

It is the policy of the Rockland County Department of Personnel to provide accommodations in testing to individuals with disabilities and to religious observers and to provide for and promote equal opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, marital status, or criminal record.

**COUNTY OF ROCKLAND DEPARTMENT OF PERSONNEL**



**APPLICATION FOR EXAMINATION OR EMPLOYMENT**

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS, LIBRARIES AND SPECIAL DISTRICTS

1. \_\_\_\_\_  
 POSITION TITLE EXAM NUMBER

Date Received \_\_\_\_\_ Approved \_\_\_\_\_

Conditional \_\_\_\_\_ Disapproved \_\_\_\_\_

**PERSONNEL DEPT.  
USE ONLY**

**READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING.** This application is part of the examination. It is necessary that you answer all questions completely. Print in ink or use typewriter. Attach additional sheets if necessary to give complete and detailed information. A resume cannot substitute for the application. **Immediate Notice should be given of any change in address before or after examination.**

**2. NAME AND RESIDENCE**

Last Name First Name Initial  
 Home:  
 Business:

Street Address or Road Phone Number

R.D. # or P.O. Box # Town State Zip

Email Address:

3. Social Security Number - -

**NON-REFUNDABLE APPLICATION FILING FEE** Please read the announcement and information on page 4

FEE PAID: \_\_\_\_\_ NO FEE IS DUE BECAUSE:  
 I have enclosed the fee  I have completed the Application Fee Waiver request form. (Attach to application)  
 (The fee WILL NOT BE REFUNDED if your application is DISAPPROVED)

7A. Are you currently a U.S. Citizen? YES  NO   
 (Citizenship is no longer a requirement for employment except for public officer positions)  
 (If "Yes" to question 7A skip to question 7C)

B. If not, do you have the legal right to accept Employment in the United States? YES  NO   
 Please give alien registration number:  
 \_\_\_\_\_

C. Are you a retiree from New York State or any civil division thereof? YES  NO

D. Are you an Exempt Volunteer Fireman? YES  NO

E. Are you currently in default on any outstanding Student loan(s) made or guaranteed by the New York State Higher Education Services Corporation? YES  NO

4. If you are applying for a law enforcement position or are under 18 years of age, fill in your date of birth. \_\_\_\_\_  
 MM/DD/YYYY

**EXTRA CREDIT FOR WAR TIME VETERANS – READ LAST PAGE FOR DETAILS**

5. State your actual permanent legal residence and indicate how long you have resided there continuously, up to and including date of this application.

|                       | Yrs. | Mos. |
|-----------------------|------|------|
| School District _____ |      |      |
| Village of _____      |      |      |
| Town of _____         |      |      |
| County of _____       |      |      |
| State of _____        |      |      |

8A. I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. I served on a full-time active duty Basis other than for training purposes during one of The war periods listed on the back of this form. If not, omit questions 8B-F. YES  NO

B. Are you currently in the military? YES  NO   
 What was your date of entry? \_\_\_\_\_  
 What was or is your expected date of separation? \_\_\_\_\_

C. I wish to claim additional credits as a non-disabled war veteran. YES  NO

I wish to claim additional credits as a disabled war Veteran. YES  NO   
 (Separation from Service Forms/VA forms must be submitted)

D. I am a New York State Resident. YES  NO

E. I am a US citizen or alien lawfully admitted for permanent residence. YES  NO

F. I have NOT used veteran credits for appointment to Any position in New York State or Local government. YES  NO

6. If you have filed or are filing SEPARATE applications for Civil Service Examinations being held on the same date, list below. Call to make arrangements no later than Tuesday before the test date.

| Exam Number(s) | Title(s) |
|----------------|----------|
|                |          |
|                |          |
|                |          |

Mail or deliver application to: COUNTY OF ROCKLAND, DEPARTMENT OF PERSONNEL, 18 New Hempstead Road New City, New York 10956. Telephone: 845-638-5200 email: RCPersonnel@co.rockland.ny.us

9. Check the appropriate box below if you desire special arrangements for testing because you are a:
- A. For religious reasons cannot be tested on Saturday.
  - B. Disabled Person – Complete a confidential questionnaire to indicate reasonable accommodations required. (e.g. braille booklet, amanuensis, reader)
  - C. Active Military Members - indicate your military address and length of duty.

