

**PRECLEARANCE FORM**  
(Hiring / Promotion Appointments)

Appointing Department: PRC Submitted by (name): C Simongini  
Date Submitted to Department of Human Resources: 8-7-23  
Proposed effective date of appointment: 8-21-23

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/Reinstatement
- 3) Proposed Title/Job Class Code: SL mkt mech 1 (G-04) C2406  
Position ID# 42 2000 0001551  
Agency Org. ID#
- Job Class Code for how position is budgeted: C2406
- 4) If a VR or hourly approval memo is required, did you submit to Budget/HR for review? ☒ Yes ☐ No
- 5) This position is: ☐ Competitive ☒ Non-competitive ☐ Exempt ☐ Unclassified ☐ Labor ☐ Pending
- 6) Do you have room in GHRS to make this appointment? ☒ Yes ☐ No (explain): \_\_\_\_\_
- 7) Proposed Civil Service Status: ☐ Probationary ☐ Cont. Probationary ☐ Provisional ☒ Temporary  
If Temporary, **reason and duration** of Temp appt.: \_\_\_\_\_
- 8) Was title posted: ☒ Yes ☐ No Posting#: 21023 Dates: 5/22/23 to 6/5/23

**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 ☐ No
- Was Eligible list cleared? ☐ Yes ☐ No  
(indicate list information in comments section)
- If no, exam scheduled: ☐ Yes ☐ No
- If yes, date scheduled: ☐ Yes ☐ No
- If no, is exam requested: ☐ Yes ☐ No
- If no, initiate exam request ☐ Done
- If exam was held recently, did candidate apply/sit for the exam? ☐ Yes ☐ No

Reviewer: egdy  
Date: 8/1/23

**Qualification Review**

- Meets MQ's: ☐ Yes ☐ No
- Need Transcripts: ☐ Yes ☐ No

**Comments:**

Reviewer: W  
Date: 8/9/23

Cmr of Human Resources Approval: \_\_\_\_\_ Date: 8/15/2023

# 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

Mailing Address

City

### REQUIRED INFORMATION

LEGAL ADDRESS (Not a Post Office Box #)

Number and Street

City

3. Home Phone

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

N/A

Title **Senior Maintenance Mechanic Grounds I**

Date of Examination

N/A

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](http://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** 6/29/2022

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/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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are you a citizen of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	Name and location of High School <b>Somers High School, Lincolndale, NY</b>
Or a High School Equivalency (GED) Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>	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
N/A						

### PROFESSIONAL SCHOOLS, RESIDENCIES, MILITARY SERVICE SCHOOLS, OTHER SCHOOLS

Putnam Northern Westchester BOCES	9/2018 - 6/2021	Urban Forestry	N/A	Yes	Trade Cert	6/2021

**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
VIT	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
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
SPK	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.)

<b>Length of Employment</b> Mo. Yr. Mo. Yr. From 11 / 2021 To / current	<b>Name of Employer</b> All Isle Consumer Services	<b>Address</b> 31 Mariners Ln	<b>City and State</b> Northport, NY 11768-1626
# of hours/week <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Unpaid 40 hrs/week	Describe duties below: Run crews, run bucket trucks, run chippers, running chain saws, traffic pattern setup traffic control,		
<b>Type of Business</b> Private State Contractor for Tree Work	Tree climbing (training course in Vermeer completed in October 2021), Running Ropes		
<b>Your Exact Title</b> Salaried Tree Work	Operate machinery, running & performing maintenance on all equipment		
<b>Name of your Supervisor</b> Harry Broere	Driving trailers / Chippers		
<b>Supervisor's Title</b> Owner			
<b>Reason for Leaving</b> CURRENT POSITION			
<b>Length of Employment</b> Mo. Yr. Mo. Yr. From 08 / 2015 To / **Current Position	<b>Name of Employer</b> Joe Lopane	<b>Address</b> 194 Route 100	<b>City and State</b> Somers, NY 10584
# of hours/week <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Unpaid 20 hrs/week	Tree delivery, including loading / unloading with loader. Dig & plant trees.		
<b>Type of Business</b> Tree Nursery	Drive trucks and snow plows. Fix all machinery including trucks.		
<b>Your Exact Title</b> Laborer	Tree trimming, operating chain saws, climbing.		
<b>Name of your Supervisor</b> Joe Lopane			
<b>Supervisor's Title</b> Owner			
<b>Reason for Leaving</b> Current position			
<b>Length of Employment</b> Mo. Yr. Mo. Yr. From 05 / 2019 To 03 / 2022	<b>Name of Employer</b> DeCicco's & Sons	<b>Address</b> 17 Maple Ave	<b>City and State</b> Armonk, NY 10504
# of hours/week <input checked="" type="checkbox"/> Paid <input type="checkbox"/> Unpaid 40 hours initially; moved to part time 20 hrs	Describe duties below: Stock shelves, clean up work,		
<b>Type of Business</b> Grocery Store	In charge of all cashiers; count drawers (money)		
<b>Your Exact Title</b> Shift Leader	Operated fork lift, unloaded pallets; backed up trucks to clear truck bay		
<b>Name of your Supervisor</b> Jason			
<b>Supervisor's Title</b> Store Manager			
<b>Reason for Leaving</b> New job			
<b>Length of Employment</b> Mo. Yr. Mo. Yr. From 02 / 2014 To / *Current	<b>Name of Employer</b> Lopane Firewood	<b>Address</b> 131 Route 100	<b>City and State</b> Somers, NY 10584
# of hours/week <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid 10 hours	Describe duties below: Owner of firewood business. Cut logs, split wood, use dump truck.		
<b>Type of Business</b> Fire Wood	Sales; deliver firewood to customers. Communicate with homeowners / clients		
<b>Your Exact Title</b> Owner			
<b>Name of your Supervisor</b> N/A			
<b>Supervisor's Title</b> N/A			
<b>Reason for Leaving</b> Current position			

