

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, handicap or marital status. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any information, specification or discrimination as to age, race, creed, color, national origin, sex, disability, handicap or marital status in connection with employment in the municipal service of the County of Ulster.

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Ulster County Resource Recovery Agency
 P.O. Box 6219 / 999 Flatbush Rd
 Kingston, NY 12402
 (845) 336-0600 fax (845) 336-4129

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TITLE OF POSITION YOU ARE APPLYING FOR. EXAM # IF APPLICABLE

This application is part of your examination. ANSWER ALL QUESTIONS FULLLY AND CAREFULLY. Print in ink, or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

<p>1. Name and Residence</p> <hr/> <p>Last Name _____ First Name _____ Initial _____</p> <hr/> <p>Street Address or Rd _____</p> <hr/> <p>Post Office or City _____ State _____ Zip _____ Phone Number _____</p> <p>Immediate written notice should be given of any change in Post Office address or legal residence before or after examination. This must include date of change.</p>	<p>7. 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? If not, omit 8-11 _____ Yes No <input type="checkbox"/> <input type="checkbox"/></p>
<p>2. Social Security Number _____ - _____ - _____</p>	<p>8. Were you a resident of New York State on the date of your initial entry into the Armed Forces of the United States? _____ Yes No <input type="checkbox"/> <input type="checkbox"/></p>
<p>3. Are you under 18 or over 70 years of age? _____</p> <p>If you answered "Yes", or if maximum and / or minimum age limits are established for the position applied for, please enter your date of birth here:</p> <p>_____/_____/_____</p> <p>(if in doubt, please refer to examination or recruitment announcement.)</p>	<p>9. Did you serve in the Armed Forces of the United States during any of the following periods? Yes No</p> <p>December 7, 1941 to December 31, 1946 _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>June 27, 1950 to January 31, 1955 _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>January 1, 1963 to May 7, 1975 _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>U.S. Public Health Service: July 29, 1945 to September 3, 1945 or June 25, 1952 to July 4, 1952: or, a member of the National Guard activated during the U.S. Postal strike March 23, 1970 to March 30, 1970 _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>* Lebanon – July 1, 1983 to December 1, 1987 _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>* Grenada – October 23, 1983 to November 21, 1983 _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>* Panama – December 20, 1989 to January 31, 1990 _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Persian Gulf – August 2, 1990 to the end of such hostilities – (not yet determined) _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>* Credit for Lebanon, Grenada, and Panama will be limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marie Corps Expeditionary Medal.</p>
<p>4. Check appropriate box to the right of each question: Yes No</p> <p>A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Have you ever been convicted of any crime (felony or misdemeanor)? _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>C. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>If you answered "Yes" to any of the questions 4 A-C above, you may give specifics under "Remarks" on the last page of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, a confidential investigation supplement will be sent to you.</p> <p>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.</p>	<p>10. Are you: Yes No</p> <p>A) A disabled war veteran _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>B) A non-disabled war veteran _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>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 and notarized forms must be received in the office before the eligible list for this examination is established.</p>
<p>5. Are you currently a U.S. Citizen? _____ Yes No <input type="checkbox"/> <input type="checkbox"/></p> <p>(Citizenship is no longer a requirement for employment, except for public officer positions)</p> <p>If not, give alien registration number _____ <input type="checkbox"/> <input type="checkbox"/></p>	<p>11. Since January 1, 1951, have you ever used additional credits as a disabled or non disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? _____ Yes No <input type="checkbox"/> <input type="checkbox"/></p>
<p>6. State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application _____ Yrs. Mo. <input type="checkbox"/> <input type="checkbox"/></p> <p>School District _____</p> <p>Village Of _____</p> <p>Town of _____</p> <p>City of _____</p> <p>County of _____</p> <p>State of _____</p>	<p>For examination purposes only: Yes No</p> <p>Check the appropriate box if you desire special status because you are a:</p> <p>1. Sabbath Observer – For religious reasons cannot be tested on Saturdays _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Disabled Person – Under REMARKS, indicate type of assistance required _____ <input type="checkbox"/> <input type="checkbox"/></p>
<p>THIS AFFIRMATION MUST BE COMPLETED</p> <p>I AFFIRM THAT THE STATEMENTS MADE ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS) ARE TRUE UNDER THE PENALTIES OF PERJURY. FALSE STATEMENTS MADE HERIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR UNDER SECTION 210.4S OF THE PENAL LAW.</p>	
<p style="text-align: center;">_____ SIGNATURE OF APPLICANT (State any other name you have used in education or employment)</p> <p style="text-align: right;">_____ DATE</p>	

