

Norah Merritt
Executive Director for Human Resources

5 BOCES Road, Poughkeepsie, New York 12601 Phone: 845.486.4800 | Fax: 845.486.4981 E-mail: norah.merritt@dcboces.org

APPLICATION FOR EMPLOYMENT

To: All interested Applicants

From: Norah Merritt

Re: Dutchess County BOCES

Civil Service Employment Application

ADS ARE POSTED ON THE INTERNET: www.dcboces.org

Enclosed please find the **Dutchess BOCES General Employment Application.** Please read through it carefully before completing it. In order to process your application in the most expedient manner, please provide a copy of your high school or general education diploma and degree, if required, when you submit your completed application.

In addition, please provide references with phone numbers in the space below. List three professional (people you have worked for) and two personal references:

| Professional Reference: _ | | |
|---------------------------|------|--|
| Professional Reference :_ | | |
| Personal Reference: | | |

The New York State Human Rights law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, sex, disability, genetic predisposition, or carrier status, or marital status. Accordingly, nothing in this application should be viewed as expressing, either directly or indirectly, any limitation, specification, or discrimination as to the aforementioned items in connection with employment in the municipal service of the County of Dutchess.

M:/Website/Civil Service Application Revised 8/17/20

Dutchess County Board of Cooperative Educational Services
Administrative Offices: 845.486.4800
www.dcboces.org

MAIL OR DELIVER TO:

Dutchess County BOCES 5 BOCES Road Poughkeepsie, NY 12601

County of Dutchess

www.dutchessny.gov

APPLICATION FOR EXAMINATION OR EMPLOYMENT

The New York State Human Rights Law protects individuals from discrimination based on their age, creed, race, color, sex, sexual orientation, national origin, marital status, disability, military status, domestic violence victim status, arrest record, conviction record, or predisposing genetic characteristics. Accordingly, nothing in this application should be viewed as expressing, either directly or indirectly, any limitation, specification, or discrimination as to the aforementioned items in connection with employment in the municipal service of the County of Dutchess.

DUTCHESS COUNTY IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

GENERAL INFORMATION

This application is used for both recruitments and as part of the Civil Service examination process. Some important requirements:

- Carefully read the appropriate examination or recruitment announcement before completing this application. It will inform you of the required minimum qualifications for the position and provide you with other important information.
- Application must be **completed in full** and **printed in ink or typed.** Incomplete information or illegibility will result in your application being disapproved.
- An **examination processing fee** is currently being charged for each exam. **It is not refundable**. Please see the exam announcement for more information.

ADMISSION TO EXAMINATION

Depending upon time available, applicants may be admitted to the exam without verification of statements and information contained in their application. When such information must be reviewed after the date of examination, candidates may subsequently be disqualified and the results of the examination voided.

If you have not received notice informing you of whether or not you are to be admitted to the exam by three (3) days prior to the exam date, call the examinations unit immediately at 486-2169.

SPECIFIC INSTRUCTIONS

AFFIRMATIVE ACTION QUESTIONNAIRE - The information requested on the reverse of this page is for internal monitoring only. This information is kept separate from the general application. Refusal to complete the form will not in any way affect the hiring process or otherwise subject the candidate to adverse treatment.

ITEM 1 - Enter position title and examination number, if applicable. The same application may be used for both open competitive and promotional exams of the same title, but must have both exam numbers to be processed. Be sure to check the exam announcement to see if you qualify for the promotional exam.

ITEM 3 - Immediate written notice should be given of any change of address, name or phone number. Be sure to include the position title, social security number, and the effective date of the change. A form for such notification is available from the office.

ITEM 7 - Individuals appointed to positions will be required to provide verification of authorization for employment, pursuant to law.

ITEM 8 - Veteran's Credit - In addition to answering the questions on this application, disabled and non-disabled veterans who are eligible for additional examination credit must submit an Application for Veterans Credit form. This form is available at the Department of Human Resources or the examination site, and must be completed and returned before the establishment of the eligible list.

