

**APPLICATION FOR EXAMINATION – EMPLOYMENT
NON-REFUNDABLE APPLICATION FILING FEE: \$100.00**

CHECK OR MONEY ORDER ONLY PAYABLE TO: WESTCHESTER COUNTY DEPARTMENT OF HUMAN RESOURCES

UPON COMPLETION MAIL OR DELIVER TO:



**WESTCHESTER COUNTY
DEPARTMENT OF HUMAN RESOURCES**
Recruitment and Selection Unit
Michaelian Office Building
148 Martine Avenue, Suite 100
White Plains, New York 10601

**UNIFORM SERVICES
PROMOTIONAL SERIES**

(PLEASE PRINT)

1. Exam Number _____ Title of Examination _____
2. Name _____
3. Street Address _____
4. City or Post Office _____ State _____ Zip Code _____
5. Home Phone _____ Business Phone _____
6. Social Security Number _____

LIST BELOW CURRENT AND PRIOR EMPLOYMENT AS A UNIFORMED OFFICER

MUNICIPALITY – JURISDICTION	RANK – TITLE	FROM		TO	
		MONTH	YEAR	MONTH	YEAR

FOR VETERANS' CREDITS INFORMATION - SEE SECTION H ON BACK PAGE

Did you receive an honorable discharge or were you released under honorable circumstances YES <input type="checkbox"/> NO <input type="checkbox"/>		
VETERANS' CREDITS	COMPLETE INFORMATION ON BACK PAGE	DD-214 or proof of active duty status must be attached
SPECIAL ARRANGEMENTS	COMPLETE INFORMATION ON BACK PAGE	Attach Written Request

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

MISPPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE
PURSUANT TO 210.45 OF THE NEW YORK PENAL LAW. IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR
TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

THIS AFFIRMATION MUST BE COMPLETED

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

-----Please do not write in the space below-----

CPCCT: _____

VETERANS' CREDITS V C U F A YES NO

DPACT: _____

DOPAS: _____

Approved Conditional Disapproved

INSTRUCTIONS AND INFORMATION

THERE IS A NON-REFUNDABLE APPLICATION FILING FEE PER EXAMINATION NUMBER. NO CASH ACCEPTED. A CHECK OR MONEY ORDER ONLY (PAYABLE TO WESTCHESTER COUNTY DEPARTMENT OF HUMAN RESOURCES) MUST ACCOMPANY THIS APPLICATION. ONE CHECK MAY BE USED. RECORD ALL EXAMINATION NUMBERS ON THE CHECK. APPLICATIONS RECEIVED WITHOUT THE FILING FEE WILL BE RETURNED. FOR FEE WAIVERS SEE SECTION C.

A. EXAMINATION ANNOUNCEMENT

BEFORE FILLING OUT YOUR APPLICATION, CAREFULLY READ THE EXAMINATION ANNOUNCEMENT. ANNOUNCEMENTS MAY BE VIEWED AT THE WESTCHESTER COUNTY DEPARTMENT OF HUMAN RESOURCES OR THE DEPARTMENT'S WEBSITE, WWW.WESTCHESTERGOV.COM/HR AND AT MUNICIPAL BUILDINGS AND PUBLIC LIBRARIES THROUGHOUT WESTCHESTER COUNTY.

B. QUALIFICATIONS

THE BURDEN OF ESTABLISHING REQUIRED QUALIFICATIONS IS THE RESPONSIBILITY OF THE APPLICANT. FEES ARE NOT REFUNDED FOR DISQUALIFICATION. OUT-OF-TITLE EXPERIENCE CANNOT BE CREDITED TOWARD MEETING THE MINIMUM QUALIFICATIONS. APPLICATIONS WILL BE REJECTED FOR LATENESS IF POSTMARKED AND RECEIVED AFTER THE LAST FILING DATE.