10. Check appropriate answer to the right of each question.
- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds, disability or medical condition? YES  NO
  - B. Did you ever resign from any employment other 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
  - D. Have you ever been convicted of a crime (felony or misdemeanor)? YES  NO
  - E. Are you now under charges for any crime? YES  NO

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.

**If you answered "YES" to any of the questions above, you may give specifics under "REMARKS" on page 4. If you elect not to provide however, or if such explanation is insufficient, a confidential questionnaire will be sent to you.**

Do Not Write In This Area

For questions 11 – 14, make certain you answer all those questions which pertain to requirements listed on the announcement for the examination(s) for which you are filing, or set forth in the specification for the position applied for. If in doubt, answer all questions. IF RESUME IS ATTACHED, APPLICATION MUST BE FILLED OUT COMPLETELY.

**11. EDUCATION.** If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. If specific courses are required, list under REMARKS on last page. PLEASE HAVE OFFICIAL TRANSCRIPTS FORWARDED TO OUR OFFICE. (Student copies are not acceptable.)

|   |  |
|---|--|
| Have you graduated from high school? YES <input type="checkbox"/> NO <input type="checkbox"/><br>If yes, give year graduated: _____<br>If no, give highest grade completed: _____ | Give name and location of high school:<br>_____<br>_____ |
|---|--|

| If you have a high school equivalency diploma, indicate issuing Government Authority: |                             |   |              |                     |                   | Date and/or Number of Issue:    |                              |                         |                |
|---|-----------------------------|---|--------------|---------------------|-------------------|---------------------------------|------------------------------|-------------------------|----------------|
|   | Name of School and Location | Dates of Attendance (Month and Year)<br>From To | Day or Night | # of Years Credited | Did You Graduate? | Type of Course or Major Subject | # of College Credits Awarded | Type of Degree Received | Date Of Degree |
| College, University, Professional or Technical School                                 |                             |   |              |                     |                   |                                 |                              |                         |                |
| Other Schools or Special Courses  |                             |   |              |                     |                   |                                 |                              |                         |                |

|  |   |   |
|--|---|---|
| Official transcripts previously filed YES <input type="checkbox"/> NO <input type="checkbox"/> | Attached YES <input type="checkbox"/> NO <input type="checkbox"/> | On request from school YES <input type="checkbox"/> NO <input type="checkbox"/> |
|--|---|---|

**12A. Licenses, Certificates, or Permits.** 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 job specification for which you are applying, complete the following. If not licensed, do you have a temporary permit? YES  NO

|                             |                           |                               |                  |
|-----------------------------|---------------------------|-------------------------------|------------------|
| Name of Trade or Profession | License Number            | Granted by (Licensing Agency) | City or State of |
| Specialty                   | Date License First Issued | Registered From               | To               |

B. Do you have a valid license to operate a motor vehicle in New York State? YES  Class \_\_\_\_\_ NO

**13.** If ever employed by the County of Rockland or by any civil division therein, please check here  and give dates of employment and name of agency: \_\_\_\_\_

|            |                        |                      |      |
|------------|------------------------|----------------------|------|
|            |                        |                      |      |
| Print name | Social Security Number | Title or Exam Number | Date |

**Do Not Write In This Area**

**14. DESCRIPTION OF EXPERIENCE.** Describe below in detail ALL employment pertinent to the position(s) sought. 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 experience generally will be considered. Request volunteer form from Department of Personnel. 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 same format.)

|  |  |   |         |                |
|--|--|---|---------|----------------|
| Length of Employment<br>From: Mo. _____ Yr. _____<br>To: Mo. _____ Yr. _____ |  | Firm Name   | Address | City and State |
| Earnings<br>\$ _____ Per _____   |  | Duties: describe the major tasks of the work personally performed by you, with estimate of percentage 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. |         |                |
| Type of Business   |  |   |         |                |
| Your Exact Title   |  |   |         |                |
| Name of your supervisor  |  |   |         |                |
| Supervisors Title  |  |   |         |                |
| Hours per week worked (excluding overtime)                                   |  |   |         |                |
| Length of Employment<br>From: Mo. _____ Yr. _____<br>To: Mo. _____ Yr. _____ |  | Firm Name   | Address | City and State |
| Earnings<br>\$ _____ Per _____   |  | Duties: (See above)   |         |                |
| Type of Business   |  |   |         |                |
| Your Exact Title   |  |   |         |                |
| Name of Your Supervisor  |  |   |         |                |
| Supervisors Title  |  |   |         |                |
| Hours Per Week Worked (excluding overtime)                                   |  |   |         |                |
| Length of Employment<br>From: Mo. _____ Yr. _____<br>To: Mo. _____ Yr. _____ |  | Firm Name   | Address | City and State |
| Earnings<br>\$ _____ Per _____   |  | Duties: (See above)   |         |                |
| Type of Business   |  |   |         |                |
| Your Exact Title   |  |   |         |                |
| Name of Your Supervisor  |  |   |         |                |
| Supervisors Title  |  |   |         |                |
| Hours Per Week Worked (excluding overtime)                                   |  |   |         |                |
| Length of Employment<br>From: Mo. _____ Yr. _____<br>To: Mo. _____ Yr. _____ |  | Firm Name   | Address | City and State |
| Earnings<br>\$ _____ Per _____   |  | Duties: (See above)   |         |                |
| Type of Business   |  |   |         |                |
| Your Exact Title   |  |   |         |                |
| Name of Your Supervisor  |  |   |         |                |
| Supervisors Title  |  |   |         |                |
| Hours Per Week Worked (excluding overtime)                                   |  |   |         |                |

