

APPLICATION FOR EXAMINATION/EMPLOYMENT

Westchester
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UPON COMPLETION MAIL OR DELIVER TO:
WESTCHESTER COUNTY DEPARTMENT OF
HUMAN RESOURCES
RECRUITMENT & SELECTION UNIT
148 Martine Avenue, Suite 100
White Plains, New York 10601

READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING

This application is part of the examination and must be filled out **completely** and **accurately**. Answer all questions fully, printed in ink or typed. Attach additional sheets and documents, if needed, to give complete information. If you apply for more than one examination, a separate application or copy must be filed for each. (PLEASE PRINT OR TYPE)

WESTCHESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. It is the policy of Westchester County to provide for and promote the equal opportunity of employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, sexual orientation, or any other protected status.

1. Social Security Number

2. Last Name First Name M.I.

Mailing Address

City State Zip Code

REQUIRED INFORMATION

LEGAL ADDRESS (Not a Post Office Box #)

Number and Street

City State Zip Code

3. Home Phone

Business/Cell Phone

E-Mail Address

Open Competitive Examinations Only - Legal Residence Codes: If you are applying for an open-competitive examination, please indicate, in the boxes below, each of the municipalities/districts in which you are a legal resident and have been for at least 30 days prior to the examination date. Fill in the boxes with the residency codes of your legal residence, as listed on page 2 of this application. If you do not live in one of the listed municipalities/districts, use the codes provided for "Other". Based on the legal address you provide and the information you submit below, the Westchester County Department of Human Resources will determine, subject to verification, your legal residence for eligible list resident certifications. It is your responsibility to provide us sufficient information regarding legal residence for you to be included. If your residency changes, you must immediately notify the Westchester County Department of Human Resources, in writing.

County	City	Town	Village	School District	Fire District

4. Exam Number

Title

Date of Examination

Mo

Day

Yr

5. Are you filing for examinations with other civil service commissions that are being held on the same date? ☐ YES ☐ NO

If yes, please attach a completed cross-filer form.
(available on www.westchestergov.com/hr)

6. Are you requesting testing accommodation(s)? ☐ YES ☒ NO

(such as for a disability or an alternate test date)
Please submit your requests for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). Follow instruction "G" on the last page of this application.

7. Check appropriate box:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? ☐ YES ☒ NO

B. Did you ever resign from any employment rather than face dismissal? ☐ YES ☒ NO

C. 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

If you answered "YES" to any of the questions 7 A-C above, you must give specifics, including date, nature, and current disposition (Attach additional 8 1/2" by 11" sheets.) If such explanation is insufficient, a confidential investigation supplement will be sent to you. 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(s) for which you are applying.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. IT IS A CRIME PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, PUNISHABLE AS A CLASS "A" MISDEMEANOR, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

FOR COUNTY EMPLOYMENT: IN ACCORDANCE WITH WESTCHESTER COUNTY'S COMPREHENSIVE DRUG-FREE WORKPLACE POLICY AND PROCEDURES, AND COMMITMENT TO MAINTAIN A SAFE, ALCOHOL AND DRUG-FREE WORK ENVIRONMENT, YOU MAY BE REQUIRED TO SUBMIT TO URINALYSIS, BREATH, AND/OR BLOOD TEST. IN ADDITION, IF OFFERED EMPLOYMENT, YOU WILL BE SUBJECT TO THE WESTCHESTER COUNTY FINGERPRINTING POLICY UNDER WHICH YOUR APPOINTMENT MAY BE CONDITIONED ON THE RESULTS OF A FINGERPRINTING INVESTIGATION.

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED: By my signature below, I hereby authorize the Westchester County Department of Human Resources, the County of Westchester, and/or its respective Departments, Offices or Agencies to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records. I further release the Westchester County Department of Human Resources, the County of Westchester, and/or its respective Departments, Offices or Agencies, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand the "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of the front page of the Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for examination/employment are subject to investigation and verification, including a background investigation by the prospective appointing authority.)

