



County of Ulster

Application for Employment

(Not to be used for Exams)



Leave this space blank.
Date Received: _____

Title of Position for which you are applying: _____

Leave this space blank.
Approved: _____
Disapproved: _____
Conditional: _____

INSTRUCTIONS AND INFORMATION

COMPLETING THIS APPLICATION - Answer all questions fully and carefully. Print in ink. Attach additional sheets if necessary, in order to give complete and detailed information. All statements are subject to verification.

MAIL OR DELIVER TO: Ulster County Personnel Department, County Office Building: 244 Fair St., Box 1800, Kingston, NY 12402-1800. Telephone: (845) 340-3550.

Name: _____ **SS#** _____ - _____ - _____
Last First MI Suffix

Preferred Name _____ **Pronouns** _____

Please state any other name(s) previously used in education or employment: _____

Mailing Address:

_____ Street or P.O. Box (if P.O. Box, fill in Residence Address below) City State ZIP

_____ Street (if P.O. Box or different than Mailing Address) City State ZIP

Primary Phone: _____ **Secondary Phone:** _____

Email Address: _____

State your current permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date.	Length of Residency (Yrs./Mos.)	
School District		
Town		
Village		
County		
State		

Are you 18 years of age? Yes No If you are under 18, you will need to provide current working papers.

If the position for which you are applying has minimum/maximum age limits (per announcement,) please enter your birth date: _____(MM/DD /YYYY)

Do you possess certification as an exempt volunteer firefighter? Yes No

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:

The County of Ulster is an Equal Opportunity Employer

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1. 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

If "No", omit questions 2 through 5.

2. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? Yes No

NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.

3. Did you serve in the Armed Forces of the United States during any of the following periods?

A. December 7, 1941 to December 31, 1946

B. June 27, 1950 to January 31, 1955

C. December 22, 1961 to May 7, 1975

D. August 2, 1990 to "date to be determined"

E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

Yes No

Did you receive an expeditionary medal for any of the following conflicts?

F. Lebanon - June 1, 1983 to December 1, 1987

G. Grenada - October 23, 1983 to November 21, 1983

H. Panama - December 20, 1989 to January 31, 1990

Yes No

I. I am currently on active duty (for other than training purposes).

Yes No

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 civil divisions?

Yes No

5. Are you: A non – disabled war veteran _____
A disabled war veteran _____

6. Do you have a valid license to operate a motor vehicle in New York State? Yes/Class _____ No _____

The following sections on education and work experience must be filled in completely. A resume is not sufficient.

9. Have you graduated from high school? Yes No If not, what grade did you complete? _____
Name of school/issuing agency _____
Address: _____
Equivalency diploma #: _____

For College, University, Professional, Technical and other schools or special courses, please provide copies 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 / /							

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10. DESCRIPTION OF EXPERIENCE: In listing your experience, be more specific in describing those which relate to the position for which you are applying. Begin with your most recent employment. 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 (unpaid) experience will be considered if verified and fully. 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 " x 11" sheets of paper using the same format.)

Length of Employment (Mo/Yr)	Firm Name	Address	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

DUTIES: Describe the nature of the work personally performed by you, with estimates of percentages 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.

Length of Employment (Mo/Yr)	Firm Name	Address	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

Length of Employment (Mo/Yr)	Firm Name	Address	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

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
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