

# APPLICATION FOR EXAMINATION/EMPLOYMENT



UPON COMPLETION MAIL OR DELIVER TO:

**WESTCHESTER COUNTY DEPARTMENT OF HUMAN RESOURCES RECRUITMENT & SELECTION UNIT**  
 148 Martine Avenue, Suite 100  
 White Plains, New York 10601

**READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING**

This application is part of the examination and must be filled out **completely and accurately**. Answer **all** questions **fully**, printed in ink or typed. Attach additional sheets and documents, if needed, to give complete information. If you apply for more than one examination, a separate application or copy must be filed for each. **(PLEASE PRINT OR TYPE)**

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.

1. Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**REQUIRED INFORMATION**

LEGAL ADDRESS (Not a Post Office Box #) \_\_\_\_\_

Number and Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Home Phone ( ) \_\_\_\_\_ Business/Cell Phone ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Open Competitive Examinations Only-Legal Residence Codes:** If you are applying for an open-competitive examination, please indicate, in the boxes below, each of the municipalities/districts in which you are a legal resident and have been for at least 30 days prior to the examination date. Fill in the boxes with the residency codes of your legal residence, as listed on page 2 of this application. If you do not live in one of the listed municipalities/districts, use the codes provided for "Other". Based on the legal address you provide and the information you submit below, the Westchester County Department of Human Resources will determine, subject to verification, your legal residence for eligible list resident certifications. It is your responsibility to provide us sufficient information regarding legal residence for you to be included. If your residency changes, you must immediately notify the Westchester County Department of Human Resources, in writing.

County	City	Town	Village	School District	Fire District

4. Exam Number \_\_\_\_\_ Title \_\_\_\_\_

Date of Examination \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

5. Are you filing for examinations with other civil service commissions that are being held on the same date?  YES  NO  
 If yes, please attach a completed cross-filer form. (available on www.westchestergov.com/hr)
6. Are you requesting testing accommodation(s)? YES NO  
 (such as for a disability or an alternate test date)    
 Please submit your requests for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). Follow instruction "G" on the last page of this application.
7. 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 under other than honorable circumstances? YES NO
- D. Have you ever been convicted of a criminal offense (felony or misdemeanor)? YES NO
- E. Have you ever forfeited a bail bond posted to answer any criminal charge? (give details) YES NO
- F. Are you now under charges for any criminal offense? (give details) YES NO

If you answered "YES" to any of the questions 7 A-F above, you must give specifics, including date, nature, and current disposition (Attach additional 8½" by 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 URINALYSIS, 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?  NO  YES  
 If yes, please indicate here: \_\_\_\_\_

DO NOT WRITE BELOW - FOR HUMAN RESOURCES USE

Entered By: \_\_\_\_\_ JCC: \_\_\_\_\_ Dispo: \_\_\_\_\_ Fee: \_\_\_\_\_ Vet: \_\_\_\_\_

CPT/D: \_\_\_\_\_ / \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Conditional: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Section 7: \_\_\_\_\_

Paid

Date Received

## BACKGROUND, EDUCATION AND TRAINING

**VETERANS:** If you served or if you are an active member of the Armed Forces of the United States, read and fill out Section H on page 4  
(FORM DD214 or proof of current service MUST BE ATTACHED)

**CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY:** In conformance with section 85a of the New York State Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this department of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.  
I claim additional credit as a child of a firefighter or police officer killed in the line of duty.  Yes  No

Are you 18 years of age or older? Yes  No

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.

Do you have a High School Diploma? Yes  No  Name and location of High School

Or a High School Equivalency (GED) Diploma? Yes  No  Issuing Governmental Authority Document Number

**TRANSCRIPTS:** previously filed  on request from school

An official transcript is required as verification within 60 days after the date of the examination for periodic examinations; and **prior to participation in continuous recruitment examinations.** If the examination announcement asks for specific course work, list the courses which you have passed on an attached sheet. If you claim credit for a partially completed college curriculum, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation.

