

**SUFFOLK COUNTY APPLICATION FOR EMPLOYMENT  
OPEN-COMPETITIVE EXAMINATIONS AND NON-COMPETITIVE APPOINTMENTS**

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE/HUMAN RESOURCES

**THIS IS FORM CS-205 PART A. YOU MUST ALSO COMPLETE FORM CS-205 PART B.** 725 Veterans Memorial Highway, North County Complex, Bldg. 158  
P.O. Box 6100 Hauppauge, NY 11788-0099  
(631) 853-5500 Internet: www.suffolkcountyny.gov/civilservice

SUFFOLK COUNTY DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE,  
CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, MARITAL STATUS OR SEXUAL PREFERENCE.

09-0101..07/02cb

Unless otherwise stated in the examination announcement, THE APPLICATION PROCESSING FEE IS \$25.00. A separate application is required for each examination (identified by examination number) for which you are applying. Each application MUST be accompanied by a \$25 NON-REFUNDABLE NONTRANSFERABLE application processing fee. DO NOT SEND CASH. Make the check or money order payable to the Suffolk County Department of Civil Service. Please indicate the examination title and the applicant's social security number on the face of the check or money order. This application is part of your examination. Answer all questions fully and carefully in ink. Attach additional sheets if necessary to give detailed information.

PLEASE PRINT:

1. EXACT TITLE OF EXAMINATION \_\_\_\_\_  
2. \_\_\_\_\_

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SOCIAL SECURITY NUMBER

LAST NAME FIRST NAME M.I.

MAILING ADDRESS \_\_\_\_\_

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

CITY STATE ZIP CODE

STATE ZIP CODE

**3. PLACE OF EXAMINATION**

Please check the examination center where you wish to be tested.

WESTERN SUFFOLK  EASTERN SUFFOLK

**4. DAYTIME TELEPHONE NUMBER (include area code)**

You may be contacted by prospective employers.  
( )

**5. LEGAL RESIDENCE CODES** Identify each of the districts of which you are a legal resident, not where you wish to be employed. If your legal residence changes, you must notify the Suffolk County Civil Service Department at once in writing. Complete the boxes with the correct codes for your legal residence. See last page of application for list of residence codes.

COUNTY C-	TOWN T-	SCHOOL DISTRICT S-	VILLAGE V-	LIBRARY DISTRICT L-
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**6. GEOGRAPHIC ZONES**

Check one or more of the boxes below indicating the geographic zones in which you would be willing to accept an appointment. Your name will be certified only for job vacancies in the geographic zones you check.

- Zone 1  Riverhead, Southold, Shelter Island, Southampton, and East Hampton Townships  
Zone 2  Brookhaven Township  
Zone 3  Smithtown and Islip Townships  
Zone 4  Huntington and Babylon townships

**7. Check appropriate box to the right of each question:** A. Have you ever been convicted of any crime (felony or misdemeanor)?

YES NO

B. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?

YES NO

C. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?

YES NO

D. Did you ever resign from any employment rather than face dismissal?

YES NO

E. 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

Successful completion of an appropriate medical examination may be required.

If you answered YES to any part of question 7 you MUST give specifics in the COMMENTS section below.

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 for which you are applying. Background investigations may be conducted on all candidates considered for employment. A false statement may result in the disqualification of your application in accordance with the provisions of Section 50 of the Civil Service Law.

A candidate appointed to a vacancy in the service of Suffolk County shall be required to disclose, and a candidate appointed to any other vacancy in the civil service may be required to disclose, whether he/she is currently receiving any form of disability payment from New York State.

Background Investigation: Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

**THE FOLLOWING QUESTIONS ARE OPTIONAL.**

8. Are you a Saturday sabbath observer who, for religious reasons only, requests permission to take this examination after sundown on Saturday?

YES  NO

If you checked YES, you will be asked to provide verification.

9. Do you need special accommodations to participate in this examination?

YES  NO

If you checked YES, please describe the type assistance you request in the COMMENTS section below.

10. COMMENTS

(Attach additional sheets if necessary)

CANDIDATE MUST SIGN DECLARATION ON LAST PAGE OF THIS APPLICATION

FOR APPOINTING AUTHORITY'S USE FOR PROVISIONAL AND NON-COMPETITIVE APPOINTMENTS ONLY	
DEPARTMENT OR JURISDICTION	DATE APPOINTED

FOR CIVIL SERVICE USE ONLY			
TEST SCORE _____	NOTES _____	<input type="checkbox"/> PENDING TRANSCRIPT	ELIGIBLE
VETS CREDIT _____	_____	<input type="checkbox"/> PENDING _____	INELIGIBLE
TOTAL SCORE _____	_____	_____	DATE

Village of Amityville  
21 Ireland Place  
Amityville, NY 11701

**YOUR ELIGIBILITY TO COMPETE IN THIS EXAMINATION WILL BE DETERMINED ON THE BASIS OF YOUR ANSWERS TO QUESTIONS 11 - 14. INCOMPLETE APPLICATIONS WILL BE DISAPPROVED.**

**11. EDUCATION**

A. Have you graduated from senior high school?  YES  NO  
If yes, complete name and location.

Name of school: \_\_\_\_\_

Location: \_\_\_\_\_

B. If you have a high school equivalency diploma, indicate:

Issuing Authority \_\_\_\_\_

C. If you did NOT graduate from high school, circle highest school year completed:  4  5  6  7  8  9  10  11

PLEASE ATTACH A COPY OF COLLEGE TRANSCRIPTS VERIFYING ALL COLLEGE LEVEL COURSE WORK FOR WHICH YOU CLAIM CREDIT.

	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Were You Graduated?	Type of Course or Major Subject	Number of Credits Rec'd. To Date	Type of Degree Received	Date Degree Received
List each College University or Professional School Attended							
	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Type of Course or Major Subject	Number of Hours Attended	Did you successfully complete this course?		
Technical or other Schools or Special Courses					No		
					No		

12. DRIVER'S LICENSE: Circle the class of your New York State Motor Vehicle License:  1  2  3  4  5  6  A  B  C  D  E  M

Date of Expiration \_\_\_\_\_

13. LICENSES: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, complete the following question:

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State
Specialty	Date License First Issued	Registered From:	To:

**14. DESCRIPTION OF EXPERIENCE**

Beginning with the most recent, describe below in detail ALL paid and volunteer employments relevant to the position sought. You are responsible for submitting an accurate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as separate employment. 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 8 1/2 x 11 sheets of paper) Under "Duties" for each employment describe the nature of the work personally performed by you, WITH ESTIMATED PERCENTAGE OF TIME SPENT ON EACH TYPE OF WORK. State size and kind of working force, if any, supervised by you and the extent of such supervision.

ALL EXPERIENCE IS SUBJECT TO VERIFICATION.

A. LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	CITY AND STATE
MO. YR. MO. YR. FROM / To /			
EARNINGS (Circle One) \$ /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE	SUPERVISOR'S NAME		
	TELEPHONE NUMBER		

B. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / To		FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME TELEPHONE NUMBER		

C. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / To		FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME TELEPHONE NUMBER		

D. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / To		FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME TELEPHONE NUMBER		

E. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / To		FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME TELEPHONE NUMBER		

BE SURE TO SIGN THE DECLARATION ON THE LAST PAGE

