Non-Instructional Application

Position Preference

Date Available: __________________________

☐ Full-time  ☐ Part-time  ☐ Substitute  ☐ Summer

Position:
☐ Bus Driver
☐ Custodial / Maintenance
☐ Food Service
☐ Nurse
☐ Teacher Aide / School Monitor
☐ Typist
☐ Other: __________________________

Notes:

Date Received:

Application Log:

Principal: __________________________
Date: __________________________
Ad Reference #: __________________________
The New York State Human Rights Law protects individuals from discrimination based on their age, creed, race, color, sex, sexual orientation, national origin, marital status, disability, military status, domestic violence victim status, arrest record, conviction record, or predisposing genetic characteristics. Accordingly, nothing in this application should be viewed as expressing, either directly or indirectly, any limitation, specification, or discrimination as to the aforementioned items in connection with employment in the municipal service of the County of Dutchess.

DUTCHESSE COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

GENERAL INFORMATION

This application is used for both recruitments and as part of the Civil Service examination process. Some important requirements:

- Carefully read the appropriate examination or recruitment announcement before completing this application. It will inform you of the required minimum qualifications for the position and provide you with other important information.

- Application must be completed in full and printed in ink or typed. Incomplete information or illegibility will result in your application being disapproved.

- An examination processing fee is currently being charged for each exam. It is not refundable. Please see the exam announcement for more information.

ADMISSION TO EXAMINATION

Depending upon time available, applicants may be admitted to the exam without verification of statements and information contained in their application. When such information must be reviewed after the date of examination, candidates may subsequently be disqualified and the results of the examination voided.

If you have not received notice informing you of whether or not you are to be admitted to the exam by three (3) days prior to the exam date, call the examinations unit immediately at 486-2169.

SPECIFIC INSTRUCTIONS

AFFIRMATIVE ACTION QUESTIONNAIRE - The information requested on the reverse of this page is for internal monitoring only. This information is kept separate from the general application. Refusal to complete the form will not in any way affect the hiring process or otherwise subject the candidate to adverse treatment.

ITEM 1 - Enter position title and examination number, if applicable. The same application may be used for both open competitive and promotional exams of the same title, but must have both exam numbers to be processed. Be sure to check the exam announcement to see if you qualify for the promotional exam.

ITEM 3 - Immediate written notice should be given of any change of address, name or phone number. Be sure to include the position title, social security number, and the effective date of the change. A form for such notification is available from the office.

ITEM 7 - Individuals appointed to positions will be required to provide verification of authorization for employment, pursuant to law.

ITEM 9 - Veterans' Credit - In addition to answering the questions on this application, disabled and non-disabled veterans who are eligible for additional examination credit must submit an Application for Veterans' Credit form. This form is available at the Department of Human Resources or the examination site, and must be completed and returned before the establishment of the eligible list.

ITEM 14 - Exempt Volunteer Firefighters may be entitled to certain additional rights under Civil Service Law. Generally, an Exempt Volunteer Firefighter is anyone who, after attaining the age of 18, serves for at least 5 years as an active member of an authorized volunteer fire company. A certificate will be issued by the fire company to anyone who meets the standards established under General Municipal Law. Should you be appointed to a Civil Service position and subsequently obtain such certification, this office and your employer should be so notified.

ITEM 17 - Education - 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.

ITEM 18 - Work Experience - 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 your most recent employment and be sure your description is clear and accurate.

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.

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Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please complete this questionnaire. This form will be removed from the general application and kept in a confidential location.

Your cooperation is voluntary and is much appreciated!

Name ___________________________ Male / Female (circle one) ____________ Date ____________

Position(s) applied for __________________________________________

How did you learn of this position? (check one)

___ EEO Office
___ Examination Hotline
___ Employee Newsletter
___ Newspaper Ad
___ Women’s Organization
___ Internet Listing
___ NYS Job Service
___ Ethnic Organization
___ Relative or Friend
___ County Employee
___ Professional Organization
___ Other (specify): __________________

Org. for the Handicapped
Veteran’s Organization
Employment Agency
Posted Announcement
College Placement Office

Please check the one which best describes your Race / Ethnicity.

If Hispanic ... If not Hispanic ... L. Guamanian / Chamorro

___ A. Mexican ___ E. White M. Vietnamese

___ B. Puerto Rican ___ F. African American N. Asian Indian

___ C. Cuban ___ G. Filipino O. Eskimo

____ D. Any other Spanish / Hispanic tribe) ____________________ P. Aleut

___ I. Japanese ___ H. American Indian (specify) Q. Hawaiian

___ J. Chinese ___ ___ R. Samoan

___ K. Korean ___ ___ X. Other (specify) __________

Check any of the following that are applicable.

