

# **County of Ulster**

## Application for Examination or Employment

Leave this space blank.

Date Received:

Title of Exam or Position for which you are applying:	Leave this space blank.			
Exam # (if applicable):	Approved: Disapproved: Conditional:			

INSTRUCTIONS AND IN  COMPLETING THIS APPLICATION - This application is part of your examination. Answer all questions fully and carefully, Print in ink. Attach ad		re complete and detailed information. All statement	ts are
subject to verification.  ANNOUNCEMENT OF EXAMINATION - Carefully read the examination announcement before filling out your application.		, and and an animalism of statement	
ADMISSION TO EXAMINATION - Contact the Ulster County Personnel Department immediately if you do not receive notice within three days	s of the examination informing you wheth	ner or not you are to be admitted to the examination	٦.
FILING FEE There is a non-refundable filing fee for the examination for which you are applying. Please refer to the examination ar announcement.	nouncement. The non-refundable filing	fee may be waived as described on the examin	nation
MAIL OR DELIVER TO: Ulster County Personnel Department, County Office Building: 244 Fair St., Box 1800, Kingston, NY 12402-1800. Telephon.	e: (845) 340-3550.		
lame:	SS#		
Last First MI			
lease state any other name(s) previously used in education or employment	· ,		
Nailing Address:			
Street or P.O. Box (if P.O. Box, fill in Residence Address below)  Physical Address:	City	State ZIP	
Street (if P.O. Box or different than Mailing Address)	City	State ZIP	
rimary Phone: Secondary F	Phone:		
mail Address:			_
tate your current permanent legal residence for each of the geographic reas below, indicating the length of continuous residence to date.	Length of Residency (Yrs./Mos.)		
chool District			
own			
own /illage			
/illage			
/illage County	ovide current working pa	pers.	
/illage County State			

If you have ever been employed by the County of Ulster or any civil division therein (city, town, village, school district, or special district) please state location(s) and date(s) of employment:

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1. Are you now serving or have Armed Forces of the United States and States and States are the United States and States are the States and States are the St	re ?	5. Are you: A non – disabled war veteran A disabled war veteran Disabled and non-disabled war veterans who are eligible for additional credits must submit an application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed forms must be received in the office before the eligible list for this examination is established.						
If "No", omit questions 2 throug 2. If you served in the Armed For United States, did you receive was other than honorable? Ye NOTE: A DISHONORABLE DISCH DOES NOT AUTOMATICALLY DISQU	Т							
3. Did you serve in the Arme States during any of the followi		6. Do you have a valid license to operate a motor vehicle in New York State? Yes - Class						
A. December 7, 1941 to Decer B. June 27, 1950 to January 31, C. December 22, 1961 to May <b>D. August 2, 1990 to "date to be</b>		7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a:						
E. U.S. Public Health Service: Ju December 31, 1946, or June 21 Yes  No  \( \square\$	•	952		ASabbath Observer and cannot be tested on Saturdays for religious reasons.				
Did you receive an expedition following conflicts? F. Lebanon - June 1, 1983 to De G. Grenada - October 23, 1983		BDisabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application.						
H. Panama - December 20, 198  Yes  No  I  I. I am currently on active dut purposes).  Yes  No  4. Since January 1, 1951, have credits as a veteran for <b>appoi</b> the public employment of New civil divisions?  Yes  No  I	)    -	8. <b>EXAMINATIONS IN OTHER JURISDICTIONS</b> - Candidates wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of consideration may not be approved if received after the announced last file date for the examination.						
The following sections on educ		•						fficient.
9. Have you graduated from high school? Yes D No D If not, what grade did you complete?						·		
				diploma #:				
For College, University, Professional, Te	echnical and other sc	hools or s	pecial cour	ses, please prov	ide copies c	of transcript	S.	
Name of school and its location	Dates of Attendance From: / To:_/_ (month/year)	Full or Part Time	# of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	/ _To /							
	/ _To / _							
	/ _To / _							
	/ To /							

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you are applying. Begin with your your experience. Omissions or volunteer (unpaid) experience	most rece agueness v will be	ent employm vill not be re considered	nent. You are esolved in yo if verified c	responsible ur favor. II and fullv	e for submitting an accunclude military service endocumented (unless	se which relate to the position for which urate, adequate and clear description of experience when appropriate. Relevant otherwise stated on the examination ganization, indicate such change clearly ne format.)	
Length of Employment (Mo/Yr)	Firm	Name	me Addi		City and State	Type of Business	
From/ _ To _/							
Your Exact Title		Name of you	ur Supervisor	Superviso	r's Title	No. of hours worked per week:  FT PT Volunteer	
					imates of percentages of tir you and the extent of such s	me spent on each type of work. supervision.	
			I				
Length of Employment (Mo/Yr)	Firm	Name	Addr	ess	City and State	Type of Business	
From/ _ To _/							
Your Exact Title		Name of you	of your Supervisor St		r's Title	No. of hours worked per week:  FT PT Volunteer	
Length of Employment (Mo/Yr)	Firm	Name	Addre	ess	City and State	Type of Business	
From/ _ To _/							
Your Exact Title	our Exact Title Name of you		r Supervisor's Title		r's Title	No. of hours worked per week:  FT PT Volunteer	
Length of Employment (Mo/Yr)	Firm	Name	Addre	ess	City and State	Type of Business	
From/ _ To _/							
Your Exact Title		Name of your Supervisor		Supervisor's Title		No. of hours worked per week:  FT PT Volunteer	

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		e a trade or profession is listed as a requirement	on the announcement of the examination(s)
or position(s) for which you are apply Name of trade or profession	ying, complete the following. If not cu License Number	Granted by (Licensing Agency)	
City or State	Specialty	Date License First Issued	Registered (Mo/Yr)
			From:/To:/
12. REMARKS:			
13. AFFIRMATION AND AUTHO	DRIZATION TO RELEASE		
I affirm that the statements perjury.	made on this application of	and any attached papers or docu	ments are true under the penalties o
information about me relo which I am applying. Further to release any or all inform	ated to the verification of report, I authorize any person whation about me to which s	my qualifications and eligibility fo no receives a request to disclose ir	eir behalf, to investigate and receiver the examination or the position for formation related to this application specifically authorize such disclosure hinformation.
Following the interview pringerprinting after signing Local Law 14 of 2007 (coor Federal Statutes, candidate review and consideration but State and Federal regular employment for any lawfur relationship to the duties	a Criminal Background Invalidited as Article 1, Section 5 es for prospective employment of the County based on the tory authority. The County of the county of the design	mployee will undergo required vestigation Release Form. In accorses for the Ulster County Code) or nent to all Ulster County positions make New York State Division of Criminals in all not be precluded frostermination that the candidate in position sought, or that the hirin	Criminal Background Checks and rdance with Ulster County Legislative by any other applicable State and nust obtain fitness for appointment by all Justice Services or other mandated m withdrawing conditional offers and a conviction that bears a directing of said candidate would pose as
☐ Check here to indicate	that you do not wish your p	oresent employer to be contacte	ed at this time.
signature		DATE	

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, marital status, or disability. 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, sexual orientation, military status, sex, disability, or marital status in connection with employment in the municipal service of Ulster County. It is the policy of Ulster County to provide equal opportunity to all employees and applicants for employment without regard to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status or any other protected status.