

Department of Human Resources

PRECLEARANCE FORM

(Hiring / Promotion Appointments)

Appointing Department: PARKS Submitted by (name): DARRYL SMITHDate Submitted to Department of Human Resources: 04/05/22Proposed effective date of appointment: 04/25/22

This Department plans to offer an appointment to the following candidate:

1) Name: _____ SSN: _____

2) This candidate is: ☐ A current employee ☐ Not an employee ☒ A Rehire/Reinstatement3) Proposed Title/Job Class Code: RECREATION LEADER (RC) C3176Position ID# 42 4750 1016190

Agency

Org.

ID#

Job Class Code for how position is budgeted: C31764) If a VR or hourly approval memo is required, did you submit to Budget/HR for review? ☒ Yes ☐ No5) This position is: ☐ Competitive ☒ Non-competitive ☐ Exempt ☐ Unclassified ☐ Labor ☐ Pending6) Do you have room in GHRIS to make this appointment? ☒ Yes ☐ No (explain): _____7) Proposed Civil Service Status: ☒ Probationary ☐ Cont. Probationary ☐ Provisional ☐ TemporaryIf Temporary, reason and duration of Temp appt.: _____8) Was title posted: ☒ Yes ☐ No Posting#: 089-22 Dates: 03/07/22 to 03/18/22

You must attach a completed Employment Application (XD-10) along with a copy of any request license or certification for the position. The appropriate fee(s) must also be submitted with this form.

For Veterans you must attach a copy of the candidates DD-214 Report of Separation Form

Department of Human Resources Use Only

Eligible List Review

Is there a valid list? ☐ Yes ☐ NoWas Eligible list cleared? ☐ Yes ☐ No
(indicate list information in comments section)If no, exam scheduled: ☐ Yes ☐ NoIf yes, date scheduled ☐ Yes ☐ NoIf no, is exam requested: ☐ Yes ☐ NoIf no, initiate exam request ☐ DoneIf exam was held recently, did candidate
apply/sit for the exam? ☐ Yes ☐ NoReviewer: 2904Date: 4/6/22

Qualification Review

Meets MQ's: ☐ Yes ☐ NoNeed Transcripts: ☐ Yes ☐ No

Comments: _____

Reviewer: _____

Date: 4/6/22Cmr of Human Resources Approval: _____ Date: 4/21/22

APPLICATION FOR EXAMINATION/EMPLOYMENT

UPON COMPLETION MAIL OR DELIVER TO:

Westchester
gov.com

**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

(914) 245-7763

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

089-22

Title

Recruitment Leader (PRC)

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 investigation by the prospective appointing authority.)

Signature of Applicant _____

Date 3/1/13

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: _____

CPT/H: _____

☐ Approved By: _____ Date: _____

☐ Conditional: _____

☐ Disapproved: _____

Section 7: _____

Paid

Date Received

BAC[®] ROUND, 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 Graco Dodge H.S. Bronx, NY

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

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

CODE	MUNICIPALITY
BRNX	Bronx County
COLB	Columbia County
DUTH	Dutchess County
KING	Kings County (Brooklyn)
NASS	Nassau County
NYNY	New York County (Manhattan)
ORAN	Orange County
PUTN	Putnam County
QUEN	Queens County
RICH	Richmond County (Staten Island)
ROCK	Rockland County
SUFF	Suffolk County
SULL	Sullivan County
ULST	Ulster County
WEST	Westchester County
WTH	Other

CITIES

CODE	MUNICIPALITY
CPK	Peekskill
CRY	Rye City
CTH	Other

TOWNS

CODE	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
TTH	Other

VILLAGES

CODE	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
VPV	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
VTY	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
SRM	Briarcliff Manor School District
SBV	Bronxville School District
SCH	Chappaqua School District
SCR	Croton School District
SCT	Hendrick Hudson School District
SDF	Dobbs Ferry School District
SEC	Eastchester School District
SEF	Elmsford School District
SEM	Edgemont School District
SHD	Greenburgh Central #7 School District
SHH	Hastings School District
SHR	Harrison Central School District
SIR	Irvington School District

SKL	Katonah-Lewisboro School District
SLL	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
SPX	Peekskill City School District
SPL	Pelham School District
SPV	Pleasantville School District
SRN	Rye Neck School District
SRY	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
STH	Other

FIRE DISTRICTS

CODE	DISTRICT
FEC	Eastchester Fire District
FFV	Fairview Fire District
FGV	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.)

