

County of Ulster

Application for Employment (Not to be used for Exams)



Leave this space blank.
Date Received:

location(s) and date(s) of employment:

Title of Position for which you are applying:

Leave this space blank.				
Approved: Disapproved: Conditional:				

	INSTRU	CTIONS AND INFO	DRMATION		
to give complete and	LICATION - Answer all questions f detailed information. All stateme llster County Personnel Departme 550.	ents are subject to verif	ication.		
Name:	First		SS#		
Preferred Name	First	MI Pro	Suffix		
Please state any other n	ame(s) previously used in educo	ation or employment:			
Mailing Address:					
Street o	or P.O. Box (if P.O. Box, fill in Residen	ce Address below)	City	State ZIF	_
Street (if P.O. Box or different than Mailing A	ddress)	City	State ZIF)
Primary Phone:		Secondary Ph	one:		
Email Address:					
	nnent legal residence for each of the length of continuous residen		Length of Res	sidency (Yrs./Mos.)	
School District					
Town					
Village					
County					
State					
Are you 18 years of age? Ye	es No No If you are under	18, you will need to prov	ide current working po	apers.	,
If the position for which you	are applying has minimum/maximu	m age limits (per announ	cement,) please enter	your birth date:	(MM/DD /YYY)
Do you possess certification	as an exempt volunteer firefighter?	Yes □ No □			
f vou have ever been empl	oved by the County of Ulster or any o	civil division therein (city	town village school d	listrict or special district)	please state

The County of Ulster is an Equal Opportunity Employer

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 Are you now serving or have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes? Yes □ No □ 			e c	4. Since January 1, 1951, have you ever used additional credits as a veteran for appointment to any position in the public employment of New York State or any of its cividivisions?					
If "No", omit questions 2 through	n 5.			Yes I	□ No □]			
2. If you served in the Armed Fo United States, did you receive of was other than honorable? Yes	rces of the a discharge whicl	า		. Are you: A disabled w					
NOTE: A DISHONORABLE DISCHARGE OR BAD CO DOES NOT AUTOMATICALLY DISQUALIFY YOU.			Т 6	6. Do you have a valid license to ope vehicle in New York State? Yes/Class_					
3. Did you serve in the Arme	ed Forces of the	United	t						
States during any of the following	ng periods?								
A. December 7, 1941 to Decem	nber 31, 1946								
B. June 27, 1950 to January 31, C. December 22, 1961 to May 7 D. August 2, 1990 to "date to be E. U.S. Public Health Service: Ju December 31, 1946, or June 27 Yes \(\Pi\) No \(\Pi\)	7, 1975 • determined" Ily 29, 1945 to	952							
Did you receive an expedition following conflicts? F. Lebanon - June 1, 1983 to De G. Grenada - October 23, 1983 H. Panama - December 20, 198	ecember 1, 1987 I to November 21	, 1983)						
Yes □ No □ I. I am currently on active duty purposes). Yes □ No □	/ (for other than	training	ı						
The following sections on educe	ation and work ex	kperien	ce must be	e filled in co	mpletely.	A resume	is not suf	ficient.	
9. Have you graduated from hame of school/issuing agend Address: Equivalency diploma #:	cy								
Equivalency diploma #: For College, University, Professional, Te	chnical and other sc	hools or s	pecial course	es, please prov	vide 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 / _								
	<u> </u>		<u> </u>	<u> </u>	.1	<u> </u>	<u> </u>		

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10. DESCRIPTION OF EXPERI you are applying. Begin with your your experience. Omissions or vary volunteer (unpaid) experience wany one organization, indicate surusing the same format.)	most rece gueness v ill be cons	ent employm vill not be r idered if ve	nent. You are resolved in yo erified and ful	responsib or favor. Iv. If vour	le for submitting an accu Include military service e title or duties changed r	rrate, adequate experience whe materially in the	e and clear description of en appropriate. Relevant e course of vour service in
Length of Employment (Mo/Yr)	Firm	Name	ame Addres		City and State	Type of B	Business
From/ To/							
Your Exact Title		Name of yo	ur Supervisor	Superviso	or's Title	No. of ho	ours worked per week:
DUTIES: Describe the nat State	ure of the w size and ki	ork personally ind of working	performed by force, if any, su	you, with es pervised by	stimates of percentages of tin yyou and the extent of such s	ne spent on each supervision.	type of work.
Length of Employment (Mo/Yr)	Firm	Name	Addr	ess	City and State	Type of I	Business
From/ To/					,		_
Your Exact Title		Name of yo	ur Supervisor	Superviso	or's Title	No. of ho	ours worked per week:
						•	
Length of Employment (Mo/Yr)	Firm !	Name	Addre	ess	City and State	Type of Business	
From/ To/		ı		•			
Your Exact Title		Name of yo	ur Supervisor	Superviso	or's Title	No. of ho	ours worked per week: PT Volunteer
			1				
Length of Employment (Mo/Yr)	Firm I	Name	Addre	ess	City and State	Type of B	Business
From/ To/							
Your Exact Title		Name of vo	urSupenisor	Superviso	or's Title	No. of ho	ours worked per week:
Your Exact Title Name		ridine or yo	me of your Supervisor Supervisor's Title		or a fine	FT FT	PT Volunteer
		<u> </u>				I	

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11. Licenses: If a license, certific	cate or other authorization to practic	e a trade or profession is listed as a requirement of	on the announcement of the examination(s)
	ying, complete the following. If not cu		
Name of trade or profession	License Number	Granted by (Licensing Agency)	
City or State	Specialty	Date License First Issued	Pagistared (May (Vr)
City of state	Specialty	Date License riist issued	Registered (Mo/Yr)
			From:/To:/
12. REMARKS:			
13. AFFIRMATION AND AUTHO	PRIZATION TO RELEASE		
I affirm that the statements perjury.	made on this application of	and any attached papers or docur	ments are true under the penalties of
information about me rela which I am applying. Furthe to release any or all inform	Ited to the verification of the control of the cont	my qualifications and eligibility for ho receives a request to disclose in	eir behalf, to investigate and receive the examination or the position for formation related to this application, pecifically authorize such disclosures information.
Special Requirement for Ap	pointment to Ulster County P	ositions:	
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 lawful	orocess, a prospective En a Criminal Background Invalidition as Article 1, Section to es for prospective employm by the County based on the tory authority. The County of reason, including the de and responsibilities for the	mployee will undergo required vestigation Release Form. In according to the Ulster County Code) or ment to all Ulster County positions make New York State Division of Criminal of the precluded from the termination that the candidate has position sought, or that the hiring	Criminal Background Checks and dance with Ulster County Legislative by any other applicable State and ust obtain fitness for appointment by al Justice Services or other mandated in withdrawing conditional offers of as a conviction that bears a direct g of said candidate would pose an
☐ Check here to indicate	that you do not wish your p	oresent employer to be contacted	d 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.