing Government Authority: _____ Date and/or Number of Issue: _____

	Name of School and Location	Dates of Attendance (Month and Year) From To	Day or Night	# of Years Cred- ited	Did You Grad- uate?	Type of Course or Major Subject	# of College Credits Awarded	Type of Degree Received	Date Of Degree
College, University, Professional or Technical School	-----	-----	-----	-----	-----	-----	-----	-----	-----
Other Schools or Special Courses	-----	-----	-----	-----	-----	-----	-----	-----	-----

Official transcripts previously filed YES NO Attached YES NO On request from school YES NO

12A. Licenses, Certificates, or Permits. 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 job specification for which you are applying, complete the following. If not licensed, do you have a temporary permit? YES NO

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From	To
B. Do you have a valid license to operate a motor vehicle in New York State? YES <input type="checkbox"/> Class _____			NO <input type="checkbox"/>

13. If ever employed by the County of Rockland or by any civil division therein, please check here and give dates of employment and name of agency: _____

_____	_____	_____	_____
Print name	Social Security Number	Title or Exam Number	Date

Do Not Write In This Area

14. DESCRIPTION OF EXPERIENCE. Describe below in detail ALL employment pertinent to the position(s) sought. 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 experience generally will be considered. Request volunteer form from Department of Personnel. 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 8-1/2" x 11" sheets of paper using same format.)

Length of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: none;">Firm Name</td> <td style="width:33%; border-bottom: none;">Address</td> <td style="width:33%; border-bottom: none;">City and State</td> </tr> <tr> <td colspan="3" style="border-top: none;">Duties: describe the major tasks of the work personally performed by you, with estimate of percentage 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.</td> </tr> </table>	Firm Name	Address	City and State	Duties: describe the major tasks of the work personally performed by you, with estimate of percentage 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.		
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Type of Business							
Your Exact Title							
Name of your supervisor							
Supervisors Title							
Hours per week worked (excluding overtime)							
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_____	_____	_____	_____
Print name	Social Security Number	Title or Exam Number	Date

