

# Town of Ulster

## Application for Examination or Employment

Leave this space blank.  
Date Received: \_\_\_\_\_

Title of Position for which you are applying:  
  
\_\_\_\_\_

Leave this space blank.  
  
Approved: \_\_\_\_\_  
Disapproved: \_\_\_\_\_  
Conditional: \_\_\_\_\_

**Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First MI Suffix

**Please state any other name(s) previously used in education or employment:** \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_ Street or P.O. Box (if P.O. Box, fill in Residence Address below) City State ZIP

**Physical Address:**

\_\_\_\_\_ Street (if P.O. Box or different than Mailing Address) City State ZIP

**Primary Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

State your current permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date.		Length of Residency (Yrs./Mos.)	
School District			
Town			
Village			
County			
State			

Are you 18 years of age? Yes  No  If you are under 18, you will need to provide current working papers.

If the position for which you are applying has minimum/maximum age limits (per announcement,) please enter your birth date:

\_\_\_\_\_ (MM/DD /YYYY)

Do you possess certification as an exempt volunteer firefighter? Yes  No

If you have ever been employed by the County of Ulster or any civil division therein (city, town, village, school district, or special district) please state location(s) and date(s) of employment:

*The Town of Ulster is an Equal Opportunity Employer*

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1. Are you now serving or 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

**If "No", omit questions 2 through 5.**

2. If you served in the Armed Forces of the United States, did you receive a discharge which was other than honorable? Yes  No

NOTE: A DISHONORABLE DISCHARGE OR BAD CONDUCT DOES NOT AUTOMATICALLY DISQUALIFY YOU.

3. Did you serve in the Armed Forces of the United States during any of the following periods?

A. December 7, 1941 to December 31, 1946

B. June 27, 1950 to January 31, 1955

C. December 22, 1961 to May 7, 1975

**D. August 2, 1990 to "date to be determined"**

E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

Yes  No

Did you receive an expeditionary medal for any of the following conflicts?

F. Lebanon - June 1, 1983 to December 1, 1987

G. Grenada - October 23, 1983 to November 21, 1983

H. Panama - December 20, 1989 to January 31, 1990

Yes  No

I. I am currently on active duty (for other than training purposes).

Yes  No

4. Since January 1, 1951, have you ever 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

5. Are you: A non – disabled war veteran\_\_\_\_\_

A disabled war veteran \_\_\_\_\_

Disabled and non-disabled war veterans who are eligible for additional credits must submit an application for veterans' credits. Candidates who wish to claim veterans' credits on an examination should request this application from the Ulster County Personnel Department. The completed forms must be received in the office before the eligible list for this examination is established.

6. Do you have a valid license to operate a motor vehicle in New York State? \_\_\_\_\_ Yes - Class \_\_\_\_\_ No

7. FOR EXAMINATION PURPOSES ONLY: Check below if you desire special status because you are a:

A. \_\_\_\_\_Sabbath Observer and cannot be tested on Saturdays for religious reasons.

B. \_\_\_\_\_ Disabled Person: Indicate type of assistance required under "REMARKS" on the last page of this application.

**8. EXAMINATIONS IN OTHER JURISDICTIONS** - Candidates wishing to participate in additional examinations for New York State or other jurisdictions on the same day, must apply individually to each jurisdiction. If you intend to do this indicate, under "REMARKS" on the last page of this application, the jurisdictions to which you have applied, and the examination site at which you plan to compete. New York State examinations must be taken at state examination sites. Requests for this type of consideration may not be approved if received after the announced last file date for the examination.

The following sections on education and work experience must be filled in completely. A resume is not sufficient.

9. Have you graduated from high school? Yes  No  If not, what grade did you complete? \_\_\_\_\_  
 Name of school/issuing agency \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Equivalency diploma #: \_\_\_\_\_

For College, University, Professional, Technical and other schools or special courses, please provide copies of transcripts.

Name of school and its location	Dates of Attendance From: / / To: / / (month/year)	Full or Part Time	# of years credited	Did you Graduate?	Type of Course or Major	No. of College Credits Received	Degree Earned	Date of Degree
	___/ ___ To ___/ ___							
	___/ ___ To ___/ ___							
	___/ ___ To ___/ ___							
	___/ ___ To ___/ ___							

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**10. DESCRIPTION OF EXPERIENCE:** In listing your experience, be more specific in describing those which relate to the position 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 resolved in your favor. Include military service experience when appropriate. Relevant volunteer (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the 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 "x 11" sheets of paper using the same format.)

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT      PT      Volunteer

DUTIES: Describe the nature of the work personally performed by you, with estimates of percentages of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.


Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT      PT      Volunteer


Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT      PT      Volunteer


Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Type of Business
From ___/___/___ To ___/___/___				
Your Exact Title	Name of your Supervisor	Supervisor's Title		No. of hours worked per week: FT      PT      Volunteer


11. Licenses: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) or position(s) for which you are applying, complete the following. If not currently licensed check this box

Name of trade or profession	License Number	Granted by (Licensing Agency)	
City or State	Specialty	Date License First Issued	Registered (Mo/Yr) From: ___/___/___ To: ___/___/___

12. REMARKS:


13. AFFIRMATION AND AUTHORIZATION TO RELEASE

I affirm that the statements made on this application and any attached papers or documents are true under the penalties of perjury.

I hereby authorize the Town of Ulster Personnel Department, or any person acting on their behalf, to investigate and receive information about me related to the verification of my qualifications and eligibility for the examination or the position for which I am applying. Further, I authorize any person who receives a request to disclose information related to this application, to release any or all information about me to which such person may have access. I specifically authorize such disclosures and agree to hold harmless all corporations, agents or persons who request or release such information.

Check here to indicate that you do not wish your present employer to be contacted at this time.

SIGNATURE

DATE

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, marital status, or disability. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, or marital status in connection with employment in the municipal service of Ulster County. It is the policy of Ulster County to provide equal opportunity to all employees and applicants for employment without regard to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status or any other protected status.

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