

# ULSTER COUNTY RESOURCE RECOVERY AGENCY

P.O. Box 6219 / 999 Flatbush Rd | Kingston, NY 12402  
(845) 336-0600 | fax (845) 336-4129



## - APPLICATION FOR EMPLOYMENT -

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 for the Ulster County Resource Recovery Agency.

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.

### TITLE OF POSITION YOU ARE APPLYING FOR

#### 1. NAME & RESIDENCE:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Cell Phone	Email	

#### 2. SOCIAL SECURITY NUMBER:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

#### 3. ARE YOU UNDER 18 OR OVER 70 YEARS OF AGE?

Yes  No

If you answered "Yes" or if maximum and/or minimum age limits are established for the position applied for, please enter your date here: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicants under age 18 must provide working papers.

#### 4. ARE YOU CURRENTLY A U.S. CITIZEN?

Yes  No

If you are not a U.S. Citizen, please provide your alien registration number:  
\_\_\_\_\_

#### 5. STATE YOUR ACTUAL PERMANENT LEGAL RESIDENCE AND INDICATE FOR HOW LONG YOU HAVE RESIDED THERE CONTINUOUSLY, UP TO AND INCLUDING DATE OF THIS APPLICATION:

\_\_\_\_ years \_\_\_\_ months

School District of \_\_\_\_\_

Village of \_\_\_\_\_

Town of \_\_\_\_\_

City of \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

#### 6. HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE U.S. ON A FULL-TIME ACTIVE DUTY BASIS, OTHER THAN ACTIVE DUTY FOR TRAINING PURPOSES?

Yes  No

#### 7. DO YOU HAVE A VALID LICENSE TO OPERATE A MOTOR VEHICLE IN NEW YORK STATE?

Yes  No

If "Yes", please indicate Class: \_\_\_\_\_

#### 8. CHECK APPROPRIATE BOX TO THE RIGHT OF EACH QUESTION:

	Yes	No
A. Were you ever dismissed from work for reasons other than lack of work or funds?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been convicted of any crime (felony or misdemeanor)?	<input type="checkbox"/>	<input type="checkbox"/>
C. If you served in the U.S Armed Forces, did you receive a discharge that was other than honorable?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the questions 4 A-C, 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.

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.

For questions #9-10, education and work experience must be filled in completely. A resume is not sufficient.

**9. EDUCATION:**

Have you graduated from high school? Yes  No  If not, up to what grade did you complete? \_\_\_\_\_

Name of school/issuing agency: \_\_\_\_\_

Address: \_\_\_\_\_

Equivalency diploma #: \_\_\_\_\_

Name and location of school	Dates of attendance (mm/yy)	Full or part time	# of years credited	Did you graduate?	Type of course or major	# of credits received	Degree earned	Date of degree

**10. DESCRIPTION OF EXPERIENCE:**

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. 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 ½ x 11" sheets of paper using same format.

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: \_\_\_\_\_

<b>Length of employment (mm/yy):</b> From: ____/____ To: ____/____	<b>Firm name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Type of business:</b>	<b>Number of hours worked per week (exclusive of overtime):</b>	<b>Name/title of supervisor:</b>	<b>Your exact title:</b>

**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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<b>Type of business:</b>	<b>Number of hours worked per week (exclusive of overtime):</b>	<b>Name/title of supervisor:</b>	<b>Your exact title:</b>

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**11. LICENSES:**

If not currently licensed, check this box:

If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the position(s) for which you are applying, complete the following:

<b>Name of Trade or Profession:</b>	<b>License Number:</b>	<b>Granted by:</b>	
<b>City or State of:</b>	<b>Specialty:</b>	<b>Date:</b>	<b>Registration: (mo/yr)</b> ____/____ to ____/____

**12. POTENTIAL FOR CONFLICT OF INTEREST**

Please provide the names of any relative(s) employed by UCRRA. For the purposes of this application, a “relative” is defined as a person living in the same household, parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, and in-laws.

Check here if you have no relatives employed by the Agency with which you are seeking employment.

Relative name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please provide the names of any entity (business or vendor) or describe any connection you have to any entity doing business with UCRRA. If a relative, as defined above, is affiliated with, or owns an entity doing business with UCRRA, use this section to describe the connection to you.

Check here if you have no relationship or connection to any entity doing business with UCRRA.

Name of entity with which you have a connection: \_\_\_\_\_

Describe the connection and any relation to you: \_\_\_\_\_

**12. REMARKS:**

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**13. TESTING**

Additional testing may be required for certain positions; background checks, physical/medical examinations and/or drug and alcohol tests may be required for certain positions. Failure to participate in, and/or pass any required examinations and/or tests will negatively affect your employment eligibility and/or status.

**14. AFFIRMATION:**

I affirm that the statements made on this application (including any attached papers) are true under the penal ties of perjury. False statements made herein are punishable as a Class A misdemeanor under section 210.4S of the Penal Law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date