

There is a \$50.00 non-refundable Application Filing Fee
 Pay by 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 SUITE 100 - Michaelian Office Building 148 Martine Avenue White Plains, New York 10601	Application For Uniformed Services Promotional Examinations
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PLEASE PRINT OR TYPE

1. Examination # _____ Title of Examination _____
2. Name _____
3. Address (Street and number) _____
4. City _____ State _____ Zip Code _____
5. Home Phone (____) _____ Business Phone (____) _____
6. Social Security Number ____/____/____

List Below Current And All Prior Employment As A Uniformed Officer (attach an additional sheet if needed)

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

Veterans Credits: If you served or are an active member of the Armed Forces of the United States, read and fill out Section H on page 2 of this Application. FORM DD214 OR PROOF OF CURRENT SERVICE MUST BE ATTACHED.

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

CPT/ID: _____ / _____ <input type="checkbox"/> Approved By: _____ Date: _____ <input type="checkbox"/> Conditional: _____ <input type="checkbox"/> Disapproved: _____ Section 7: _____	Entered By: _____ JCC: _____ Dispo: _____ Fee: _____ Vet: _____ <table style="width:100%; text-align: center;"> <tr> <td style="width:50%; height: 50px; vertical-align: middle;">Paid</td> <td style="width:50%; height: 50px; vertical-align: middle;">Date Received</td> </tr> </table>	Paid	Date Received
Paid	Date Received		

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 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. Most written tests are held on Saturdays. 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 BE REQUESTED ONLY FOR ONE OF 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 immediately family.
- 3. Military Orders (A copy of orders is required).
- 4. Religious Observance - Candidate must submit required form.
- 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.

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

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.

- 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

	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: _____	December 22, 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.

Student Loan Supplement	
Do you have any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, are you presently in default on any such loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Address
Signature	Date