C. APPLICATION FEE WAIVER

A WAIVER OF APPLICATION FEE WILL BE ALLOWED IF YOU ARE UNEMPLOYED AND PRIMARILY RESPONSIBLE FOR THE SUPPORT OF A HOUSEHOLD. IN ADDITION, A WAIVER OF APPLICATION FEE WILL BE ALLOWED IF YOU ARE DETERMINED ELIGIBLE FOR MEDICAID, OR RECEIVING SUPPLEMENTAL SECURITY INCOME PAYMENTS, OR PUBLIC ASSISTANCE (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES/FAMILY ASSISTANCE OR SAFETY NET ASSISTANCE) OR ARE CERTIFIED JOB TRAINING PARTNERSHIP ACT/WORKFORCE INVESTMENT ACT ELIGIBLE THROUGH A STATE OR LOCAL SOCIAL SERVICE AGENCY. THE FEE MAY ALSO BE WAIVED FOR THOSE WHO ARE SERVING ACTIVE MILITARY DUTY. DOCUMENTATION PROVING ELIGIBILITY MUST BE SUBMITTED WITH EACH APPLICATION. ALL CLAIMS FOR APPLICATION FEE WAIVERS ARE SUBJECT TO VERIFICATION.

D. ADMISSION TO EXAMINATION

ADMISSION NOTICES ARE MAILED THE WEEK PRIOR TO THE EXAMINATION DATE. IF YOU DO NOT RECEIVE A NOTICE THREE DAYS PRIOR TO THE EXAM DATE, CALL 914-995-2117. CANDIDATES WILL BE REQUIRED TO BRING PROOF OF IDENTITY TO THE EXAMINATION, SUCH AS A PASSPORT, PHOTO DRIVER'S LICENSE, OR A PHOTO NON-DRIVER I.D. PARTICIPATION IN THE EXAMINATION DOES NOT MEAN YOU HAVE BEEN FOUND TO MEET THE ANNOUNCED REQUIREMENTS. APPLICANTS MAY BE ADMITTED ON THE BASIS OF STATEMENTS MADE ON THE APPLICATION WHICH ARE SUBJECT TO REVIEW AND VERIFICATION. SCORES WILL NOT BE AVAILABLE IF A DISQUALIFICATION DETERMINATION IS MADE SUBSEQUENT TO THE EXAMINATION.

E. DISQUALIFICATION APPEAL

ANY APPEAL OF A DISQUALIFICATION NOTICE MUST BE MADE IN WRITING AND RECEIVED IN THE WESTCHESTER COUNTY DEPARTMENT OF HUMAN RESOURCES BY THE DATE INDICATED ON THE NOTICE.

F. LEGAL ADDRESS/CHANGES

PLEASE REPORT CHANGE IN ADDRESS (INCLUDE NUMBER AND TITLE OF EACH EXAMINATION) TO INSURE PROPER NOTIFICATION OF TEST RESULTS AND SUBSEQUENT CIVIL SERVICE LISTS. ANY RESIDENCY REQUIREMENTS OR PREFERENCES MUST BE ESTABLISHED 30 DAYS PRIOR TO THE EXAMINATION DATE.

G. 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.

AN ALTERNATE TEST DATE MAY BE REQUESTED ONLY FOR ONE THE FOLLOWING REASONS: (CHECK APPROPRIATE BOX)

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 ACCOMMODATIONS
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 DOWNPAYMENT WAS MADE BEFORE THE ANNOUNCEMENT OF THE EXAM WAS ISSUED.
7. REQUIRED COURT APPEARANCE

WITH THE EXCEPTION OF REASONS 1 AND 2, REQUESTS MUST BE MADE IN WRITING WITH DOCUMENTATION ATTACHED TO THE APPLICATION

(FORM DD214 MUST BE ATTACHED)

H. VETERANS' CREDITS

IF YOU RECEIVED OR EXPECT TO RECEIVE AN HONORABLE DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES, AS A WAR-TIME VETERAN OR DISABLED VETERAN AS DEFINED BELOW, YOU MAY CLAIM EXTRA CREDITS TO BE ADDED TO YOUR EXAM SCORE, IF YOU PASS. THE ARMED FORCES OF THE UNITED STATES MEANS THE ARMY, NAVY, MARINE CORPS, AIR FORCE AND COAST GUARD, AND ALL COMPONENTS THEREOF, AND THE NATIONAL GUARD WHEN IN THE SERVICE OF THE UNITED STATES PURSUANT TO CALL AS PROVIDED BY LAW ON A FULL-TIME, ACTIVE DUTY BASIS OTHER THAN ACTIVE DUTY FOR TRAINING PURPOSES.

