DUTCHESS B CES

Norah Merritt Executive Director for Human Resources

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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:

1.	Professional Reference:
2.	Professional Reference:
3.	Professional Reference :
4.	Personal Reference:
5.	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:/Recruitment Guidelines/cover letter for civil service writable 2015 3-15-16

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 gover and other legal requirements, we require questionnaire. This form will be remain and kept in a confidential location. Your cooperation and is much a	AFFIRMATIVE ACTION QUESTIONNAIRE www.dutchessny.gov Complete for <u>County Employment</u> Only			
Name		Male / Female (circle one)		
Position(s) applied for		Date		
How did you learn of this positi	ion? (check one)			
EEO OfficeExamination HotlineEmployee NewsletterNewspaper AdWomen's Organization	NYS Job ServiceEthnic OrganizationRelative or FriendCounty EmployeeProfessional Organizat	Org. for the Handicapped Veteran's Organization Employment Agency Posted Announcement College Placement Office		
Internet Listing	Other (specify):			
Please check the one which best	t describes your Race / Ethnic	ity.		
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 (sp tribe) I. Japanese J. Chinese K. Korean	L. Guamanian / Chamorro M. Vietnamese N. Asian Indian becify O. Eskimo P. Aleut Q. Hawaiian R. Samoan X. Other (specify)		
Check any of the following that	are applicable.			
 Disabled Veteran Handicapped It is the policy of <i>Dutchess County</i> to prorace, color, creed, national origin, age, s 	ex, marital status or domestic violence	es and applicants for employment without regard to e victim status, religion, sexual orientation, medical		
conviction record, military or veteran sta	tus. In addition, Dutchess County has	predisposing genetic characteristics, arrest record an Affirmative Action Program which creates equa with New York State Civil Service Law.		

Dutchess County General Application (see page 1 for specific instructions)			
1. Title of Position	For Office Use Only Approved Conditional		
www.dutchessny.gov		Disapproved Fee Paid	Waiver
2. Social Security Number:	9. Did you serve in the any of the following p		
Jast Name First Name Initial Address	B. June 27, 1950 to C. February 28, 196 D. August 2, 1990 t E. U.S. Public Heal		ities" 945 to
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	B. Grenada - Octob	l war veteran	nber 21, 1983 ary 31, 1990
State of	12. Since January 1, 1	951, have you used a nt to any position in t y of its civil divisions	he public employment of
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 ce Firefighter?		npt Volunteer No
Month Day Year 7. Are you currently a U.S. citizen? Yes No		city, town, village, sc ocation(s) and dates:	ty of Dutchess or by any hool district or special 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	conflict wi	accommodation beca	nced exam date due to a nce or practice. and require the
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

All examinations offered by Dutchess County currently require a non-refundable processing fee. This fee will be waived in accordance with Civil Service Law Section 50.5(b) for candidates who certify they are unemployed *and* primarily responsible for the support of a household, *or* who are receiving public assistance.

Yes	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.
		I am currently receiving Supplemental Security Income (SSI) payments.
<u> </u>		I am currently on Medicaid.
		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 certified for Job Training Partnership Act /Workforce Investment Act programs.
I affirm the	at the infor	nation I have provided is true under the possible penalties of disqualification and periury

I affirm that the information I have provided is true under the possible penalties of disqualification and perjury.

Signature

Date

Affirmation and Authorization to Investigate and Release

The undersigned applicant hereby affirms that the statements made on this application and any attached papers or documents are true under the penalties of disqualification and perjury.

The undersigned applicant hereby authorizes the Department of Human Resources of the County of Dutchess or its agents to investigate matters necessary for the verification of the qualifications of the applicant. Such authorization shall include the right to examine any and all records, files, histories or other information relating to the applicant in the possession of any federal, state or municipal authority, corporation, agent or person. Furthermore, such investigation may include a criminal background investigation, which would require a fingerprint check, to determine overall suitability for employment. Failure to meet standards for the background investigation may result in disqualification. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

Signature

Date

Dutchess County General Application (Complete in full – attaching a resume is <i>not</i> sufficient)							
Name Address			Phone	on / Exar (day) (evening			
16. LICENSES	Title / Issuing Agency	Z Lic	ense Nui	nber	Original Date	of Issue	Expiration Date
Trade / Professional	J 						
Driver	Do you have a valid license	e to operate a n	notor veh	icle in Ne	ew York? Yes _	(Cl	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 Agency						
Keyboarding	Graduated? Yes Indicate Equivalency Diploma Number if Applicable Indicate typing / keyboarding experience and whether from work, training or both:						
Computers	Indicate program experie word processing spread sheet database management other	ence in the fol	llowing t	ypes 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, 1	reading and writing:
18. WORK EXPERIENCE	List most recent experier Check to ind				•	,	sume is not sufficient. ntacted at this time.
Length of Employment Mo/Yr Mo/Yr From To	Firm Name	Ado	dress				
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 EXPERIENCE (Cont'd)		(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'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

