

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

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE/HUMAN RESOURCES

725 Veterans Memorial Hwy., North County Complex, Bldg. 158 (location)

P.O. Box 6100 Hauppauge, NY 11788-0099 (mailing address)

(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.

**THIS IS FORM CS-205 PART A.
YOU MUST ALSO COMPLETE
FORM CS-205 PART B.**

Unless otherwise stated in the examination announcement, **THE APPLICATION PROCESSING FEE IS \$35.00 (The fee will NOT BE REFUNDED if your application is DISAPPROVED.)** A separate application is required for each examination (identified by examination number) for which you are applying. Each application **MUST** be accompanied by a \$35 **NON-REFUNDABLE NON-TRANSFERABLE** 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 last four digits of the applicant's social security number on the face of the check or money order. Certain applicants may be eligible for a fee waiver. See examination announcement for details. This application is part of your examination. Answer all questions fully and carefully in ink. Attach additional sheets if necessary to give detailed information. You may also apply on our Internet site.

PLEASE PRINT:

1. TITLE OF EXAMINATION													
2. LAST NAME		FIRST NAME		M.I.	SOCIAL SECURITY NUMBER								
					<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>								
MAILING ADDRESS				LEGAL ADDRESS (Not a Post Office Box)									
CITY		STATE	ZIP CODE	CITY	STATE	ZIP CODE							

3. DAYTIME TELEPHONE NUMBER (include area code)
You may be contacted by prospective employers.
()

Successful completion of an appropriate medical examination may be required.

4. 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.

If you answered YES to any part of question 6 you **MUST** give specifics in the COMMENTS section below.

COUNTY	TOWN	SCHOOL DISTRICT	LIBRARY DISTRICT	VILLAGE
C-	T-	S-	L-	V-

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.

5. 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.

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.

- 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

THE FOLLOWING QUESTIONS ARE OPTIONAL.

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

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
 - B. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
 - C. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
 - D. Did you ever resign from any employment rather than face dismissal?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
 - E. Did you ever receive a dishonorable discharge from the Armed Forces of the United States?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

7. 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.

8. 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.

9. 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 _____

YOUR ELIGIBILITY TO COMPETE IN THIS EXAMINATION WILL BE DETERMINED ON THE BASIS OF YOUR ANSWERS TO QUESTIONS 10 - 13. INCOMPLETE APPLICATIONS WILL BE DISAPPROVED.

10. 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.

List each College University or Professional School Attended	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
Technical or other Schools or Special Courses	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?		

11. 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 _____

12. 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:

13. 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 MO. YR. MO. YR.	FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /	DUTIES:		
EARNINGS (Circle One) \$ WKR/MO/YR			
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 /

~~EARNINGS (Circle One)~~
\$ /WK /MO /YR

FIRM NAME	ADDRESS	CITY AND STATE
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 /

~~EARNINGS (Circle One)~~
\$ /WK /MO /YR

FIRM NAME	ADDRESS	CITY AND STATE
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 /

~~EARNINGS (Circle One)~~
\$ /WK /MO /YR

FIRM NAME	ADDRESS	CITY AND STATE
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 /

~~EARNINGS (Circle One)~~
\$ /WK /MO /YR

FIRM NAME	ADDRESS	CITY AND STATE
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

**BE SURE TO SIGN THE DECLARATION AT THE BOTTOM OF THIS PAGE
UNSIGNED APPLICATIONS WILL BE DECLARED INELIGIBLE**

VETERANS' CREDITS

Veterans' credits are granted on the following basis:

DISABLED VETERANS: 10 points for Open-Competitive Exams
5 points for Promotional Exams

NON-DISABLED VETERANS: 5 points for Open-Competitive Exams
2.5 points for Promotional Exams

These additional credits, which are combined with the final score obtained in the examination, may be granted only to **PASSING CANDIDATES** at the time of establishment of the eligible list.
NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veterans, you must:

1. Have served on **ACTIVE DUTY**, other than active duty for training purposes, with the Armed Forces of the United States during any of the following periods:

- VIETNAM - February 28, 1961 through and including May 7, 1975
- LEBANON* - June 1, 1983 through and including December 1, 1987
- GRENADA* - October 23, 1983 through and including November 21, 1983
- PANAMA * - December 20, 1989 through and including January 31, 1990
- PERSIAN GULF - August 2, 1990 - to the end of hostilities as yet undefined

* To receive veterans' credits for service in these campaigns, an applicant must also have been the recipient of one of the following:

- Armed Forces Expeditionary Medal
- Navy Expeditionary Medal
- Marine Corps Expeditionary Medal

2. Have been honorably discharged or released under honorable conditions from such service.

3. Submit a photocopy of separation papers (i.e. FORM DD-214 MEMBER 4 COPY) from the Armed Forces of the United States before this eligible list is established.

