

YOUR ELIGIBILITY TO COMPETE IN THIS EXAMINATION WILL BE DETERMINED ON THE BASIS OF YOUR ANSWERS TO QUESTIONS 10 - 13. INCOMPLETE APPLICATIONS WILL BE DISAPPROVED.

10. EDUCATION

A. Have you graduated from senior high school? YES NO
If yes, complete name and location.

Name of school: _____

Location: _____

B. If you have a high school equivalency diploma, indicate:

Issuing Authority _____

C. If you did **NOT** graduate from high school, circle highest school year completed: 4 5 6 7 8 9 10 11

PLEASE ATTACH A COPY OF COLLEGE TRANSCRIPTS VERIFYING ALL COLLEGE LEVEL COURSE WORK FOR WHICH YOU CLAIM CREDIT.

List each College University or Professional School Attended	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Were You Graduated?	Type of Course or Major Subject	Number of Credits Rec'd. To Date	Type of Degree Received	Date Degree Received

Technical or other Schools or Special Courses	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Type of Course or Major Subject	Number of Hours Attended	Did you successfully complete this course?

11. DRIVER'S LICENSE: Circle the class of your New York State Motor Vehicle License: 1 2 3 4 5 6 A B C D E M

Date of Expiration _____

12. LICENSES: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, complete the following question:

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State
Specialty	Date License First Issued	Registered From:	To:

13. DESCRIPTION OF EXPERIENCE

Beginning with the most recent, describe below in detail **ALL** paid and volunteer employments **relevant** to the position sought. You are responsible for submitting an accurate and clear description of your experience. Omissions or vagueness will **NOT** be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as separate employment. **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 8½ x 11" sheets of paper) Under "Duties" for each employment describe the nature of the work personally performed by you, **WITH ESTIMATED 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.

ALL EXPERIENCE IS SUBJECT TO VERIFICATION.

A. LENGTH OF EMPLOYMENT MO. YR. MO. YR.	FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /			
EARNINGS (Circle One) \$ /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE	SUPERVISOR'S NAME	TELEPHONE NUMBER	

B. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One)		DUTIES:		
\$ /WK /MO /YR				
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER

C. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One)		DUTIES:		
\$ /WK /MO /YR				
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER

D. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One)		DUTIES:		
\$ /WK /MO /YR				
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER

E. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One)		DUTIES:		
\$ /WK /MO /YR				
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER

BE SURE TO SIGN THE DECLARATION ON THE LAST PAGE

**BE SURE TO SIGN THE DECLARATION AT THE BOTTOM OF THIS PAGE
UNSIGNED APPLICATIONS WILL BE DECLARED INELIGIBLE**

VETERANS' CREDITS

Veterans' credits are granted on the following basis:

DISABLED VETERANS: 10 points for Open-Competitive Exams
5 points for Promotional Exams

NON-DISABLED VETERANS: 5 points for Open-Competitive Exams
2.5 points for Promotional Exams

These additional credits, which are combined with the final score obtained in the examination, may be granted only to **PASSING CANDIDATES** at the time of establishment of the eligible list.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veterans, you must:

1. Have served on **ACTIVE DUTY**, other than active duty for training purposes, with the Armed Forces of the United States during any of the following periods:

- VIETNAM - February 28, 1961 through and including May 7, 1975
- LEBANON* - June 1, 1983 through and including December 1, 1987
- GRENADA* - October 23, 1983 through and including November 21, 1983
- PANAMA * - December 20, 1989 through and including January 31, 1990
- PERSIAN GULF - August 2, 1990 - to the end of hostilities as yet undefined

* To receive veterans' credits for service in these campaigns, an applicant must also have been the recipient of one of the following:

- Armed Forces Expeditionary Medal
- Navy Expeditionary Medal
- Marine Corps Expeditionary Medal

2. Have been honorably discharged or released under honorable conditions from such service.

3. Submit a photocopy of separation papers (i.e. FORM DD-214 MEMBER 4 COPY) from the Armed Forces of the United States before this eligible list is established.

DISABLED VETERANS

In order to be eligible for additional credit as a disabled veteran, in addition to meeting the requirements of items 1, 2 & 3 listed above, you must also complete, FOR EACH TITLE,

Form VC-3.(Authorization for Disability Record), in duplicate and forward BOTH copies immediately to the Regional Office of the United States Veterans Administration where your application for disability pension is on file. The Veterans Administration will retain a copy for its files, and will return a copy to this Department for processing. Disabled veterans must have a disability of at least ten percent (10%) certified by the Veterans Administration at the time of application for additional credits.

14. A. Do you claim additional credits as an honorably discharged war veteran for this examination?

- 1. YES, AS A NON-DISABLED VETERAN
- 2. YES, AS A DISABLED VETERAN
- 3. NO.

If you checked YES, complete 14B and C:

B. Have you previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State? YES NO If you check YES complete the information in 14D below.