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

___ Disabled Veteran

___ Handicapped

It is the policy of Dutchess County to provide equal opportunity to all employees and applicants for employment without regard to race, color, creed, national origin, age, sex, marital status or domestic violence victim status, religion, sexual orientation, medical condition, or physical or mental disability, citizenship, HIV status, handicap, predisposing genetic characteristics, arrest record, conviction record, military or veteran status. In addition, Dutchess County has an Affirmative Action Program which creates equal opportunity for all personnel to be chosen by merit and fitness, in accordance with New York State Civil Service Law.
### Dutchess County General Application

1. **Title of Position**

2. **Social Security Number:** __________ - ______ - __________

3. **Legal Address:**
   - Last Name
   - First Name
   - Initial
   - Address
   - City
   - State
   - Zip
   - Day Phone
   - Evening Phone
   - Email
   - Mailing Address (if different from above)

4. 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.
   - School District
   - Village/Town/City
   - County of
   - State of

5. If you are under 18 years of age, can you provide proof of your eligibility to work? Yes_______ No_______

6. If the position you are applying for has minimum or maximum age limits (see announcement), please enter your date of birth:
   - Month _____ Day _____ Year _____

7. Are you currently a U.S. citizen? Yes_______ No_______

8. **For examination purposes only:**

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

   If you are not a Veteran, skip question #14. If you are a Veteran, do you wish to claim Veterans' Credits? Yes_______ No_______

   If yes, please complete questions 10 – 13.

10. Did you serve in the Armed Forces of the United States during any of the following periods? Yes_______ No_______

    A. December 7, 1941 to December 31, 1946
    B. June 27, 1950 to January 31, 1955
    C. February 28, 1961 to May 7, 1975
    D. August 2, 1990 to “end of such hostilities”
    E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

11. Did you receive an expeditionary medal for any of the following conflicts? Yes_______ No_______

    A. Lebanon - June 1, 1983 to December 1, 1987
    B. Grenada - October 23, 1983 to November 21, 1983
    C. Panama - December 20, 1989 to January 31, 1990

12. Are you classified as: (Check appropriate)

    A. non-disabled war veteran
    B. disabled war veteran

13. 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_______

14. Do you possess certification as an Exempt Volunteer Firefighter? Yes_______ No_______

15. 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:

   Location: __________________________ Dates: __________________________

   __________________________

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(Please complete form on page 3)
Exam Fee Waiver Request

All examinations offered by Dutchess County currently require a non-refundable processing fee. This fee will be waived in accordance with Civil Service Law Section 50.5(b) for candidates who certify they are unemployed and primarily responsible for the support of a household, or who are receiving public assistance.

Yes ______ No ______
I am unemployed, primarily responsible for the support of a household, and cannot be claimed as a dependant on another person’s tax return.

I am currently receiving Supplemental Security Income (SSI) payments.

I am currently on Medicaid.

I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance). Case number: ______________________ (must be entered)

I am currently certified for Job Training Partnership Act / Workforce Investment Act programs.

I affirm that the information I have provided is true under the possible penalties of disqualification and perjury.

Signature _______________________________ Date ________________

Affirmation and Authorization to Investigate and Release

The undersigned applicant hereby affirms that the statements made on this application and any attached papers or documents are true under the 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 ________________
**Dutchess County General Application**  
(Complete in full – attaching a resume is **not** sufficient)

| Name | Position / Exam |

**16. LICENSES**

| Title / Issuing Agency | License Number | Original Date of Issue | Expiration Date |

| Trade / Professional | | | |
| | | | |

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<th>Driver</th>
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Do you have a valid license to operate a motor vehicle in New York?  
Yes ☐  
No ☐

| Endorsements | Class | Date of Expiration |

**17. EDUCATION AND SKILLS**

| Name / Location | Dates Attended | F/T or P/T | # Yrs | Major / Type of Course | # of Crds | Degree Earned / Date Awarded |

| College, Trade or Technical School / Special Courses / Continuing Education | | | | | | |
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<th>High School</th>
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Name of School / Issuing Agency | | | | | |
Address | | | | | |
Graduated?  
Yes ☐  
No ☐
Indicate Equivalency Diploma Number if Applicable | | |
Indicate Last Grade Completed | | |

**Keyboarding**

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

**Computers**

Indicate program experience in the following types of software and whether from work or training:  
word processing | | |
spread sheet | | |
database management | | |
other | | |

**Languages**

Indicate languages other than English and general level of ability in speaking, reading and writing: | | |

**18. WORK EXPERIENCE**

List most recent experience first. Attach additional sheets if necessary. A **resume is not sufficient**.  
_____ Check to indicate you do not wish your present employer to be contacted at this time.

| Firm Name | Address |

| Length of Employment | From | To |

| Hours per Week | Paid ☐ | Unpaid ☐ |

| Duties (indicate % of time for each) | | |
| | | |

| Title | |
| | |

| Type of Business | |
| | |

| Supervisor | |
| | |

| Supervisor’s Title | |
## Dutchess County General Application

### 18. WORK EXPERIENCE (Cont'd)

(Attach additional sheets if necessary, following this format. A resume is not sufficient. You must indicate months and hours worked per week to receive credit for work experience.)

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