### COLLEGE/UNIVERSITY

Name of School and City in which located	Dates of Attendance (Month/Year) From To	Type of Course or Major	Number of College Credits Received	Were You Graduated?	Type of Degree Received	Date Degree Received or Expected

### PROFESSIONAL SCHOOLS, RESIDENCIES, MILITARY SERVICE SCHOOLS, OTHER SCHOOLS


**LICENSE:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination, or posting, for which you are applying, complete the following and **attach a copy:**

Name of Trade or Profession	Specialty	License Number
Granted by (Licensing Agency) City or State	Date License First Issued	Registered From (Mo/Yr) To (Mo/Yr)

**Note:** If a position requires a specified license to operate a motor vehicle, the applicant must provide the appointing authority with proof of a current, valid license (subject to verification) prior to appointment.

### LEGAL RESIDENCE CODES

#### COUNTIES

**CODE MUNICIPALITY**  
 BRNX Bronx County  
 COLB Columbia County  
 DUTH Dutchess County  
 KING Kings County (Brooklyn)  
 NASS Nassau County  
 NYNY New York County (Manhattan)  
 ORAN Orange County  
 PUTN Putnam County  
 QUEEN Queens County  
 RICH Richmond County (Staten Island)  
 ROCK Rockland County  
 SUFF Suffolk County  
 SULL Sullivan County  
 ULST Ulster County  
**WEST Westchester County**  
 WTH Other

TLB Town of Lewisboro  
 TMM Town of Mamaroneck  
 TMP Town of Mount Pleasant  
 TNW Town of New Castle  
 TNC Town of North Castle  
 TNS Town of North Salem  
 TOS Town of Ossining  
 TPL Town of Pelham  
 TPR Town of Pound Ridge  
 TRY Town of Rye  
 TSM Town of Somers  
 TYT Town of Yorktown  
 TTH Other

#### VILLAGES

**CODE MUNICIPALITY**  
 VAR Village of Ardsley  
 VBC Village of Buchanan  
 VBM Village of Briarcliff Manor  
 VBV Village of Bronxville  
 VCR Village of Croton-on-Hudson  
 VDF Village of Dobbs Ferry  
 VEF Village of Elmsford  
 VHH Village of Hastings-on-Hudson  
 VHR Village of Harrison  
 VIR Village of Irvington  
 VLM Village of Larchmont  
 VMK Village of Mount Kisco  
 VMM Village of Mamaroneck  
 VOS Village of Ossining

VPL Village of Pelham  
 VPM Village of Pelham Manor  
 VPV Village of Pleasantville  
 VPC Village of Port Chester  
 VRB Village of Rye Brook  
 VSD Village of Scarsdale  
 VNT Village of Sleepy Hollow  
 VTK Village of Tuckahoe  
 VTT Village of Tarrytown  
 VTH Other

#### SCHOOL DISTRICTS

**CODE DISTRICT**  
 SAR Ardsley School District  
 SMK Bedford Central School District  
 SBB Blind Brook School District  
 SBH Byram Hills School District  
 SBM Briarcliff Manor School District  
 SBV Bronxville School District  
 SCH Chappaqua School District  
 SCR Croton School District  
 SCT Hendrick Hudson School District  
 SDF Dobbs Ferry School District  
 SEC Eastchester School District  
 SEF Elmsford School District  
 SEM Edgemont School District  
 SHD Greenburgh Central #7 School District  
 SHH Hastings School District  
 SHR Harrison Central School District  
 SIR Irvington School District