CIVIL SERVICE LAW LIMITS THE USE OF VETERANS' CREDITS TO ONE PERMANENT COMPETITIVE CLASS APPOINTMENT WITHIN NEW YORK STATE.

C. With the exception of the federal service, have you ever been employed by a governmental agency outside the Suffolk County (e.g. New York City, New York State, Office of Court Administration, or another county within New York State?)

YES NO If you checked YES complete the information in 14D below:

D. Government Name _____

Length of Employment From _____ To _____

Department _____

Your Official Title(s) _____

(Attach additional sheets if necessary)

IF YOU DO NOT FORWARD THE PROPER DOCUMENTATION AS OUTLINED ABOVE, YOU WILL NOT BE GRANTED VETERANS' CREDITS, ONCE THE ELIGIBLE LIST IS ESTABLISHED, VETERANS' CREDITS CANNOT BE GRANTED.

LEGAL RESIDENCE CODES -

NAME	COUNTY	CODE	NAME	COUNTY	CODE	NAME	COUNTY	CODE	NAME	COUNTY	CODE
			Lindenhurst	V-13	Deer Park	S-306	Rocky Point	S-219	Connetquot	L-10	
			Lloyd Harbor	V-14	East Hampton	S-103	Sachem	S-220	Copiague	L-11	
			Nissequoque	V-15	East Islip	S-208	Sag Harbor	S-118	Deer Park	L-12	
Suffolk County	C-1		North Haven	V-16	East Moriches	S-209	Sagaponack	S-119	East Islip	L-13	
Other	C-0		Northport	V-17	Eastport	S-104	Sayville	S-221	Elwood	L-35	
			Ocean Beach	V-18	Eastport/South Manor	S-128	Shelter Island	S-120	Half Hollow Hills	L-14	
			Old Field	V-19	East Quogue	S-105	Shoreham-Wading River	S-121	Harborfields	L-15	
			Patchogue	V-20	Elwood	S-307	Smithtown	S-315	Hauppauge	L-34	
TOWNS			Poquoit	V-21	Fire Island School	S-210	Southampton	S-122	Huntington	L-16	
Babylon	T-01		Port Jefferson	V-22	Fishers Island	S-106	South Country	S-222	Islip	L-17	
Brookhaven	T-02		Quogue	V-23	Greenport	S-107	South Haven	S-223	Lindenhurst	L-18	
East Hampton	T-03		Sag Harbor	V-24	Half Hollow Hills	S-308	South Huntington	S-316	Longwood	L-21	
Huntington	T-04		Saltair	V-25	Hampton Bays	S-108	South Manor	S-224	Mastic-Moriches-Shirley	L-19	
Islip	T-05		Shoreham	V-26	Harborfields	S-309	Southold	S-123	Middle Country	L-20	
Riverhead	T-06		Shelter Island	V-27	Hauppauge	S-211	Springs	S-124	Montauk	L-33	
Shelter Island	T-07		Smithtown	V-28	Huntington	S-310	Three Village	S-225	North Babylon	L-22	
Smithtown	T-08		Village of the Branch	V-28	Islip	S-212	Tuckahoe	S-125	North Shore	L-27	
Southampton	T-09		Westhampton Beach	V-29	Kings Park	S-311	Wainscott	S-126	Northport	L-23	
Southold	T-10		Westhampton Dunes	V-31	Laurel	S-109	West Babylon	S-317	Patchogue-Medford	L-24	
			Other	V-00	Lindenhurst	S-312	West Islip	S-226	Sachem	L-25	
					Little Flower	S-110	Westhampton Beach	S-127	Sayville	L-26	
					Longwood	S-214	West Manor	S-228	Smithtown	L-28	
					Mattituck - Cutchogue	S-111	William Floyd	S-227	South Huntington	L-29	
					Middle Country	S-213	Wyandanch	S-318	West Babylon	L-32	
					Miller Place	S-215			West Islip	L-30	
					Montauk	S-112			Wyandanch	L-31	
					Mt. Sinai	S-216			Other	L-00	
					New Suffolk	S-113					
					North Babylon	S-313					
					Northport - E. Northport	S-314					
					Oysterponds	S-114					
					Patchogue-Medford	S-217					
					Port Jefferson	S-218					
					Quogue	S-115					
					Remsenberg - Speonk	S-116					
					Riverhead	S-117					

LIBRARIES

NAME	CODE
Amityville	L-01
Babylon Public	L-02
Bay Shore - Brightwaters	L-03
Bayport - Blue Point	L-04
Brentwood	L-05
Center Moriches	L-06
Central Islip	L-07
Commack	L-08
Comsewogue	L-09

DECLARATION:

I declare, **subject to the penalties of perjury** that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole, and probation agencies, and former school to provide to the Suffolk County Department of Civil Service any and all information including, but not limited to information as to my character, habits, work ability, and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities, or damages.

X

SIGNATURE OF APPLICANT

DATE

State former name or any other name(s) by which you were known.