Length of Employment Mo. Yr. Mo. Yr. From 09/2021 To Present	Name of Employer Village of Scarsdale 1001 Post Road	Address Scarsdale, NY	City and State Scarsdale, NY
# of hours/week 35 <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Describe duties below: Responsible for day-to-day operations of a pool		
Type of Business Parks, Recreation & Pool	Pool aquatic facility, including the hiring, training and evaluating of seasonal staff. Create and conduct special events for pool members. Oversee after-camp program and responsible for ensuring all programs are adequately staffed.		
Your Exact Title Recreation Assistant			
Name of your Supervisor Brian Gray			
Supervisor's Title Superintendent			
Reason for Leaving N/A			
Length of Employment Mo. Yr. Mo. Yr. From 05/2020 To 03/2021	Name of Employer Westchester County Parks	Address 198 Central Ave. / 150 Saw River Rd	City and State White Plains, NY
# of hours/week 35 <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Describe duties below: Site Supervisor at main recreation		
Type of Business Parks, Recreation	Clinic for Covid-19; responsible for gathering, directing the public and assisting the public with registration and navigating their way through the process. Assisted the general director with hiring, life span, and facility within		
Your Exact Title Facility Manager			
Name of your Supervisor William Schoenborn			
Supervisor's Title Operational Manager			
Reason for Leaving Pursuing full-time career	Westchester County Parks Director		
Length of Employment Mo. Yr. Mo. Yr. From 02/2013 To 12/2020	Name of Employer West County Parks	Address 198 Central Ave.	City and State White Plains, NY
# of hours/week 35 <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Describe duties below: Assisted the general manager and operations		
Type of Business Parks, Recreation and Construction	manager with all aspects of the County Center including monthly safety and operations. Executed various projects along with the general manager		
Your Exact Title Facility Manager			
Name of your Supervisor Gerardo Suarez / William Schoenborn			
Supervisor's Title General Manager / Operational Manager			
Reason for Leaving Relocated due to Covid-19 Pandemic	County Center		
Length of Employment Mo. Yr. Mo. Yr. From 05/2013 To 07/2014	Name of Employer Westchester County Parks	Address 150 Saw River Rd	City and State White Plains, NY
# of hours/week 35 <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Describe duties below: Responsible for day-to-day operations of		
Type of Business Parks, Recreation and Construction	Municipal Park & Pool. Responsible for all aspects of the park and pool, including the hiring, training and evaluating of seasonal staff. Create and conduct special events for pool members. Oversee after-camp program and responsible for ensuring all programs are adequately staffed.		
Your Exact Title Facility Manager			
Name of your Supervisor William Schoenborn			
Supervisor's Title General Manager			
Reason for Leaving Relocated due to Covid-19 Pandemic	County Center		

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

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.)

Length of Employment Mo. Yr. Mo. Yr. From 11/2001 To 03/2002	Name of Employer Westchester County Public Works Bureau	Address 1 Pleasant Parkway	City and State Pleasant, NY
# of hours/week 35 <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Describe duties below: Assistant General Manager with New York Kara's Partnership including Junior Managers Play Therapy for Three Day Community Events.		
Type of Business Kara's Partnership and Community			
Your Exact Title Facilities Manager			
Name of your Supervisor William Schenck			
Supervisor's Title Facilities Manager			
Reason for Leaving Reassigned due to Super State School			
Length of Employment Mo. Yr. Mo. Yr. From / To /	Name of Employer	Address	City and State
# of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Describe duties below:		
Type of Business			
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
Reason for Leaving			
Length of Employment Mo. Yr. Mo. Yr. From / To /	Name of Employer	Address	City and State
# of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Describe duties below:		
Type of Business			
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
Reason for Leaving			
Length of Employment Mo. Yr. Mo. Yr. From / To /	Name of Employer	Address	City and State
# of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Describe duties below:		
Type of Business			
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
Reason for Leaving			

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

Conditional Offer of Employment Background Clearance

To be completed after a conditional offer of employment is made to the candidate

County Department: Parks, Recreation & Conservation

Candidate Name [Redacted]

Candidate Title: Recreation leader

1. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? (MISDEMEANOR OR FELONY)
(GIVE DETAILS) YES ☐ NO ☒

2. HAVE YOU EVER FORFEITED A BAIL BOND POSTED TO ANSWER ANY CRIMINAL CHARGE?
(GIVE DETAILS) YES ☐ NO ☒

3. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE? (MISDEMEANOR OR FELONY)
(GIVE DETAILS) YES ☐ NO ☒

IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE, YOU MUST GIVE SPECIFICS BELOW AND/OR ATTACHED, INCLUDING DATE, NATURE AND CURRENT DISPOSITION.

