



Westchester County Dept of Human Resources
 Recruitment & Selection Unit
 Suite 100 - Michaelian Office Building
 148 Martine Avenue
 White Plains, New York 10601

APPLICATION FOR EXAMINATION

This application is part of the examination. It is necessary that you fill out this form **completely**. Answer **all** questions **fully** in ink or by typewriter. Attach additional sheets and documents, if needed, to give complete information.

WESTCHESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Exam Number Title
60-884 FIREFIGHTER

1. SOCIAL SECURITY NUMBER _____

2. NAME (Last, First, M.I.) _____

Street Address _____

City or Post Office State Zip Code

3. Home Phone Business Phone
 () ()

4. DATE OF BIRTH _____

5. Are you requesting testing accommodation(s)? (such as for a disability or an alternate test date) YES NO
 (Please submit your requests for special arrangements **in writing** on an attached sheet. You will have to provide documentation to support your request(s). Follow instruction "#4" on the back page of this application.)

6. If you are filing for examinations with other civil service commissions on the same day, please indicate the name of the commission along with the Exam number and Title below. (Attach additional sheet if needed.)

Civil Service Commission	Exam #(s) and Title(s)

7. LEGAL RESIDENCE: Name the City, Town, or Village in which you are an actual permanent, legal resident. For EACH, show length of continuous residence immediately prior to the date of this application.

Current Legal Residence	Yrs.	Mos.
City, Town or Village		
County		
State		

8. Are you a citizen of the United States? YES NO

If selected for employment you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

9. EDUCATION: Have you graduated from high school? YES NO
 Year Graduated: _____
 Name of School: _____
 Or, do you have a High School equivalency diploma? YES NO
 Issuing Government Authority _____ Document # _____

10. Do you have a college degree? YES NO
 Type of Degree/Major: _____
 Number of Credits Completed (if non-graduate): _____

11. VETERAN CREDITS - Are you claiming credit as a Veteran, Disabled Veteran or an active service member? YES NO

If yes, please complete the information in section #3 on the back page of this document. **A COPY OF YOUR DD-214 MUST BE SUBMITTED.**

For Civil Service Use D V N
 Approved Conditional Disapproved

12. Check appropriate box:
- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
- B. Did you ever resign from any employment rather 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 for other than honorable circumstances? YES NO
- D. Have you ever been convicted of any crime (felony, misdemeanor or violation including traffic infractions)? YES NO
- E. Have you ever forfeited a bail bond posted to answer any criminal charge (felony, misdemeanor or violation including traffic infractions)? YES NO
- F. Are you now under charges for any crime (felony, misdemeanor or violation including traffic infractions)? YES NO

If you answered "YES" to any of the questions 12 A-F above, you must give specifics. (Attach additional 8 1/2 x 11 sheets.) 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.

All statements are subject to verification. Misrepresentations may constitute cause for disqualification or discharge. It is a crime pursuant to section 210.45 of the New York State Penal Law, punishable as a class "A" misdemeanor, to knowingly make a false statement herein.

For County employment: In accordance with Westchester County's comprehensive drug-free workplace policy and procedures, and commitment to maintain a safe, alcohol and drug-free work environment, you may be required to submit to urine analysis, breath, and/or blood test.

In addition, if offered employment, you will be subject to the Westchester County fingerprinting policy under which your appointment may be conditioned on the results of a fingerprinting investigation.

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED: By my signature below, I hereby authorize the Westchester County Department of Human Resources, the County of Westchester, and/or its respective Departments, Offices or Agencies to request verbal records or written verification of any or all information contained herein.

I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records.

I further release the Westchester County Department of Human Resources, the County of Westchester, and/or its respective Departments, Offices or Agencies, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand the "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of the front page of the Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for examination/employment are subject to investigation and verification, including a background investigation by the prospective appointing authority.)

Signature of Applicant _____ **Date** _____

Is additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your school and/or work record?
 YES NO

If yes, please indicate here: _____

Written Examination Date: **JUNE 2, 2007**

Last Filing Date: **APRIL 16, 2007**

Carefully review the examination announcement for all details pertinent to the examination and appointment to the position of FIREFIGHTER.

