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.

Rockland County
PERSONNEL

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:

3. Social Security Number - -

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

FEE PAID: _____
☐ I have enclosed the fee

NO FEE IS DUE BECAUSE:
☐ 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)

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** ☐

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** ☐

Mail or deliver application to: COUNTY OF ROCKLAND, DEPARTMENT OF PERSONNEL, 50 Sanatorium Road, Bldg A, Pomona, New York 10970. Telephone: 845-364-3737 email: RCPersonnel@co.rockland.ny.us

PHOTOCOPIES NOT ACCEPTED

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** ☐ **NO** ☐

If yes, give year graduated: _____

If no, give highest grade completed: _____

Give name and location of high school:

_____

_____

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** ☐ **Class** _____ **NO** ☐

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

PHOTOCOPIES NOT ACCEPTED

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. _____	Firm Name Address City and State
Type of Business	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.
Your Exact Title	
Name of your supervisor	
Supervisors Title	
Hours per week worked (excluding overtime)	

Length of Employment From: Mo._____ Yr._____ To: Mo._____ Yr. _____	Firm Name Address City and State
Type of Business	Duties: (See above)
Your Exact Title	
Name of Your Supervisor	
Supervisors Title	
Hours Per Week Worked (excluding overtime)	Firm Name Address City and State

Length of Employment From: Mo._____ Yr. _____ To: Mo._____ Yr. _____	
Type of Business	Duties: (See above)
Your Exact Title	
Name of Your Supervisor	
Supervisors Title	
Hours Per Week Worked (excluding overtime)	

Length of Employment From: Mo._____ Yr._____ To: Mo._____ Yr. _____	Firm Name Address City and State
Type of Business	Duties: (See above)
Your Exact Title	
Name of Your Supervisor	
Supervisors Title	
Hours Per Week Worked (excluding overtime)	

Print name	Social Security Number	Title or Exam Number	Date

PHOTOCOPIES NOT ACCEPTED

INSTRUCTIONS AND INFORMATION

ANNOUNCEMENT OF EXAMINATI0N:

Before filling out your application, read carefully the announcement for this examination and/or the job specification for this position. Be sure to enter in Question 1, the exact civil service title and examination number where appropriate.

APPLICATION FILING FEE:

Refer to the front of the exam announcement for the required application filing fee. The fee must be submitted with your application(s) and must be received in our office by the Last Date for Filing as indicated on the examination announcement.

Make check or money order payable to the Rockland County Commissioner of Finance. Write your name, last four digits of your social security number and the examination number(s) on the check or money order. **Cash will not be accepted.** Application filing fees are non refundable.

Refer to Supplement A of the examination announcement for further information regarding application filing fees and application filing fee waiver.

ADMISSION TO EXAMINATION:

If, within in three days of the examination, you do not receive a notice informing you whether or not you are to be admitted to the test, notify the Department of Personnel immediately by telephone or overnight mail.

CHANGE OF ADDRESS OR NAME:

Notify this office immediately of any change of address or name. When writing, give the number and title of examination(s) applied for.

VETERANS CREDITS:

If you are making a claim for veterans credits with the application be sure to request our "Information on Veterans Credits" form which details the requirements. In general, you must present documentary proof (DD241 Separation From or Discharge Papers) to our department prior to the establishment of the eligible list. You must meet the following:

1. Be a citizen or an alien lawfully admitted for permanent residence (at the time of application for credits).

2. Have served anywhere in the United States armed forces (see definition in 3 below) during the following dates:
World War I - April 6, 1917 -- November 11, 1918; World War II - December 7, 1941 -- December 31, 1946;
Korean Conflict - June 27, 1950 -- January 31, 1955; Viet Nam Conflict - December 22, 1961 -- May 7, 1975;
Persian Gulf Conflict - August 2, 1990 -- date when such hostilities end
Or, have served in the commissioned corps of the United States Public Health Services during:
July 29, 1945 -- September 2, 1945; June 26, 1950 -- July 3, 1952
Or, have received the armed forces expeditionary medal, the navy expeditionary medal, or the marine corps expeditionary medal for the:
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

3. Expect to receive or have been honorably discharged or released under honorable circumstances from the armed forces of the United States. ARMED FORCES are defined as the army, navy, air force, marines, coast guard, and all components thereof and the national guard when in Service for the United States pursuant to call as provided by law, "on a full time duty basis other than active duty training purposes"

4. Be a resident of New York State at the time of application and examination.

Forms for verification of your disability rating with the Veteran's Administration **are available at the Rockland County Department of Personnel** and will be forwarded to you upon request.

15. REMARKS:

_____

_____

_____

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements are subject to verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature of Applicant	Print Name	Date

(State below any other name by which you have been known)

	Social Security Number	Title or Exam Number

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

EQUAL OPPORTUNITY EMPLOYER

PHOTOCOPIES NOT ACCEPTED