Signature of Applicant

Date 6/2/2023

Is additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your school and/or work record? ☐ NO ☒ YES

If yes, please indicate here:

DO NOT WRITE BELOW - FOR HUMAN RESOURCES USE

Entered By: JCC: Dispo: Fee: Vet:

CPY/D:

☐ Approved By: Date:

☐ Conditional:

☐ Disapproved:

Section 7:

Paid

Date Received

BACKGROUND, EDUCATION AND TRAINING

VETERANS: If you served or if you are an active member of the Armed Forces of the United States, read and fill out Section H on page 4
(FORM DD214 or proof of current service MUST BE ATTACHED)

CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY: In conformance with section 85a of the New York State Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this department of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.
I claim additional credit as a child of a firefighter or police officer killed in the line of duty. ☐ Yes ☒ No

Are you 18 years of age or older? Yes ☒ No ☐

Are you a citizen of the United States? Yes ☒ No ☐ If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

Do you have a High School Diploma? Yes ☒ No ☐ Name and location of High School White Plains High School

Or a High School Equivalency (GED) Diploma? Yes ☐ No ☒ Issuing Governmental Authority _____ Document Number _____

TRANSCRIPTS: previously filed ☐ on request from school ☐

An official transcript is required as verification within 60 days after the date of the examination for periodic examinations; and prior to participation in continuous recruitment examinations. If the examination announcement asks for specific course work, list the courses which you have passed on an attached sheet. If you claim credit for a partially completed college curriculum, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation.

COLLEGE/UNIVERSITY

Name of School and City in which located	Dates of Attendance (Month/Year) From To	Type of Course or Major	Number of College Credits Received	Were You Graduated?	Type of Degree Received	Date Degree Received or Expected
Westchester Community College	8/2022 - Present	mechanical Engineer	4	n/a	n/a	n/a

PROFESSIONAL SCHOOLS, RESIDENCIES, MILITARY SERVICE SCHOOLS, OTHER SCHOOLS

LICENSE: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination, or posting, for which you are applying, complete the following and attach a copy:

Name of Trade or Profession	Specialty	License Number
Granted by (Licensing Agency) City or State	Date License First Issued	Registered From (Mo/Yr) To (Mo/Yr)

Note: If a position requires a specified license to operate a motor vehicle, the applicant must provide the appointing authority with proof of a current, valid license (subject to verification) prior to appointment.

LEGAL RESIDENCE CODES

COUNTIES	MUNICIPALITY
BRX	Bronx County
COL	Columbia County
DUT	Dutchess County
KIN	Kings County (Brooklyn)
NAS	Nassau County
NYN	New York County (Manhattan)
ORA	Orange County
PUT	Putnam County
QUE	Queens County
RIC	Richmond County (Staten Island)
ROK	Rockland County
SUF	Suffolk County
SUL	Sullivan County
ULS	Ulster County
WES	Westchester County
WTH	Other

CITIES	MUNICIPALITY
CPK	Peekskill
CRY	Rye City
CTH	Other

TOWNS	MUNICIPALITY
TBF	Town of Bedford
TCT	Town of Cortlandt
TEC	Town of Eastchester
TGB	Town of Greenburgh

TLB	Town of Lewisboro
TMM	Town of Mamaroneck
TMP	Town of Mount Pleasant
TNW	Town of New Castle
TNC	Town of North Castle
TNS	Town of North Salem
TOS	Town of Ossining
TPL	Town of Pelham
TPR	Town of Pound Ridge
TRY	Town of Rye
TSM	Town of Somers
TYT	Town of Yorktown
THH	Other

VILLAGES	MUNICIPALITY
VAR	Village of Ardsley
VBC	Village of Buchanan
VBM	Village of Briarcliff Manor
VBV	Village of Bronxville
VCR	Village of Croton-on-Hudson
VDF	Village of Dobbs Ferry
VEF	Village of Elmsford
VHH	Village of Hastings-on-Hudson
VHR	Village of Harrison
VIR	Village of Irvington
VLM	Village of Larchmont
VMK	Village of Mount Kisco
VMM	Village of Mamaroneck
VOS	Village of Ossining

VPL	Village of Pelham
VPM	Village of Pelham Manor
VPT	Village of Pleasantville
VPC	Village of Port Chester
VRB	Village of Rye Brook
VSD	Village of Scarsdale
VNT	Village of Sleepy Hollow
VTK	Village of Tuckahoe
VTT	Village of Tarrytown
VTH	Other

SCHOOL DISTRICTS

CODE	DISTRICT
SAR	Ardsley School District
SMK	Bedford Central School District
SBB	Blind Brook School District
SBH	Byram Hills School District
SBM	Briarcliff Manor School District
SBV	Bronxville School District
SCH	Chappaqua School District
SCR	Croton School District
SCI	Hendrick Hudson School District
SDF	Dobbs Ferry School District
SEC	Eastchester School District
SEM	Elmsford School District
SEM	Edgemont School District
SHD	Greenburgh Central #7 School District
SHH	Hastings School District
SIR	Harrison Central School District
SIR	Irvington School District

