



Dutchess County Department of Human Resources

22 Market Street, 5th Floor, Poughkeepsie, NY 12601
 (845) 486-2169 www.dutchessny.gov/jobs

Application for Examination or Employment

Title of Position: _____ Exam Number: _____	For Office Use Only Approved: _____ Conditional: _____ Disapproved: _____ Fee Paid Fee Waiver
Please read the exam/ recruitment announcement before completing this application. It will inform you of the required minimum qualifications for the position. Examination processing fees are non-refundable.	For Agency Use Only Name of Agency: _____ Submitted by: _____ Date Submitted: _____

Applicant Information

Social Security Number: _____		Email: _____	
Last Name: _____		First Name: _____	Middle Initial: _____
Mailing Address:			
Street: _____			
City/Town: _____		State: _____	Zip Code: _____
Legal Address:			
Street: _____			
City/Town: _____		State: _____	Zip Code: _____
Day Phone: _____		Night Phone: _____	Cell Phone: _____
Contact Preference: <input type="checkbox"/> Email <input type="checkbox"/> I prefer to be notified by post For fastest response please provide email address.			
PERMANENT RESIDENCE INFORMATION: State your permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date. Village of Wappingers Falls residents should also include town. This section will be used to determine residence preference for eligibility lists. Please be sure to include your permanent legal residence for each of the applicable areas below:			
School District: _____	Years: _____	Months: _____	
Town/Cities: _____	Years: _____	Months: _____	
Village: _____	Years: _____	Months: _____	
Fire District: _____	Years: _____	Months: _____	
County: _____	Years: _____	Months: _____	
State: _____	Years: _____	Months: _____	
AGE/ CITIZENSHIP INFORMATION If you are under 18 years of age, can you provide proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/> If the position you are applying for has age requirements (see announcement), enter your date of birth. MM/DD/YYYY			
Are you currently a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If you answered "No" to currently being a U.S. citizen, please enter your alien registration number.	

Name of Applicant: _____

Exam Number/Title: _____

FOR EXAMINATION PURPOSES ONLY:

ALTERNATE TEST DATE

If, for any of the following reasons, you cannot take the test on the announced test date, arrangements may be made for you to take the test on an alternate test date. If applicable, check the appropriate box below and attach supporting documentation with this application. If you have an emergency on the exam day, contact the Department of Human Resources on the next business day. You will be required to submit documentation of your emergency.

- Military Orders
- Religious Observance
- Vacation plans that were made BEFORE the examination was posted

- Participant or immediate family member of a participant in a religious or civil ceremony (e.g. wedding, graduation, baptism, bar mitzvah)
- A conflicting professional or educational examination
- A required court appearance or grand jury duty

SPECIAL ACCOMMODATIONS

Indicate if you desire special testing accommodations.

- Individual with a disability: you are an individual with a disability and require the following assistance or accommodations.
Please explain:

CROSS-FILER INFORMATION

Candidates who apply for multiple examinations scheduled on the same date in different jurisdictions must make arrangements to take all examinations at **one** test site. This form must be completed and filed with **each jurisdiction** involved as soon as possible, but **no later than two (2) weeks before the exam date**. **NOTE:** Candidates who apply for both **New York State** and **Local** jurisdiction exams must make arrangements to take all exams **at the New York State exam site no later than two (2) weeks before the exam date**.

Exam Date: _____

Jurisdiction where you plan to take the examinations listed below:

Exam Number(s): _____

Title(s): _____

Jurisdiction(s) _____

VETERANS' INFORMATION

If you are serving or have served in the armed forces of the United States on a full-time active-duty basis, you may be eligible to receive credits as a Disabled or Non-Disabled Veteran. (See Application for Veterans' Credits)

Are you a Veteran?

- Yes
- No

If you are a Veteran, do you wish to claim Veteran's Credits?

- Yes
- No

To Claim Veterans Credits, complete the Application for Veterans Credits and attach to this application.

Are you classified as:

- Anon-disabled veteran Yes No
- A disabled veteran Yes No

Since January 1, 1951, have you used additional credits as a veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes No

EXEMPT FIREFIGHTER

Are you a sibling of a Fire Fighter or Police Officer lost in 9/11/01?

- Yes
- No

Are you a child of a Fire Fighter or Police Officer lost in line of duty?

- Yes
- No

Do you possess certification as an Exempt Volunteer Firefighter?