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 AND CRIMINAL RECORDS CHECK.
THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification. This application may be used for review by the prospective appointing authority as part of a background investigation.

PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

[Redacted]
Print Name

[Redacted]
Signature

04/01/2022
Date

Department: Parks, Recreation & ConservationDate: 4/5/22

New York State Division of Criminal Justice Services

BACKGROUND VERIFICATION CHECK CLEARANCE FORM

Applicant Name: _____ SS #: _____

- ☐ Exempt from criminal records check:
- _____ Exempt Department
- _____ Exempt Title
- _____ Current Employee
- ☒ Re-Hire/~~Previously Fingerprinted~~
- _____ Preferred List Appointment
- _____ Exempted Re-instatement
- _____ Under 18 Yrs. Of Age

- ☐ Completed and Approved:
- Date _____ Reviewer Initials _____

- ☐ Completed and DISAPPROVED:
- Date _____ Reviewer Initials _____

FOR HUMAN RESOURCES ONLY:

- ☐ LIST APPOINTMENT
- ☐ PRECLEARANCE

ELIG LIST # _____

CERT # _____

CERT DATE: _____

☐ REACHABLE # _____☐ CONT PERM ☐ PERM☐ OTHER: _____☐ EPM ATTACHED

TITLE: _____

JCC#: _____

SIGNATURE: _____

DATE: _____

DT: Y N

Fee Paid: \$ _____

☐ Hourly/Seasonal Employee

DEPARTMENT OF LAW, Office Of Risk Management
REQUEST FOR APPROVAL TO DRIVE AN OFFICIAL COUNTY OF WESTCHESTER VEHICLEKandy Davenport
Director of Risk Management
rmou@westchestergov.com
995-2740

DATE: _____

Departmental Administrative Unit - • Complete This SectionFrom: Chrissy Simoncini Phone #: 914-231-4554
Department: Parks, Recreation & Conservation Fax #: 914-864-7053

Employee Name: _____	New: _____
Starting date of employment with the County: <u>4/25/22</u>	Transfer: _____
Title: <u>Recreation Leader</u>	Unit Code: <u>4450</u>
Is driving a motor vehicle a condition of employment? Yes: <u>xx</u> No: _____	
Is a CDL license a requirement? _____ If YES, must clear Human Resources Dept. requirements	
Permission to drive personal vehicle for County business? Yes: _____ No: <u>xx</u>	
If YES, Commissioner or Dept. Head signature* (below) as well as submission of personal auto insurance info. is required	
*Commissioner or Dept. Head Signature	

EMPLOYEE INFORMATIONNote: Failure to print information exactly as it appears on NYS driver's license will result in delays in processing this request.
Employee must sign this form** (below) to authorize DMV records search.Name: _____
Last First Initial
Address: _____
Date of Birth _____ Sex: Male _____ Female: 9****Employee Signature** _____

SS# _____

NYS Driver's License #: _____

APPROVED

FF/LENS 4/25/2022

bqcf
4/25/2022**DENIED**

For States Other Than NY _____ Which State? _____

Other State License # _____

Simoncini, Christine C.

From: Ciaramella, Michael
Sent: Monday, November 20, 2023 9:47 AM
To: Simoncini, Christine C.
Subject: RE: 3 Names

Here it is:



Partners In Safety, Inc.
800 Route 17M
Middletown, NY 10940

ATTENTION:

Kara Merrill Verma
Westchester County Dept. Of Parks & Recreation
148 Martine Avenue Room 100
White Plains, NY 10601

Participant: [REDACTED]
Other ID: [REDACTED]
SSN: XXX-X [REDACTED]

Results of Controlled Su

Record Status: Negative
Test Type: Pre-Employment
Collection Date/Time: 04/12/2022 10:19 AM
Batch ID: 20220413
Specimen ID: 0205697671
Date COC Received: 04/13/2022
Sample Type: Urine
Test Panel: 9 Panel

Laboratory: LabCorp
69 First Avenue
Raritan, NJ 08869
Collection Site: Partners In Safety
15 North Broadway Suite
White Plains, NY 1060
Specimen Collector:

<u>Test Performed</u>	<u>Result</u>
Amphetamines	Negative
Barbiturates	Negative
Cocaine Metabolites	Negative
Codeine	Negative
Phencyclidine	Negative
Propoxyphene	Negative

<u>Test Performed</u>	<u>Result</u>
Methamphetamine	Negative
Benzodiazepines	Negative
Methaqualone	Negative
Morphine	Negative
Methadone	Negative

From: Simoncini, Christine C. <ccs3@westchestercountyny.gov>
Sent: Monday, November 20, 2023 9:45 AM