DISCHARGED VETERANS ARE REQUIRED TO SUBMIT A COPY OF THEIR DD214 DISCHARGE PAPERS. ACTIVE DUTY MEMBERS OF THE ARMED FORCES MUST SUBMIT PROOF OF ACTIVE DUTY STATUS, SUCH AS CURRENT MILITARY I.D., MILITARY ORDERS OR OTHER OFFICIAL MILITARY DOCUMENT THAT SUBSTANTIATES ACTIVE DUTY STATUS. TO CLAIM CREDITS AS A DISABLED VETERAN, YOU MUST BE ENTITLED TO RECEIVE PAYMENTS FOR A SERVICE-CONNECTED DISABILITY (RATED AT 10% OR MORE) INCURRED DURING TIME OF HOSTILE ACTION OR WAR.

VETERANS WHO PREVIOUSLY USED NON-DISABLED VETERAN CREDITS FOR APPOINTMENT TO A POSITION IN NEW YORK STATE OR LOCAL GOVERNMENT AND, AFTER HIS/HER APPOINTMENT, WAS SUBSEQUENTLY CLASSIFIED BY THE VETERANS ADMINISTRATION AS A DISABLED VETERAN, ARE NOW ELIGIBLE FOR AN AWARD OF ADDITIONAL VETERAN CREDITS. IF YOU ARE CLAIMING ADDITIONAL DISABLED VETERAN CREDITS AS A RESULT OF THE AMENDMENT TO SECTION SIX OF ARTICLE FIVE OF THE NEW YORK STATE CONSTITUTION EFFECTIVE JANUARY 1, 2014, FORM 102 AUTHORIZATION FOR DISABILITY RECORD AND FORM 102S AUTHORIZATION FOR VERIFICATION OF NON-DISABLED VETERANS CREDITS USE MUST BE SUBMITTED. COMPLETED FORMS MUST BE RECEIVED BY THE WESTCHESTER COUNTY DEPARTMENT OF HUMAN RESOURCES BEFORE AN ELIGIBLE LIST IS ESTABLISHED IN ORDER TO BE GRANTED CREDITS ON THAT ELIGIBLE LIST.

ARE YOU CLAIMING CREDIT AS A VETERAN? AS A DISABLED VETERAN? ACTIVE SERVICE MEMBER?

HAVE YOU USED YOUR VETERANS' CREDITS FOR PERMANENT APPOINTMENT OR PROMOTION IN NEW YORK STATE OR ANY OF ITS CIVIL DIVISIONS SINCE JANUARY 1, 1951? YES NO

CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED OR ARE SERVING IN THE ARMED FORCES OF THE UNITED STATES

CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES.

*Eligibility credit: Veterans must have received the Armed Forces Expeditionary Medal for services in Zone of Conflict.

	FROM	MO./YR	TO	MO./YR.
<input type="checkbox"/> WORLD WAR II:	DECEMBER 7, 1941 -	DECEMBER 31, 1946.....	()	()
<input type="checkbox"/> US PUBLIC HEALTH SERVICE:	JULY 29, 1945 -	SEPTEMBER 2, 1945.....	()	()
<input type="checkbox"/> KOREAN CONFLICT:	JUNE 27, 1950 -	JANUARY 31, 1955.....	()	()
<input type="checkbox"/> US PUBLIC HEALTH SERVICE:	JUNE 26, 1950 -	JULY 3, 1952.....	()	()
<input type="checkbox"/> VIET NAM CONFLICT:	FEBRUARY 28, 1961 -	MAY 7, 1975.....	()	()
* <input type="checkbox"/> HOSTILITIES IN LEBANON:	JUNE 1, 1983 -	DECEMBER 1, 1987.....	()	()
* <input type="checkbox"/> HOSTILITIES IN GRENADA:	OCTOBER 23, 1983 -	NOVEMBER 21, 1983.....	()	()
* <input type="checkbox"/> HOSTILITIES IN PANAMA:	DECEMBER 20, 1989 -	JANUARY 31, 1990.....	()	()
<input type="checkbox"/> PERSIAN GULF CONFLICT:	AUGUST 2, 1990 - ().....		()	()
<input type="checkbox"/> ACTIVE DUTY:.....			()	()