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

## INSTRUCTIONS AND INFORMATION

There is a non-refundable application filing fee per examination number. No cash accepted. A check or money order only (payable to Westchester County Department of Human Resources) must accompany this application. One check may be used. Record all exam numbers on the check. Applications received without the filing fee will be returned. Waivers: See section "C," below.

### A. EXAMINATION ANNOUNCEMENT

Before filling out your application, carefully read the examination announcement. Announcements may be viewed at the Westchester County Department of Human Resources or the Department's website, [www.westchestergov.com/hr](http://www.westchestergov.com/hr) and at municipal buildings and public libraries throughout Westchester County.

### B. QUALIFICATIONS

The burden of establishing required qualifications is the responsibility of the applicant. Fees are not refunded for disqualification. Out-of-title experience cannot be credited towards meeting the minimum qualifications. Applications will be rejected for lateness, if postmarked or received after the last filing date. Part-time experience will be pro-rated based on a 35-hour work week.

### C. APPLICATION FEE WAIVER

The application fee may be waived with proof of supplemental Social Security payments, public assistance, receiving foster care, or unemployed and primarily responsible for the support of a household.

### D. ADMISSION TO EXAMINATION

Admission notices are mailed the week prior to the examination date. If you do not receive a notice three days prior to the exam date, call (914) 995-2117. Candidates will be required to bring proof of identification to the examination such as a passport, photo driver license, or a photo non-driver I.D. Participation in the examination does not mean you have been found to meet the announced requirements. Applicants may be admitted on the basis of statements made on the application which are subject to review and verification. Scores will not be available if a disqualification determination is made subsequent to the examination.

### E. DISQUALIFICATION APPEAL

Any appeal of a disqualification notice must be made in writing and received in the Department of Human Resources by the date and time indicated on the notice.

### F. LEGAL ADDRESS CHANGES

You must report a change in address to insure proper notification of test results and certification of civil service lists. Residency must be established 30 days prior to the examination date in order to meet residence preference requirements.

### G. TESTING ACCOMMODATION (ATTACH REQUEST)

If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

Alternate test dates are granted at the discretion of the Department of Human Resources. Examples such as the following may be considered as reasons for granting an alternate test date. Please check the appropriate box below.

1. ☐ Death in the family or household or attendance at funeral or memorial service
2. ☐ Medical illness or emergencies involving the candidate or member(s) of the family
3. ☐ Military Orders
4. ☐ Religious Observance - Candidate must submit required form
5. ☐ Wedding
6. ☐ Vacation for which a non-refundable down payment was made before the exam announcement was issued
7. ☐ Required court appearances

Candidates who meet the criteria may be eligible for one alternate test date. A written request with appropriate documentation justifying the request must be submitted to the Examination Administration Unit for consideration.

### H. VETERANS CREDITS

If you received or expect to receive an honorable discharge from the Armed Forces of the United States, as a war-time veteran or disabled veteran as defined below, you may claim extra credits to be added to your exam score, if you pass. The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, and all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a full-time, active duty basis other than active duty for training purposes.