For questions 12 – 16 EDUCATION AND WORK EXPERIENCE MUST BE FILLED IN COMPLETELY. A RESUME IS NOT SUFFICIENT

12. Have you graduated from high school? Yes No

If yes, name and location of High School _____ Year graduated _____

If not, what grade did you complete? _____

If you have a High School Equivalency Diploma, indicate issuing Government Authority _____ Number _____ Date of Issue _____

EDUCATION – College University, Professional Technical and Other Schools or Special Courses (Please provide copies of Transcripts)

Name of School _____ Location _____

Dates Attended (month and year): From _____ To _____ (circle one) Full Time Part Time Number of Years Credited _____ Were you Graduated? _____

Type of Course or Major Subject _____ Number of College Credits Received _____

Degree Received _____ Date Received _____

Name of School _____ Location _____

Dates Attended (month and year): From _____ To _____ (circle one) Full Time Part Time Number of Years Credited _____ Were you Graduated? _____

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Dates Attended (month and year): From _____ To _____ (circle one) Full Time Part Time Number of Years Credited _____ Were you Graduated? _____

Type of Course or Major Subject _____ Number of College Credits Received _____

Degree Received _____ Date Received _____

13. Do you have a valid license to operate a motor vehicle in New York State? Yes No If Yes, please indicate Class _____

14. DESCRIPTION OF EXPERIENCE: If ever employed by the County of Ulster or by any civil division therein (including school districts, special districts,

towns, and villages) please check box. Years: _____

In listing your experience, be more specific in describing that which relates 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 documented (unless otherwise stated on the exam announcement). 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 (Mo/Yr) From / To /	Firm Name	Address _____ City _____	State	No of hours worked per week (exclusive of overtime) _____
Earnings (circle one) (Wk Mo Yr)	Type of Business	Your Exact Title	Name and Title of your Supervisor	

DUTIES: Describe the nature 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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Length of Employment (Mo/Yr) From / To /	Firm Name	Address..... City	State	No of hours worked per week (exclusive of overtime) _____
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15. LICENSES: 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) for which you are applying, complete the following (if not currently licensed, check this box)

Name of trade or Profession:	License Number:	Granted by:
City or State of:	Specialty:	Date:
		Registered (Mo/Yr) From To

(Complete the following only if this application is for an examination. Otherwise, leave blank)

APPLICATION FOR EXAMINATION SUPPLEMENT

Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions.

1. Do you have loans, made or guaranteed by the New York State Higher Education Services Corporation, which are currently outstanding? _____ Yes No
2. If so, are you presently in default on any such loan? _____ Yes No

Name _____ Address _____
last first middle initial

City _____ State _____ Zip _____ Examination Number and Title _____

THIS AFFIRMATION MUST BE COMPLETED

I affirm under penalties of perjury that all Statements made on this application supplement are true.

SIGNATURE _____ DATE _____

INSTRUCTIONS AND INFORMATION

ANNOUNCEMENT OF EXAMINATION

Before filing out your application, read carefully the announcement of this examination

ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the examination to mean that you have been found to meet fully the announced requirements.

When completing your application be sure to enter, next to job title, the five-digit examination number which identifies the examination for which you are filing. The examination number is listed on the announcement.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or

conditionally without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time, those candidates candidates not meeting the requirements are disqualified. Candidates who are subsequently disqualified after taking the test will NOT be notified of their score.

Call or wire Ulster County Personnel office immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

CHANGE OF ADDRESS

Notify this office immediately of any change of address. When writing, give the number and title of the examination and date of change.

16. REMARKS

DO NOT WRITE BELOW THIS LINE