

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

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 2

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 ___/ ___ | | | | | | | |

APPLICATION FOR EXAMINATION OR EMPLOYMENT Page 3

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 |

| |
|--|
| |
| |
| |
| |
| |
| |

