

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

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 \$35.00. A separate application is required for each examination (identified by examination number) for which you are applying. Each application MUST be accompanied by a \$35 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. _____

-			-							

LAST NAME FIRST NAME M.I.

SOCIAL SECURITY NUMBER

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

Successful completion of an appropriate medical examination may be required.

4. DAYTIME TELEPHONE NUMBER (include area code)

You may be contacted by prospective employers.
 ()

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

5. LEGAL RESIDENCE CODES Identify each of the districts of which you are a legal resident, 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.

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.

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

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

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.

7. 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"/>

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

YES NO

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"/>

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

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

YES NO

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"/>

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

10. COMMENTS

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 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
<input type="checkbox"/>	<input type="checkbox"/>

(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	INELIGIBLE
VETS CREDIT _____	_____	<input type="checkbox"/> PENDING _____		
TOTAL SCORE _____		_____	DATE	

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							

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 8½x11 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. 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	

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) \$ /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		

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 - December 22, 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 Veterans Administration where your application for disability pension is on file. The Veterans Administration will retain a copy for its files, and will return a copy to this Department for processing. Disabled veterans must have a war-incurred disability of at least ten percent (10%) certified by the Veterans Administration at the time of application for additional credits.

15. 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 15B 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 15D 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 15D 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 -

COUNTY		Lindenhurst		Deer Park		Rocky Point		Connetquot	
NAME	CODE		V-13		S-306		S-219		L-10
Suffolk County	C-1	Lloyd Harbor	V-14	East Hampton	S-103	Sachem	S-220	Copiague	L-11
Other	C-0	Nissequoogue	V-15	East Islip	S-208	Sag Harbor	S-118	Deer Park	L-12
		North Haven	V-16	East Moriches	S-209	Sagaponack	S-119	East Islip	L-13
		Northport	V-17	Eastport	S-104	Sayville	S-221	Elwood	L-35
		Ocean Beach	V-18	Eastport/South Manor	S-128	Shelter Island	S-120	Half Hollow Hills	L-14
		Old Field	V-19	East Quogue	S-105	Shoreham-Wading River	S-121	Harborfields	L-15
		Patchogue	V-20	Elwood	S-307	Smithtown	S-315	Hauppauge	L-34
Babylon	T-01	Poquott	V-21	Flre Island School	S-210	Southampton	S-122	Huntington	L-16
Brookhaven	T-02	Port Jefferson	V-22	Greenport	S-106	South Country	S-222	Islip	L-17
East Hampton	T-03	Quogue	V-23	Fishers Island	S-107	South Haven	S-223	Lindenhurst	L-18
Huntington	T-04	Sag Harbor	V-24	Half Hollow Hills	S-308	South Huntington	S-316	Longwood	L-21
Islip	T-05	Saltaire	V-25	Hampton Bays	S-108	South Manor	S-224	Mastic-Moriches-Shirley	L-19
Riverhead	T-06	Shoreham	V-26	Harborfields	S-309	Southold	S-123	Middle Country	L-20
Shelter Island	T-07	Southampton	V-27	Hauppauge	S-211	Springs	S-124	Montauk	L-33
Smithtown	T-08	Village of the Branch	V-28	Huntington	S-310	Three Village	S-225	North Babylon	L-22
Southampton	T-09	Westhampton Beach	V-29	Islip	S-212	Tuckahoe	S-125	North Shore	L-27
Southold	T-10	Westhampton Dunes	V-31	Kings Park	S-311	Waincott	S-126	Northport	L-23
		Other	V-00	Laurel	S-109	West Babylon	S-317	Patchogue-Medford	L-24
				Lindenhurst	S-312	West Islip	S-226	Sachem	L-25
				Little Flower	S-110	Westhampton Beach	S-127	Sayville	L-26
				Longwood	S-214	West Manor	S-228	Smithtown	L-28
				Mattituck - Cutchogue	S-111	William Floyd	S-227	South Huntington	L-29
				Middle Country	S-213	Wyandanch	S-318	West Babylon	L-32
				Miller Place	S-215			West Islip	L-30
				Montauk	S-112			Wyandanch	L-31
				Mt. Sinai	S-216			Other	L-00
				New Suffolk	S-113				
				North Babylon	S-313				
				Northport - E. Northport	S-314				
				Oysterponds	S-114				
				Patchogue-Medford	S-217				
				Port Jefferson	S-218				
				Quogue	S-115				
				Remsenberg - Speonk	S-116				
				Riverhead	S-117				

LIBRARIES

NAME	CODE
Amityville	L-01
Babylon Public	L-02
Bay Shore - Brightwaters	L-03
Bayport - Blue Point	L-04
Brentwood	L-05
Center Moriches	L-06
Central Islip	L-07
Commack	L-08
Comsewogue	L-09

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

SIGNATURE OF APPLICANT

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