Discharged Veterans are required to submit a copy of their DD214 discharge papers. Active duty members of the Armed Forces must submit proof of active duty status, such as current Military I.D., Military Orders or other official Military document that substantiates active duty status. To claim credits as a Disabled Veteran, you must be entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.

I am claiming credit as a ☐ Veteran ☐ Disabled Veteran ☐ Active Service Member

Have you used your Veterans credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951? Yes ☐ No ☐

Subsequent to using non-disabled veterans credits to obtain appointment have you been qualified as a disabled veteran? Yes ☐ No ☐

#### CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED OR ARE SERVING IN THE ARMED FORCES OF THE UNITED STATES

	FROM MO/YR	TO MO/YR
<input type="checkbox"/> World War II: .....	December 7, 1941- December 31, 1946.....	( ) ( )
<input type="checkbox"/> US Public Health Service: .....	July 29, 1945-September 2, 1945.....	( ) ( )
<input type="checkbox"/> Korean Conflict: .....	June 27, 1950-January 31, 1955.....	( ) ( )
<input type="checkbox"/> US Public Health Service: .....	June 26, 1950-July 3, 1952.....	( ) ( )
<input type="checkbox"/> Vietnam Conflict: .....	February 28, 1961-May 7, 1975.....	( ) ( )
* <input type="checkbox"/> Hostilities in Lebanon: .....	June 1, 1983-December 1, 1987.....	( ) ( )
* <input type="checkbox"/> Hostilities in Grenada: .....	October 23, 1983-November 21, 1983.....	( ) ( )
* <input type="checkbox"/> Hostilities in Panama: .....	December 20, 1989-January 31, 1990.....	( ) ( )
<input type="checkbox"/> Persian Gulf Conflict: .....	August 2, 1990 - ( ) .....	( ) ( )
<input type="checkbox"/> Active Duty: .....		( ) ( )

\*For these service dates Veterans must have received the Armed Forces Expeditionary Medal for Service in Zone of Conflict.

LEAVE THIS SPACE BLANK



**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** \_\_\_\_\_

**Candidate Title:**

senior maintenance  
mechanic 1 ground

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.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

08/04/2023  
**Date**

Department: Parks, Recreation & Conservation

Date: 08/04/2023

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



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 Substance Test**

Record Status: Negative  
Test Type: Pre-Employment  
Collection Date/Time: 08/11/2023 09:47 AM  
Batch ID: 20230814  
Specimen ID: 0841448731

Laboratory: LabCorp  
69 First Avenue  
Raritan, NJ 08869  
Collection Site: Partners In Safety  
15 North Broadway Suite D  
White Plains, NY 10601  
Specimen Collector: .

Sample Type: Urine  
Test Panel: 10 Panel

<u>Test Performed</u>	<u>Result</u>
Amphetamines	Negative
Barbiturates	Negative
Marijuana Metabolites	Negative
Methaqualone	Negative
Morphine	Negative
Methadone	Negative

<u>Test Performed</u>	<u>Result</u>
Methamphetamine	Negative
Benzodiazepines	Negative
Cocaine Metabolites	Negative
Codeine	Negative
Phencyclidine	Negative
Propoxyphene	Negative



DEPARTMENT OF LAW, Office Of Risk Management

**REQUEST FOR APPROVAL TO DRIVE AN OFFICIAL COUNTY OF WESTCHESTER VEHICLE**Kandy Davenport  
Director of Risk Management  
rmou@westchestergov.com  
995-2740

DATE: \_\_\_\_\_

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

Employee Name	New: <input checked="" type="checkbox"/>	Transfer: <input type="checkbox"/>
Starting date of employment with the County:	<u>8/21/23</u>	
Title: <u>Senior Maintenance mechanic grounds</u>	Unit Code:	<u>2000</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		
<u>Commissioner or Dept. Head Signature</u>		

**EMPLOYEE INFORMATION**Note: 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 D  
Address: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex: Male ☒ Female: \_\_\_\_\_**\*\*Employee Signatur**SS# X X X - X X - X X X XNYS Driver's License #: X X X X X X X X X X 3**APPROVED**

EMPLOYEE RTD ADDED DMD2 20230830

**DENIED**

For States Other Than NY ..... Which State? \_\_\_\_\_

Other State License #

X X X X X X X X X X

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