NOTICE TO CANDIDATES:

1. **ELIGIBLE LISTS** - Lists may be established for a maximum of four years. The resulting eligible list will be used to fill appropriate vacancies as they occur.
2. **IF YOU ARE FILING FOR AN EXAMINATION IN ANY OTHER JURISDICTION** (i.e. New York State, New York City, Yonkers, New Rochelle, Mount Vernon, White Plains, or another County), being given on the same date as this examination, you are required to notify this office in writing no less than two (2) weeks prior to the examination date. Failure to provide such information may result in disqualification from one or more examinations in the series.
3. **VETERAN'S CREDITS** – DD-214 MUST BE SUBMITTED
 - A. Are you claiming credits as a Veteran? Disabled Veteran? Active Service Member? (still on active duty)
 - B. Have you previously used your Veteran's credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951? YES NO
 - C. Date of entry into active service: Mo. _____ Day. _____ Yr. _____
 - D. Date of discharge from active service: Mo. _____ Day. _____ Yr. _____
 - E. Service Serial Number: _____For service in: **(The Persian Gulf) (Panama) (Grenada) (Lebanon)**
From Mo. _____ Yr. _____ to Mo. _____ Yr. _____
From Mo. _____ Yr. _____ to Mo. _____ Yr. _____
Eligibility Credit: Veterans must have received the Armed Forces Expeditionary Medal for Service in Zone of Conflict.

4. **TESTING ACCOMMODATION (ATTACH REQUEST)** - If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required. If you cannot take the test on the announced test date due to a conflict with a documented religious observance or practice we will make arrangements for you to take the test on a different date. Please check the appropriate box below.

An alternate test date may only be requested for one of the following reasons: (please check the appropriate box)

(With the exception of reasons # 1 and 2, requests must be made in writing with supporting documentation attached to the application)

1. A death in the immediate family or household within the week preceding the examination.
2. Medical emergencies involving the candidate or member(s) of the immediate family.
3. Military Orders (A copy of orders is required).
4. Religious Observance – submit required form (on our website, www.westchestergov.com/hr – "Request for Alternate Exam Date for Religious Practices/Observances")
5. Wedding – must be a member of the wedding party or member of the immediate family of the bride or groom.
6. Vacation for which a non-refundable down payment was made before the exam announcement was issued.
7. Required court appearances.

5. AT A LATER DATE, YOU WILL BE REQUIRED TO SHOW PROOF OF THE FOLLOWING DOCUMENTS:

- ___ Birth Certificate
- ___ High School Diploma or GED
- ___ Residency (one month prior to the date of the written exam, and one month prior to the date of your nomination for appointment.)*
- ___ New York State Driver's license
- ___ Proof of citizenship or status as a foreign citizen authorized to work in the United States

IF YOU DO NOT HAVE ORIGINAL COPIES OF THE ABOVE DOCUMENTS, BEGIN TO SECURE THEM NOW.

*Proof of Residency, Acceptable documentation: Copy of New York State Resident Tax Form 2006; Copy of mortgage/lease/deed of primary residence; Copy of New York State Unemployment form showing address and date; for candidates residing with parents/or others, a notarized statement from same and one of the above documents verifying that person's legal residence.

6. **APPLICATION FEE WAIVER** - The **\$50** application fee **may** be waived with proof of supplemental Social Security payments, public assistance, receiving foster care, or unemployed and primarily responsible for the support of a household.
7. **CHANGE OF ADDRESS** – It is the responsibility of the candidate to provide written notification of any change in address. Include the number and title of each examination taken in order to insure proper notification of test results and subsequent canvassing of civil service lists.

Completed applications must be postmarked no later than the last filing date, or, if not mailed, applications must be delivered to the address on the reverse side of this application no later than 5:00 p.m. on the last filing date.

WESTCHESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. WOMEN AND MINORITIES ARE ENCOURAGED TO APPLY. It is the policy of Westchester County to provide for and promote the equal opportunity of employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, sexual orientation, or any other protected status.

**STUDY GUIDE AVAILABLE AT: www.westchestergov.com/hr
Click on the link for the 2007 Firefighter Examination**