ITEM 13 - Exempt Volunteer Firefighters may be entitled to certain additional rights under Civil Service Law. Generally, an Exempt Volunteer Firefighter is anyone who, after attaining the age of 18, serves for at least 5 years as an active member of an authorized volunteer fire company. A certificate will be issued by the fire company to anyone who meets the standards established under General Municipal Law. Should you be appointed to a Civil Service position and subsequently obtain such certification, this office and your employer should be so notified.

ITEM 17 - Education - Be as specific as possible when completing this section. Copies of transcripts, diplomas or professional licenses must be submitted with this application if specified on the recruitment or exam announcement.

ITEM 18 - Work Experience - Be specific in describing work experience which relates to the position you are applying for. Indicate a percentage of time spent on each type of duty. Begin with your most recent employment, and be sure your description is clear and accurate.

Omissions or vagueness will NOT be resolved in your

favor. Dates of employment should be as specific as possible. Omission of the number of hours worked will result in no credit for that work experience.

Include *military service experience* when appropriate. Relevant *volunteer experience* will be considered only if allowed in the announced minimum qualifications and is verified and fully documented by the applicant. *Part-time work experience* will be prorated unless otherwise stated on the specific announcement. *Cooperative education positions or internships* will not be counted if they also formed part of required education or degree.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please complete this questionnaire. This form will be removed from the general application and kept in a confidential location.

Your cooperation is voluntary and is much appreciated!

AFFIRMATIVE ACTION QUESTIONNAIRE

www.dutchessny.gov

Complete for County Employment Only

| Name | | Male / Female (circle one) | |
|---|---|---|--|
| Position(s) applied for | Date | | |
| How did you learn of this posit | ion? (check one) | | |
| EEO Office Examination Hotline Employee Newsletter Newspaper Ad Women's Organization Internet Listing | NYS Job Service Ethnic Organization Relative or Friend County Employee Professional Organization Other (specify): | Org. for the Handicapped Veteran's Organization Employment Agency Posted Announcement College Placement Office | |
| Please check the one which bes | t describes your Race / Ethnicity. | | |
| If Hispanic | If not Hispanic | | |
| A. Mexican B. Puerto Rican C. Cuban D. Any other Spanish / Hispanic | E. White F. African American G. Filipino H. American Indian (specify tribe) I. Japanese J. Chinese K. Korean | L. Guamanian / Chamorro M. Vietnamese N. Asian Indian O. Eskimo P. Aleut Q. Hawaiian R. Samoan X. Other (specify) | |
| Disabled Veteran Handicapped | t are applicable. mber 22, 1961 to May 7, 1975) | | |

It is the policy of *Dutchess County* to provide equal opportunity to all employees and applicants for employment without regard to race, color, creed, national origin, age, sex, marital status or domestic violence victim status, religion, sexual orientation, medical condition, or physical or mental disability, citizenship, HIV status, handicap, predisposing genetic characteristics, arrest record, conviction record, military or veteran status. In addition, Dutchess County has an Affirmative Action Program which creates equal opportunity for all personnel to be chosen by merit and fitness, in accordance with New York State Civil Service Law.

| Dutchess County General A | application (see page 1 for specific instructions) |
|--|---|
| 1 Title of Decition | For Office Use Only |
| 1. Title of Position | Approved |
| Exam Number(s) (if applicable) | Conditional |
| www.dutchessny.gov | Disapproved |
| 2. Social Security Number: | 9. Did you serve in the Armed Forces of the United States during any of the following periods? Yes No |
| 3 | |
| Last Name First Name Initial | A. December 7, 1941 to December 31, 1946 B. June 27, 1950 to January 31, 1955 |
| Address | C. February 28, 1961 to May 7, 1975 |
| City State Zip | D. August 2, 1990 to "end of such hostilities" E. U.S. Public Health Service: July 29, 1945 to |
| Day Phone Evening Phone | December 31, 1946, or June 27, 1950 to July 3, 1952 |
| 4. State your permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date. Village of Wappingers Falls residents should also include town. | 10. Did you receive an expeditionary medal for any of the following conflicts? Yes No |
| Area Yrs/Mos School District | A. Lebanon - June 1, 1983 to December 1, 1987 B. Grenada - October 23, 1983 to November 21, 1983 C. Panama - December 20, 1989 to January 31, 1990 |
| Village/Town/City | |
| County of State of | 11. Are you classified as: (Check appropriate) A non-disabled war veteran A disabled war veteran |
| 5. If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No | 12. Since January 1, 1951, have you used additional credits as a veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes No |
| 6. If the position you are applying for has minimum or maximum age limits (see announcement), please enter your date of birth: | 13. Do you possess certification as an Exempt Volunteer Firefighter? Yes No |
| Month Day Year | 14. If you have been employed by the County of Dutchess or by any civil division therein (city, town, village, school district or special |
| 7. Are you currently a U.S. citizen? | district), please state location(s) and dates: |
| Yes No | Location: Dates: |
| If "No", give alien registration number: | |
| 8. Have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes? Yes No | 15. For examination purposes only: Indicate if you desire accommodation because you cannot be tested on the announced exam date due to a conflict with a religious observance or practice. are a handicapped individual and require the following assistance or accommodations: |
| If "No", omit questions 9 through 12. If "Yes", refer to | |
| Veterans Credits instruction sheet, available upon request. | (Page 3) |