SKL Katonah-Lewisboro School District  
 SLL Lakeland School District  
 SMM Mamaroneck School District  
 SMP Mt. Pleasant School District  
 SNS North Salem School District  
 SNT Pocantico Hills School District  
 SOS Ossining School District  
 SPC Port Chester School District  
 SPK Peekskill City School District  
 SPL Pelham School District  
 SPV Pleasantville School District  
 SRN Rye Neck School District  
 SRY Rye City School District  
 SSD Scarsdale School District  
 SSM Somers School District  
 STK Tuckahoe School District  
 STT Tarrytown School District  
 SVL Valhalla School District  
 SYH Yorktown Heights School District  
 STH Other

#### FIRE DISTRICTS

**CODE DISTRICT**  
 FEC Eastchester Fire District  
 FFV Fairview Fire District  
 FGV Greenville Fire District  
 FHD Hartsdale Fire District  
 FLM Lake Mohegan Fire District  
 FTH Other

## DESCRIPTION OF EXPERIENCE

**ALL SECTIONS MUST BE FILLED OUT COMPLETELY. DO NOT LEAVE BLANK. A RESUME IS NOT A SUBSTITUTE.**

Carefully read the minimum qualifications for the position/examination for which you are applying. Fee(s) will not be refunded if you do not meet the established qualifications. List below all relevant work experience. A resume is not a substitute. Be more specific in describing your experiences relating to the minimum qualifications of the position or examination 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 interpreted in your favor. Include military service experience when appropriate. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job description or examination 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 8½" X 11" sheets of paper using the same format.)

Length of Employment Mo.    Yr.            Mo.    Yr. From    /                    To    /	Name of Employer	Address	City and State
Earnings \$                    # of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Business	Describe duties below:		
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
Reason for Leaving			
Length of Employment Mo.    Yr.            Mo.    Yr. From    /                    To    /	Name of Employer	Address	City and State
Earnings \$                    # of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Business	Describe duties below:		
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
Reason for Leaving			
Length of Employment Mo.    Yr.            Mo.    Yr. From    /                    To    /	Name of Employer	Address	City and State
Earnings \$                    # of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Business	Describe duties below:		
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
Reason for Leaving			
Length of Employment Mo.    Yr.            Mo.    Yr. From    /                    To    /	Name of Employer	Address	City and State
Earnings \$                    # of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Business	Describe duties below:		
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
Reason for Leaving			

**Have you answered all appropriate questions? An incomplete application may be 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 exam numbers on the check. Applications received without the filing fee will be returned. Waivers: See section "C," below.

**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](http://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 towards meeting the minimum qualifications. Applications will be rejected for lateness, if postmarked or received after the last filing date. Part-time experience will be pro-rated based on a 35-hour work week.

**C. APPLICATION FEE WAIVER**

The 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.

**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 identification to the examination such as a passport, photo driver 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 Department of Human Resources by the date and time indicated on the notice.

**F. LEGAL ADDRESS CHANGES**

You must report a change in address to insure proper notification of test results and certification of civil service lists. Residency must be established 30 days prior to the examination date in order to meet residence preference requirements.

**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.

Alternate test dates are granted at the discretion of the Department of Human Resources. Examples such as the following may be considered as reasons for granting an alternate test date. Please check the appropriate box below.

- 1.  Death in the family or household or attendance at funeral or memorial service
- 2.  Medical illness or emergencies involving the candidate or member(s) of the family
- 3.  Military Orders
- 4.  Religious Observance - Candidate must submit required form
- 5.  Wedding
- 6.  Vacation for which a non-refundable down payment was made before the exam announcement was issued
- 7.  Required court appearances

**Candidates who meet the criteria may be eligible for one alternate test date. A written request with appropriate documentation justifying the request must be submitted to the Examination Administration Unit for consideration.**

**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.

I am claiming credit as a  Veteran  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

Subsequent to using non-disabled veterans credits to obtain appointment have you been qualified as a disabled veteran? Yes  No

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

	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"/> Vietnam 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: .....			( )	( )

\*For these service dates Veterans must have received the Armed Forces Expeditionary Medal for Service in Zone of Conflict.

LEAVE THIS SPACE BLANK