SKI	Katonah-Lewisboro School District
SLI	Lakeland School District
SMM	Mamaroneck School District
SMP	Mt Pleasant School District
SNS	North Salem School District
SNT	Pocantico Hills School District
SOS	Ossining School District
SPC	Port Chester School District
SPK	Peekskill City School District
SPL	Pelham School District
SPV	Pleasantville School District
SRN	Rye Neck School District
SRV	Rye City School District
SSD	Scarsdale School District
SSM	Somers School District
STK	Tuckahoe School District
STT	Tarrytown School District
SVL	Valhalla School District
SYH	Yorktown Heights School District
SYH	Other

FIRE DISTRICTS

CODE	DISTRICT
EEC	Eastchester Fire District
FFV	Fairview Fire District
EGV	Greenville Fire District
FHD	Hartsdale Fire District
FLM	Lake Mohegan Fire District
FTH	Other

DESCRIPTION OF EXPERIENCE

ALL SECTIONS MUST BE FILLED OUT COMPLETELY. DO NOT LEAVE BLANK. A RESUME IS NOT A SUBSTITUTE.

Carefully read the minimum qualifications for the position/examination for which you are applying. Fee(s) will not be refunded if you do not meet the established qualifications. List below all relevant work experience. A resume is not a substitute. Be more specific in describing your experiences relating to the minimum qualifications of the position or examination for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be interpreted in your favor. Include military service experience when appropriate. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job description or examination announcement. 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 using the same format.)

<p>Length of Employment Mo. Yr. Mo. Yr. From 6 / 2020 To / Present # of hours/week 40 <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Unpaid</p>	<p>Name of Employer County of Westchester Address 1800 Munawoneck City and State White Plains NY</p>	<p>Describe duties below: Paint, Plumbing, Carpentry, all aspects of building maintenance, drive mini dump trucks, excavators, John Deere gators, ride on mowers, Repair equipment including gators, weed wackers, leaf blowers, chain saws, and excavators.</p>
<p>Type of Business County pool</p>	<p>Your Exact Title maintenance worker</p>	
<p>Name of your Supervisor [Redacted]</p>	<p>Supervisor's Title Superintendent</p>	
<p>Reason for Leaving n/a</p>	<p>Length of Employment Mo. Yr. Mo. Yr. From / To / # of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid</p>	
<p>Type of Business</p>	<p>Name of Employer</p>	
<p>Your Exact Title</p>	<p>Address</p>	
<p>Name of your Supervisor</p>	<p>City and State</p>	
<p>Supervisor's Title</p>	<p>Describe duties below:</p>	
<p>Reason for Leaving</p>	<p>Type of Business</p>	
<p>Length of Employment Mo. Yr. Mo. Yr. From / To / # of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid</p>	<p>Name of Employer</p>	
<p>Type of Business</p>	<p>Your Exact Title</p>	
<p>Name of your Supervisor</p>	<p>Name of your Supervisor</p>	
<p>Supervisor's Title</p>	<p>Supervisor's Title</p>	
<p>Reason for Leaving</p>	<p>Reason for Leaving</p>	
<p>Length of Employment Mo. Yr. Mo. Yr. From / To / # of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid</p>	<p>Name of Employer</p>	
<p>Type of Business</p>	<p>Address</p>	
<p>Your Exact Title</p>	<p>City and State</p>	
<p>Name of your Supervisor</p>	<p>Describe duties below:</p>	
<p>Supervisor's Title</p>	<p>Type of Business</p>	
<p>Reason for Leaving</p>	<p>Your Exact Title</p>	
<p>Length of Employment Mo. Yr. Mo. Yr. From / To / # of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid</p>	<p>Name of Employer</p>	
<p>Type of Business</p>	<p>Address</p>	
<p>Your Exact Title</p>	<p>City and State</p>	
<p>Name of your Supervisor</p>	<p>Describe duties below:</p>	
<p>Supervisor's Title</p>	<p>Type of Business</p>	
<p>Reason for Leaving</p>	<p>Your Exact Title</p>	

Have you answered all appropriate questions? An incomplete application may be disapproved.