|            |                        |                      |       |
|------------|------------------------|----------------------|-------|
| _____      | _____                  | _____                | _____ |
| Print name | Social Security Number | Title or Exam Number | Date  |

**PHOTOCOPIES NOT ACCEPTED**

# INSTRUCTIONS AND INFORMATION

## ANNOUNCEMENT OF EXAMINATION:

Before filling out your application, read carefully the announcement for this examination and/or the job specification for this position. Be sure to enter in Question 1, the exact civil service title and examination number where appropriate.

## APPLICATION FILING FEE:

Refer to the front of the exam announcement for the required application filing fee. The fee must be submitted with your application(s) and must be received in our office by the Last Date for Filing as indicated on the examination announcement.

Make check or money order payable to the Rockland County Commissioner of Finance. Write your name, last four digits of your social security number and the examination number(s) on the check or money order. **Cash will not be accepted.** Application filing fees are non refundable.

Refer to Supplement A of the examination announcement for further information regarding application filing fees and application filing fee waiver.

## ADMISSION TO EXAMINATION:

If, within in three days of the examination, you do not receive a notice informing you whether or not you are to be admitted to the test, notify the Department of Personnel immediately by telephone or overnight mail.

## CHANGE OF ADDRESS OR NAME:

Notify this office immediately of any change of address or name. When writing, give the number and title of examination(s) applied for.

## VETERANS CREDITS:

If you are making a claim for veterans credits with the application be sure to request our "Information on Veterans Credits" form which details the requirements. In general, you must present documentary proof (DD241 Separation From or Discharge Papers) to our department prior to the establishment of the eligible list. You must meet the following:

1. Be a citizen or an alien lawfully admitted for permanent residence (at the time of application for credits).
2. Have served anywhere in the United States armed forces (see definition in 3 below) during the following dates:  
World War I - April 6, 1917 -- November 11, 1918; World War II - December 7, 1941 -- December 31, 1946;  
Korean Conflict - June 27, 1950 -- January 31, 1955; Viet Nam Conflict - December 22, 1961 -- May 7, 1975;  
Persian Gulf Conflict - August 2, 1990 -- date when such hostilities end  
Or, have served in the commissioned corps of the United States Public Health Services during:  
July 29, 1945 -- September 2, 1945; June 26, 1950 -- July 3, 1952  
Or, have received the armed forces expeditionary medal, the navy expeditionary medal, or the marine corps expeditionary medal for the:  
Hostilities in Lebanon - June 1, 1983 -- December 1, 1987; Hostilities in Grenada - October 23, 1983 -- November 21, 1983;  
Hostilities in Panama - December 20, 1989 -- January 31, 1990
3. Expect to receive or have been honorably discharged or released under honorable circumstances from the armed forces of the United States. ARMED FORCES are defined as the army, navy, air force, marines, coast guard, and all components thereof and the national guard when in Service for the United States pursuant to call as provided by law, "on a full time duty basis other than active duty training purposes"
4. Be a resident of New York State at the time of application and examination.

Forms for verification of your disability rating with the Veteran's Administration are available at the Rockland County Department of Personnel and will be forwarded to you upon request.

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## 15. REMARKS:

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### THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements are subject to verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

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Signature of Applicant

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Print Name

---

Date

(State below any other name by which you have been known)

---

Social Security Number

---

Title or Exam Number