Dutchess County General Application

Exam Fee Waiver Request

| The unders its agents authorization the application of the application of the investigation of the street investig | are true ur igned appl to investig on shall inc ant in the re, such in check, to on may res | licant hereby affirms that the statements made on this application and any attached papers or inder the penalties of disqualification and perjury. licant hereby authorizes the Department of Human Resources of the County of Dutchess or gate matters necessary for the verification of the qualifications of the applicant. Such clude the right to examine any and all records, files, histories or other information relating to possession of any federal, state or municipal authority, corporation, agent or person. Investigation may include a criminal background investigation, which would require a determine overall suitability for employment. Failure to meet standards for the background rult in disqualification. The applicant voluntarily releases from liability all persons or entities ag such information. |
|--|--|--|
| The unders its agents authorization the application Furthermon | are true ur igned appl to investigon shall income the re, such in check, to | der the penalties of disqualification and perjury. licant hereby authorizes the Department of Human Resources of the County of Dutchess or gate matters necessary for the verification of the qualifications of the applicant. Such clude the right to examine any and all records, files, histories or other information relating to possession of any federal, state or municipal authority, corporation, agent or person. Investigation may include a criminal background investigation, which would require a determine overall suitability for employment. Failure to meet standards for the background |
| The undersits agents authorization the applications | are true ur igned appl to investigon shall independent in the re, such in | der the penalties of disqualification and perjury. licant hereby authorizes the Department of Human Resources of the County of Dutchess or gate matters necessary for the verification of the qualifications of the applicant. Such clude the right to examine any and all records, files, histories or other information relating to possession of any federal, state or municipal authority, corporation, agent or person. Investigation may include a criminal background investigation, which would require a |
| The undersits agents authorization | are true ur igned appl to investigon shall industriant in the | der the penalties of disqualification and perjury. licant hereby authorizes the Department of Human Resources of the County of Dutchess or gate matters necessary for the verification of the qualifications of the applicant. Such clude the right to examine any and all records, files, histories or other information relating to possession of any federal, state or municipal authority, corporation, agent or person. |
| documents The unders its agents authorization | are true ur igned appl to investig | nder the penalties of disqualification and perjury. licant hereby authorizes the Department of Human Resources of the County of Dutchess or gate matters necessary for the verification of the qualifications of the applicant. Such clude the right to examine any and all records, files, histories or other information relating to |
| documents The unders its agents | are true ur igned appl | nder the penalties of disqualification and perjury. licant hereby authorizes the Department of Human Resources of the County of Dutchess or gate matters necessary for the verification of the qualifications of the applicant. Such |
| documents The unders | are true ur | nder the penalties of disqualification and perjury. licant hereby authorizes the Department of Human Resources of the County of Dutchess or |
| documents | are true ur | nder the penalties of disqualification and perjury. |
| | | |
| | | |
| | | |
| Affirmat | ion and A | Authorization to Investigate and Release |
| Signature | | Date |
| I affirm tha | t the inform | mation I have provided is true under the possible penalties of disqualification and perjury. |
| | | I am currently certified for Job Training Partnership Act /Workforce Investment Act programs. |
| | | I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance). Case number: (must be entered) |
| | | I am currently on Medicaid. |
| | | I am currently receiving Supplemental Security Income (SSI) payments. |
| | No | I am unemployed, primarily responsible for the support of a household, and cannot be claimed as a dependant on another person's tax return. |
| Yes | | |
| waived in a primarily re | ccordance | ered by Dutchess County currently require a non-refundable processing fee. This fee will be with Civil Service Law Section 50.5(b) for candidates who certify they are unemployed <i>and</i> for the support of a household, <i>or</i> who are receiving public assistance. |

