

Serve Your Community!

# Become a Police Officer



## Westchester County Exam Application

■ Police Officer (Spanish Speaking)

Last Filing Date: 9/22/08 Exam Date: 11/15/08

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For information, visit: [www.westchestergov.com/hr](http://www.westchestergov.com/hr) (914) 995-2123  
Westchester County Department of Human Resources  
148 Martine Avenue, Suite 100, White Plains, New York 10601

Westchester County is an equal opportunity employer.

EXAM # 60-008

**POLICE OFFICER (SPANISH SPEAKING)**

Written Examination Date: NOVEMBER 15, 2008

Last Filing Date: SEPTEMBER 22, 2008

The POLICE OFFICER examination #60-006 will be given on the same day and requires a separate application and \$50.00 fee in order to appear on both lists.

**NOTICE TO CANDIDATES:**

**ELIGIBLE LISTS** - Lists are established for a minimum of one year to a maximum of four years and will be used to fill appropriate vacancies as they occur in the Department of Public Safety and local Police Departments under the civil service jurisdiction of Westchester County.

**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.

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

- ☐ Birth Certificate
- ☐ Residency (one month prior to the date of the written exam, and at the time of appointment.)\*
- ☐ Driver's license
- ☐ Social Security Card
- ☐ Proof of citizenship, as this position is a public officer and is subject to the rules and provisions of the New York State Public Officers Law

**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 2007 and at least one utility bill; 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.

**MEDICAL AND PHYSICAL FITNESS STANDARDS/Municipal Police Training Council (MPTC)** - The current medical and physical fitness standards (of the MPTC) are available at the Department of Human Resources at a cost of \$10.00 (check or money order made payable to the Westchester County Department of Human Resources). It should be noted that in addition to the written examination, an assessment of an individual's physical ability/fitness may be made. Candidates should also be aware that an offer of employment as a Police Officer may be contingent upon passing an appropriate medical examination.

**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.

**CURRENT CONTACT DATA** - Candidates **MUST** report, in writing, all changes of mailing or email address or telephone numbers to the Department of Human Resources in order to continue to receive communication from this department and canvass letters for employment. Changes should be directed to:

Westchester County Department of Human Resources  
Recruitment and Selection Unit  
148 Martine Avenue, Suite 100  
White Plains, NY 10601

**Completed applications must be postmarked no later than the last filing date, or, if not mailed, applications must be delivered to the above address no later than 5:00 p.m. on the last filing date.**

**WESTCHESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER.** 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](http://www.westchestergov.com/hr)**

**Click on the link for the 2008 Police Officer Examination**

**Please Retain For Your Records**

### 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**

<b>Exam Number</b> <b>60-008</b>	<b>Title</b> <b>POLICE OFFICER (SPANISH SPKG)</b>		
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. E-mail Address			
6. Are you requesting testing accommodation(s)? (such as for a disability or an alternate test date) YES <input type="checkbox"/> NO <input type="checkbox"/> (Please submit your requests for special arrangements <b>in writing</b> on an attached sheet. You will have to provide documentation to support your request(s). Follow instructions on the back page of this application.)			
7. 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)	
8. 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			
9. Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> At time of appointment you must be a citizen of the United States and a legal resident of one of the counties stated on the official announcement, appropriate for the appointing jurisdiction.			

10. EDUCATION: Have you graduated from high school? YES <input type="checkbox"/> NO <input type="checkbox"/> Year Graduated: _____ Name of School: _____ Or, do you have a High School equivalency diploma? YES <input type="checkbox"/> NO <input type="checkbox"/> Issuing Government Authority: _____ Date of issue _____	
11. Do you have a college degree? YES <input type="checkbox"/> NO <input type="checkbox"/> Type of Degree/Major: _____ Number of Credits Completed (if non-graduate): _____	
12. VETERAN CREDITS - Are you claiming credit as a Veteran, Veteran with Disability or an active service member? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>If yes, please complete the information on the back page of this document. A COPY OF YOUR DD-214 MUST BE SUBMITTED.</b>	
13. Check appropriate box:	
A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B. Did you ever resign from any employment rather than face dismissal?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
D. Have you ever been convicted of a criminal offense? (give details)	YES <input type="checkbox"/> NO <input type="checkbox"/>
E. Have you ever forfeited a bail bond posted to answer any criminal charge? (give details)	YES <input type="checkbox"/> NO <input type="checkbox"/>
F. Are you now under charges for any criminal offense?	YES <input type="checkbox"/> NO <input type="checkbox"/>

If you answered "YES" to any of the questions 13 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 this 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.)

Those convicted of a felony are ineligible for appointment.

\_\_\_\_\_  
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:

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

**VETERAN'S CREDITS - DD-214 MUST BE SUBMITTED**

- A. Are you claiming credits as a Veteran? ☐ Veteran with Disability? ☐  
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? 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: (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.

**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.
- If requesting an alternate test date, please note:** In accordance with Section 58 of the New York State Civil Service Law and the New York State Public Officers Law, eligibility to participate in this exam ends on an applicant's 35<sup>th</sup> birthday. We attempt to schedule all alternate test dates the week following the regular administration of this exam. If you turn 35 on or before the alternate test date, you will NOT be allowed to participate in this examination. Candidates who are 35 or over and served in the military may be able to deduct up to six years of active duty to meet the age requirement.
- 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)
  - ☐ A death in the immediate family or household within the week preceding the examination.
  - ☐ Medical emergencies involving the candidate or member(s) of the immediate family.
  - ☐ Military Orders (A copy of orders is required).
  - ☐ Religious Observance - submit required form (on our website, [www.westchestergov.com/hr](http://www.westchestergov.com/hr) - "Request for Alternate Exam Date for Religious Practices/Observances")
  - ☐ Wedding - must be a member of the wedding party or member of the immediate family of the bride or groom.
  - ☐ Vacation for which a non-refundable down payment was made before the exam announcement was issued.
  - ☐ Required court appearances.

**How Did You Hear About Us?**

**Location:** ☐ High School \_\_\_\_\_

☐ College \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Advertisement:** ☐ Bus ☐ Newspaper ☐ Movie Theater

☐ TV ☐ Radio ☐ Other \_\_\_\_\_

**Referral:** ☐ Friend ☐ Family Member

☐ Other \_\_\_\_\_

**Other:** ☐ \_\_\_\_\_