- Yes
- No

PREVIOUS DUTCHESS COUNTY EMPLOYEE

If you have been employed by the County of Dutchess, Dutchess Community College or by any civil division therein (city, town, village, school district or special district), please state location(s) and dates.

Previous Agency: _____ Dates: _____

Previous Agency: _____ Dates: _____

Previous Agency: _____ Dates: _____

Name of Applicant: _____

Exam Number/Title: _____

EDUCATION AND TRAINING

Be as specific as possible when completing this section. Copies of transcripts, diplomas or professional licenses must be submitted with this application if specified on the recruitment or exam announcement.

Did you graduate high school?	<input type="checkbox"/> YES Name and location of high school:
<input type="checkbox"/> NO Last grade of High School completed:	Do you have GED/High School equivalency diploma? YES* <input type="checkbox"/> NO <input type="checkbox"/> *Name of issuing agency and GED/High School equivalency number:

KEYBOARDING: Indicate typing / keyboarding experience and whether from work, training or both:

LANGUAGE INFORMATION: Indicate below languages other than English and general level of ability in speaking, reading and writing.

Your degree or college credit must have been awarded by a college or university accredited by a regional, national, or specialized agency recognized as an accrediting agency by the U.S. Department of Education/U.S. Secretary of Education.

My diploma/degree was earned outside the United States Yes* No

*For foreign degrees, provide a copy of official foreign education evaluation. Only member organizations of the National Association of Credential Evaluation Services can be accepted. You can find a full listing of member organizations on their website <http://naces.org/members.html>

Name of College/University/Trade School Technical School/Certificate	
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Degree Earned:	Start Date:	End Date (blank if enrolled):	Full or Part Time:
Major/Type of Courses:	# of Years Attended:	Credits Earned:	Date Degree Received or Expected:

Name of College/University/Trade School Technical School/Certificate	
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Degree Earned:	Start Date:	End Date (blank if enrolled):	Full or Part Time:
Major/Type of Courses:	# of Years Attended:	Credits Earned:	Date Degree Received or Expected:

Name of College/University/Trade School Technical School/Certificate	
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Degree Earned:	Start Date:	End Date (blank if enrolled):	Full or Part Time:
Major/Type of Courses:	# of Years Attended:	Credits Earned:	Date Degree Received or Expected:

DRIVER'S LICENSE INFORMATION

Do you have a valid license to operate a motor vehicle in New York? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a valid out-of-state license? Yes <input type="checkbox"/> No <input type="checkbox"/>
Driver's License Number:	License Endorsements:
License Class:	Date of Expiration:

TRADE/PROFESSIONAL LICENSES	
Title/Issuing Agency:	Original Date of Issue:
License Number:	Expiration Date:
Title/Issuing Agency:	Original Date of Issue:
License Number:	Expiration Date:
Title/Issuing Agency:	Original Date of Issue:
License Number:	Expiration Date:

Name of Applicant: _____

Exam Number/Title: _____

EMPLOYMENT HISTORY

Be specific in describing work experience which relates to the position you are applying for. Indicate a percentage of time spent on each type of duty. Begin with the employment(s) that qualify you for the position and be sure your description is clear and accurate.

A resume is not sufficient. For a promotional exam, you must include your employment history, or your application may not be approved.

Omissions or vagueness will NOT be resolved in your favor. Dates of employment should be as specific as possible. Omission of the number of hours worked will result in no credit for that work experience.

Include **military service experience** when appropriate. Relevant **volunteer experience** will be considered only if allowed in the announced minimum qualifications and is verified and fully documented by the applicant. **Part-time work experience** will be prorated unless otherwise stated on the specific announcement. **Cooperative education positions or internships** will not be counted if they also formed part of required education or degree.

- Please check if you do not have any employment history to include.
- Please check if you do not wish for your present employer to be contacted at this time.

Employer Name:			
Address:			
Type of Business:		Your Title:	
Supervisor:		Supervisor's Title:	
From Date:	To Date: (leave blank if currently employed)	Weekly Hours (excl. overtime)	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Duties:			
Average Volunteer Hours per Week:	Total Volunteer Weeks:	Total Number of Hours of Work Claimed:	
Employer Name:			
Address:			
Type of Business:		Your Title:	
Supervisor:		Supervisor's Title:	
From Date:	To Date: (leave blank if currently employed)	Weekly Hours (excl. overtime)	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Duties:			
Average Volunteer Hours per Week:	Total Volunteer Weeks:	Total Number of Hours of Work Claimed:	