Page 4

| Dutche | ess County General App | olication (| Complete | e in full – | attaching a resun | ne is <i>not</i> s | sufficient) | |
|---|---|-------------------|-------------------------|-----------------------|---------------------------|--------------------|---------------------------------|--|
| Name Address | Position / Exam Phone (day) Phone (evening) | | | | | | | |
| 16. LICENSES | Title / Issuing Agency | Lic | License Number | | Original Date of Issue | | Expiration Date | |
| Trade / Professional | | | | | | | | |
| Driver | Do you have a valid license to operate a motor vehicle in New York? Yes (Class _ | | | | | | ass) No | |
| 17. EDUCATION AND SKILLS | Name / Location | Dates Attended | F/T or P/T | # Yrs | Major / Type of Course | # of Crds | Degree Earned / Date Awarded | |
| College, Trade or Technical School / Special Courses / Continuing Education | | | | | | | | |
| High School | Name of School / Issuing Address | g Agency | | | | | | |
| | Graduated? Yes | Indica | nte Equiv nte Last (| valency I Grade Co | Diploma Numbe ompleted | r if Appl | licable | |
| Keyboarding | Indicate typing / keyboar | ding experien | nce and | whether t | from work, trair | ing or b | oth: | |
| Computers | Indicate program experie word processing spread sheet database management other | ence in the fol | llowing 1 | types of s | software and wh | ether fro | om work or training: | |
| Languages | Indicate languages other | than English | and gen | eral leve | l of ability in sp | eaking, r | reading and writing: | |
| 18. WORK EXPERIENCE | List most recent experier Check to ind | | | | | | sume is not sufficient. | |
| Length of Employment Mo/Yr Mo/Yr From To | Firm Name | Ado | dress | | | | | |
| From To Hours per Week | Duties (indicate % of time for | each) | | | | | | |
| Title | | | | | | | | |
| Type of Business | | | | | | | | |
| Supervisor | | | | | | | | |
| Supervisor's Title | | | | Page 5 | | | | |

| Dutchess County General Application | | | | | | | |
|--|----------------|--|--|--|--|--|--|
| 18. WORK EXPERI (Cont'd) | ENCE | (Attach additional sheets if necessary, following this format. A resume is not sufficient You must indicate months and hours worked per week to receive credit for work experience.) | | | | | |
| Length of Employment Mo/Yr Mo/Yr From: To: | Firm Name: | Address: | | | | | |
| Hours per Week: | Duties (indica | te % of time for each) | | | | | |
| Title Type of Business: Supervisor: | | | | | | | |
| Supervisor's Title: | | | | | | | |
| Length of Employment Mo/Yr Mo/Yr From: To: | Firm Name: | Address: | | | | | |
| Hours per Week: | Duties (indica | te % of time for each) | | | | | |
| Title: | | | | | | | |
| Type of Business: | | | | | | | |
| Supervisor: | | | | | | | |
| Supervisor's Title: | | | | | | | |
| Length of Employment Mo/Yr Mo/Yr From: To: | Firm Name: | Address: | | | | | |
| Hours per Week: | Duties (indica | te % of time for each) | | | | | |
| Title: | | | | | | | |
| Type of Business | | | | | | | |
| Supervisor: | | | | | | | |
| Supervisor's Title: | | | | | | | |
| Length of Employment Mo/Yr Mo/Yr From: To: | Firm Name: | Address: | | | | | |
| Hours per Week: | Duties (indica | te % of time for each) | | | | | |
| Title: | | | | | | | |
| Type of Business: | | | | | | | |
| Supervisor: | | | | | | | |
| Supervisor's Title: | | | | | | | |
| · | | | | | | | |
| | | Page 6 | | | | | |

Civil Service Application

Additional Sheet