

County of Ulster

Application for Examination or Employment

Leave this space blank.

Date Received:

Title of Exam or Position for which you are applying:	Leave this space blank.
Exam # (if applicable):	Approved: Disapproved: Conditional:

	Exam # (if applicable):		Disapproved: Conditional:		
subject to verification.	INSTRUCTIONS AND INF Int of your examination. Answer all questions fully and carefully. Print in ink. Attach add e examination announcement before filling out your application.		olete and detailed information. All statement	ts are	
ADMISSION TO EXAMINATION – Contact the Ulster Cou	nty Personnel Department immediately if you do not receive notice within three days the examination for which you are applying. Please refer to the examination ann				
announcement.	ent, County Office Building: 244 Fair St., Box 1800, Kingston, NY 12402-1800. Telephone				
	First MI) previously used in education or employment:	SS#Suffix			
Mailing Address:					
Street or P.O. Physical Address:	Box (if P.O. Box, fill in Residence Address below)	City	State ZIP		
Street (if P.O. B	ox or different than Mailing Address)	City	State ZIP		
Primary Phone:	Secondary P	hone:			
Email Address:				_	
	egal residence for each of the geographic gth of continuous residence to date.	Length of Residency (Yrs./Mos.)			
School District					
Town					
Village					
County					
State					
Are you 18 years of age? Yes	No ☐ If you are under 18, you will need to pro	ovide current working papers.			
f the position for which you are ap	plying has minimum/maximum age limits (per annou	ncement,) please enter your	birth date:		
		(MM/DD /YYYY)			
o you possess certification as an	exempt volunteer firefighter? Yes 🗆 No 🗖				

If you have ever been employed by the County of Ulster or any civil division therein (city, town, village, school district, or special district) please state location(s) and date(s) of employment:

The County of Ulster is an Equal Opportunity Employer

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1. Are you now serving or have Armed Forces of the United States and States and States are serving or have Armed Forces of the United States and States are serving or have a	re :	5. Are you: A non – disabled war veteran A disabled war veteran Disabled and non-disabled war veterans who are eligible for additional credits must submit an						
If "No", omit questions 2 throug 2. If you served in the Armed For United States, did you receive of was other than honorable? Ye NOTE: A DISHONORABLE DISCH DOES NOT AUTOMATICALLY DISQUE	! T !	application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed forms must be received in the office before the eligible list for this examination is established.						
3. Did you serve in the Arme States during any of the following		United	,	6. Do you have a valid license to operate a motor vehicle in New York State? Yes - Class				
A. December 7, 1941 to December 7, 1950 to January 31, C. December 22, 1961 to May D. August 2, 1990 to "date to be E. U.S. Public Health Service: Ju		7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a: ASabbath Observer and cannot be tested on						
December 31, 1946, or June 27 Yes No	7, 1950 to July 3, 1	952		Saturdays for religious reasons.				
Did you receive an expedition following conflicts? F. Lebanon - June 1, 1983 to De G. Grenada - October 23, 1983 H. Panama - December 20, 1983		BDisabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application. 8. EXAMINATIONS IN OTHER JURISDICTIONS - Candidates						
Yes No No II. I am currently on active dut purposes). Yes No No A. Since January 1, 1951, have credits as a veteran for appoi the public employment of New civil divisions?		wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of						
Yes □ No □		consideration may not be approved if received after the announced last file date for the examination.						
The following sections on educ								
9. Have you graduated from I Name	nigh school? Yes of	L 1		If not, what grade did you complete? chool/issuing agency				
	OI	Addr		•			_	
		Equi	valency d	liploma #:				
For College, University, Professional, Te	echnical and other sc	hools or sp	pecial cour	ses, please provi	ide copies c	of transcript	S.	
Name of school and its location	Dates of Attendance From: / To:_/_ (month/year)	Full or Part Time	# of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	/ _To /							
	/ _To / _							
	/ _To / _							
	/ To /							

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10. DESCRIPTION OF EXPERI you are applying. Begin with your your experience. Omissions or vay volunteer (unpaid) experience announcement). If your title or du and as a separate employment. (If	most recen	it employm	ent You are	resnonsihl	e for submitting an accu	ırate adeallate	and clear description o	
Length of Employment (Mo/Yr)	Firm N	m Name Addr		ess	City and State	Type of B	usiness	
From/ To/								
Your Exact Title		Name of you	ur Supervisor	Superviso	or's Title	No. of ho	ours worked per week: PT Volunteer	
DUTIES: Describe the nate State	ure of the wo e size and kind	rk personally d of working	performed by y force, if any, su	you, with es pervised by	timates of percentages of tir you and the extent of such s	me spent on each supervision.	type of work.	
Length of Employment (Mo/Yr)	Firm No	ame	Addr	ess	City and State	Type of I	Business	
From/ To/				Ι				
Your Exact Title		Name of you	ur Supervisor	Superviso	or's Title	No. of ho	No. of hours worked per week: FT PT Volunteer	
	l.			•		<u>l</u>		
Length of Employment (Mo/Yr)) Firm Name		Address		City and State	Type of Business		
From/ To/					,	,.		
Your Exact Title	Name of your		r Supervisor Supervi		or's Title	No. of ho	ours worked per week:	
						FT PT Volunteer		
Length of Employment (Mo/Yr)	Firm No	ame	Address		City and State	Type of Business		
From/ To/								
Your Exact Title		Name of you	ur Supervisor	Superviso	or's Title	No. of ho	ours worked per week:	
					FT PT Volunteer			

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		ice a trade or profession is listed as a requirement	on the announcement of the examination(s)
or position(s) for which you are applying, Name of trade or profession	complete the following. If not a License Number	currently licensed check this box Granted by (Licensing Agency)	
name of frade of profession	License Number	Granied by (Licensing Agency)	
City or State	Specialty	Date License First Issued	Registered (Mo/Yr)
,			
			From:/To:/
12. REMARKS:			
13. AFFIRMATION AND AUTHORIZ	ATION TO RELEASE		
I affirm that the statements mo	ade on this application	and any attached papers or docu	ments are true under the penalties of
information about me related which I am applying. Further, I to release any or all information	I to the verification of authorize any person v on about me to which	f my qualifications and eligibility fo who receives a request to disclose ir	eir behalf, to investigate and receiver the examination or the position for information related to this application, specifically authorize such disclosures in information.
Special Postuirement for Appoin	ntmont to Illator County	Positions	
Fingerprinting after signing a C Local Law 14 of 2007 (codifie Federal Statutes, candidates for review and consideration by the State and Federal regulatory employment for any lawful re-	cess, a prospective Criminal Background II ed as Article 1, Section or prospective employ the County based on the authority. The County decision, including the county responsibilities for the County based on the county based on the county based on the county based responsibilities for the County based of the county based on the county based of the county based on the county based of the county based on	Employee will undergo required nvestigation Release Form. In accompage 198 of the Ulster County Code) or when to all Ulster County positions make New York State Division of Criminaty is hall not be precluded from the determination that the candidate has position sought, or that the hiring	Criminal Background Checks and rdance with Ulster County Legislative by any other applicable State and nust obtain fitness for appointment by al Justice Services or other mandated m withdrawing conditional offers of has a conviction that bears a direct ag of said candidate would pose an
☐ Check here to indicate tha	ıt you do not wish you	r present employer to be contacte	ed at this time.
signature			
JONATORL		DAIE	

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, marital status, or disability. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, or marital status in connection with employment in the municipal service of Ulster County. It is the policy of Ulster County to provide equal opportunity to all employees and applicants for employment without regard to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status or any other protected status.