Name of Applicant: _____

Exam Number/Title: _____

Employer Name:			
Address:			
Type of Business:		Your Title:	
Supervisor:		Supervisor's Title:	
From Date:	To Date (leave blank if currently employed):	Weekly Hours (excl. overtime)	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Duties:			
Average Volunteer Hours per Week:	Total Volunteer Weeks:	Total Number of Hours of Work Claimed:	

Employer Name:			
Address:			
Type of Business:		Your Title:	
Supervisor:		Supervisor's Title:	
From Date:	To Date (leave blank if currently employed):	Weekly Hours (excl. overtime)	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Duties:			
Average Volunteer Hours per Week:	Total Volunteer Weeks:	Total Number of Hours of Work Claimed:	

TYPE OF EMPLOYMENT			
Please select the type(s) of employment you are willing to consider: (This will affect the certifications your name is sent out on. You can change this information at any time. Changes will not take effect retroactively.)			
<input type="checkbox"/> Full Time (35/40 hours regular work week)	<input type="checkbox"/> Part Time (max 17.5/20 hours - no more than half hours of regular work week)	<input type="checkbox"/> Seasonal (temporary for a season)	<input type="checkbox"/> Hourly (less than full time regular work week)

Name of Applicant: _____

Exam Number/Title: _____

FOR EXAM PURPOSES ONLY

Fee Waiver Information		
Section 50.5(b) of the NYS Civil Service Law allows exam fees to be waived for candidates who certify that they are currently in one of the following categories.		
Please check the boxes that apply to you:		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed and primarily responsible for support of a household and cannot be claimed as a dependent on another person's tax return.
<input type="checkbox"/>	<input type="checkbox"/>	I am currently on Medicaid.
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving Supplemental Security Income (SSI) payments. Case No. _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving Public Assistance (Temporary Assistance for Needy Families, Family Assistance or Safety Net Assistance.)
<input type="checkbox"/>	<input type="checkbox"/>	I am currently certified Job Training Partnership Act/Workforce Investment Act eligible through a State or Local social service agency.
<input type="checkbox"/>	<input type="checkbox"/>	By checking this box, I certify that I am qualified to receive an exam fee waiver because of my current status indicated above. I understand that my waiver claim may be investigated and that I may be disqualified from the civil service exam if I make a false statement regarding my eligibility for the exam fee waiver.
<input type="checkbox"/>	<input type="checkbox"/>	By checking this box, I certify that I am a current employee in a department or agency under the jurisdiction of the Dutchess County Civil Service, I have already applied for the Open Competitive Exam, and I am applying for an Interdepartmental Promotion/Promotion Exam waiver.

AFFIRMATION AND AUTHORIZATION TO INVESTIGATE AND RELEASE

NOTICE

FINGERPRINTING: A fingerprint supported background investigation is required before an appointment is made to some positions. Pursuant to New York State Executive Law, the Division of Criminal Justice Services requires that a fee accompany each such request for a search.

By checking this box, I affirm that the statements made on this application and any attached papers or documents are true under penalties of disqualification and perjury. The undersigned applicant hereby authorizes the Department of Human Resources of the County of Dutchess or its agents to investigate matters necessary for the verification of the qualifications of the applicant. Such authorization shall include the right to examine any and all records, files, histories or other information relating to the applicant in the possession of any federal, state or municipal authority, corporation, agent or person. Furthermore, such investigation may include a criminal background investigation, which would require a fingerprint check, to determine overall suitability for employment. Failure to meet standards for the background investigation may result in disqualification. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

Signature: _____

Date: _____

Name of Applicant: _____

Exam Number/Title: _____

QUESTIONNAIRE

POSITION INFORMATION

How did you learn of this position?

Indicate Source

GENDER/RACE/ETHNICITY INFORMATION:

If no options apply, please specify:

Gender:

Male Female

Non-Binary I decline to answer

Please select the one which best describes your Race / Ethnicity:

I decline to answer

If Hispanic...

Mexican

Puerto Rican

Cuban

Other Spanish/
Hispanic

If not Hispanic...

White

African American

Filipino

American Indian

Japanese

Chinese

Korean

Guamanian/Chamorro

Vietnamese

Asian Indian

Eskimo

Aleut

Hawaiian

Samoan

VETERAN / DISABILITY INFORMATION

Check any of the following that are applicable. If you do not wish to answer, please leave blank.

Vietnam Era Veteran (December 22, 1961 to May 7, 1975)

Disabled Veteran

Person with a disability