DISABLED VETERANS

In order to be eligible for additional credit as a disabled veteran, in addition to meeting the requirements of Items 1, 2 & 3 listed above, you must also complete, FOR EACH TITLE,

Form VC-3, (Authorization for Disability Record), in duplicate and forward BOTH copies immediately to the Regional Office of the United States Department of Veterans Affairs where your application for disability pension is on file. The Department of Veterans Affairs will retain a copy for its files, and will return a copy to this Department for processing. Disabled veterans must have a disability of at least ten percent (10%) certified by the Department of Veterans Affairs at the time of application for additional credits.

14. A. Do you claim additional credits as an honorably discharged war veteran for this examination?

1. YES, AS A NON-DISABLED VETERAN
2. YES, AS A DISABLED VETERAN
3. NO.

If you checked YES, complete 14B and C:

B. Have you previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State?
 YES NO If you check YES complete the information in 14D below.

CIVIL SERVICE LAW LIMITS THE USE OF VETERANS' CREDITS TO ONE PERMANENT COMPETITIVE CLASS APPOINTMENT WITHIN NEW YORK STATE.

C. With the exception of the federal service, have you ever been employed by a governmental agency outside the Suffolk County (e.g. New York City, New York State, Office of Court Administration, or another county within New York State?)

YES NO If you checked YES complete the information in 14D below:

D. Government Name _____

Length of Employment From _____ To _____

Department _____

Your Official Title(s) _____

(Attach additional sheets if necessary)

IF YOU DO NOT FORWARD THE PROPER DOCUMENTATION AS OUTLINED ABOVE, YOU WILL NOT BE GRANTED VETERANS' CREDITS, ONCE THE ELIGIBLE LIST IS ESTABLISHED, VETERANS' CREDITS CANNOT BE GRANTED.

LEGAL RESIDENCE CODES -

NAME	COUNTY	CODE	NAME	CODE	NAME	CODE	NAME	CODE
Suffolk County		C-1	Lindenhurst	V-13	Riverhead	S-117	Coplaque	L-11
Other		C-0	Lloyd Harbor	V-14	Rocky Point	S-219	Dear Park	L-12
			Mastic Beach	V-33	Sachem	S-220	East Islip	L-13
			Nissequogue	V-15	Sag Harbor	S-118	Elwood	L-35
			North Haven	V-16	Sagaponack	S-119	Half Hollow Hills	L-14
			Northport	V-17	Sayville	S-221	Harborfields	L-15
			Ocean Beach	V-18	Shelter Island	S-120	Hauppauge	L-34
			Old Field	V-19	Shoreham-Wading River	S-121	Huntington	L-16
			Patchogue	V-20	Smithtown	S-315	Islip	L-17
			Poquott	V-21	Southampton	S-122	Lindenhurst	L-18
			Port Jefferson	V-22	South Country	S-222	Longwood	L-21
			Quogue	V-23	South Huntington	S-316	Mastic-Moriches-Shirley	L-19
			Sag Harbor	V-24	Southold	S-123	Middle Country	L-20
			Sagaponack	V-32	Springs	S-124	Montauk	L-33
			Sallaire	V-25	Three Village	S-225	North Babylon	L-22
			Shoreham	V-26	Tuckahoe	S-125	North Shore	L-27
			Southampton	V-27	Wainscott	S-126	Northport	L-23
			Village of the Branch	V-28	West Babylon	S-317	Patchogue-Medford	L-24
			Westhampton Beach	V-29	West Islip	S-226	Sachem	L-25
			Westhampton Dunes	V-31	Westhampton Beach	S-127	Sayville	L-26
			Other	V-00	William Floyd	S-227	Smithtown	L-28
					Wyandanch	S-318	South Huntington	L-29
							West Babylon	L-32
							West Islip	L-30
							Wyandanch	L-31
							Other	L-00

DECLARATION:

I declare, **subject to the penalties of perjury** that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole, and probation agencies, and former school to provide to the Suffolk County Department of Civil Service any and all information including, but not limited to information as to my character, habits, work ability, and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities, or damages.

DATE _____ X SIGNATURE OF APPLICANT _____

State former name or any other name(s) by which you were known.