ORANGE COUNTY APPLICATION FOR EXAMINATION/EMPLOYMENT

Carefully read the appropriate examination announcement before completing this application. **This application is part of your examination and must be filled out *completely and accurately.* Answer all questions fully and carefully. *Print legibly in ink or typewrite.* Attach additional sheets if necessary in order to give complete and detailed information.**

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OTISVILLE-MOUNT HOPE SUMMER RECREATION PROGRAM
DIRECTOR'S, COUNSELOR'S, CIT'S
RETURN TO:
VILLAGE HALL
66 HIGHLAND AVENUE
OTISVILLE, NEW YORK
ATTACH 2 LETTERS OF RECOMMENDATION

2. SOCIAL SECURITY NUMBER ☐☐☐ ☐☐ ☐☐☐☐

3. FULL NAME/LEGAL RESIDENCE*

Last name First Name Initial

Street Address

City State Zip Code

Mailing Address (if different from legal residence)

Phone # _____

NOTIFY THIS DEPARTMENT IMMEDIATELY OF ADDRESS CHANGES

4. RESIDENCY: State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **THIS SECTION WILL DETERMINE YOUR ELIGIBILITY (IF ANY) FOR CERTIFICATION ON A RESIDENT LIST.**

	YRS	MOS
VILLAGE OF _____		
TOWN OF _____		
COUNTY OF _____		
STATE OF _____		
SCHOOL DISTRICT _____		

5. SPECIAL ARRANGEMENTS: Check box below if you need special accommodations to participate in the exam:

Religious Observer – for religious reasons cannot be tested on date of examination. ☐

Other _____ (requires supporting documentation) ☐

Disabled Persons – under remarks indicate type of assistance required ☐

6. VETERANS CREDITS: If you are serving, or have served, in the armed forces of the United States on a full-time active duty basis during wartime, you may be eligible to receive credits as a Disabled or Non-Disabled Veteran.

YES, I WISH TO CLAIM CREDITS AS A *NON-DISABLED* VETERAN, PLEASE SEND APPLICATION ☐

YES, I WISH TO CLAIM CREDITS AS A *DISABLED* VETERAN, PLEASE SEND APPLICATION ☐

NO, I DO NOT WISH TO CLAIM VETERANS CREDITS ☐

7. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? YES ☐ NO ☐ If so, are you presently in default on any such loan? YES ☐ NO ☐

8. CHECK APPROPRIATE BOX TO RIGHT OF EACH QUESTION

	YES	NO
A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?	☐	☐
B. Did you ever resign from any employment rather than face dismissal?	☐	☐
C. Did you receive a **dishonorable** discharge from the armed forces of the United States?	☐	☐
D. Have you ever been convicted of any crime (felony or misdemeanor)? **If so, please submit a Certificate of Conviction with your application.**	☐	☐
E. Are you now under charges for any crime (felony or misdemeanor)?	☐	☐
F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?	☐	☐

Convictions will not necessarily disqualify you from taking an exam but may bar you from appointment.

If you answered "YES" to any of the questions above, please provide specifics under "REMARKS". If you elect not to provide specifics or if such explanation is insufficient, a confidential inquiry will be sent to you.

9. A. If minimum and/or maximum age limits are established for the position please enter your date of birth: Month _____ Day _____ Year _____

B. If citizenship is a requirement for the position for which you are applying, please answer the following:

Are you a citizen of the United States? **YES** ☐ **NO** ☐

C. If not a citizen, do you have the legal right to accept employment in the United States? **YES** ☐ **NO** ☐

Please provide Alien Registration Number: _____

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

E. Are you an Exempt Firefighter? **YES** ☐ **NO** ☐

10. Do you possess a license to operate a motor vehicle in New York State? **YES** ☐ **NO** ☐ Class: _____

11. LICENSES: If a license, certificate or other authorization to practice a trade or profession is a requirement of the position for which you are applying, complete the following question: (attach copy)

Trade/Profession _____ City/State _____

License/Certificate # _____ Expiration Date _____

Licensing Agency _____ IF NOT currently licensed check this box ☐

12. EDUCATION: Do you have a high school or equivalency diploma? **YES** ☐ **NO** ☐

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL INFORMATION

Name & Location of School	Attendance Dates (Mo/Yr) From	To	Course or Major Subject	#Credits Rec'd	Degree Rec'd	Date of Degree
Other Schools or Special Courses						

HAVE YOU PREVIOUSLY SUBMITTED PROOF OF EDUCATIONAL ACHIEVEMENTS? **YES** ☐ **NO** ☐

13. Do you object to this department making inquiry regarding your character and qualifications from your present employer?

YES ☐ **NO** ☐ If answer is "YES" please explain under REMARKS.

14. DESCRIPTION OF EXPERIENCE: Beginning with your most recent experience, describe in detail all employment that is pertinent to the required minimum qualifications indicated on the exam announcement for the title for which you are applying. Omissions or vagueness will **NOT** be interpreted in your favor. If relevant volunteer experience is acceptable as qualifying, describe it in the same way as paid work. If you have had military service which included experience pertinent to the position, describe such experience as a separate employment. Under "Duties" for each employment describe the nature of the work which you personally perform and the percentage of time spent in each function. If you supervised a work group, state its size and nature and the extent of such supervision. 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.

Length of Employment MO/YR MO/YR From / to /	Firm Name	Address
# of hours worked per week (exclude overtime)	Duties (include % of time in each function)	
Type of Business		
Your Title		
Supervisor's Name & Title		
Reason for Leaving		
Earnings (Circle One) $ WK MO YR		

Length of Employment MO/YR MO/YR From / to /	Firm Name	Address
# of hours worked per week (exclude overtime)	Duties (include % of time in each function)	
Type of Business		
Your Title		
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Reason for Leaving		
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Length of Employment MO/YR MO/YR From / to /	Firm Name	Address
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Type of Business		
Your Title		
Supervisor's Name & Title		
Reason for Leaving		
Earnings (Circle One) $ WK MO YR		

REMARKS: _____

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. IT IS A CRIME PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, PUNISHABLE AS A CLASS "A" MISDEMEANOR, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

Background Investigation: Applicants may be required to undergo extensive investigation of criminal history and background, which will include a fingerprint check, to determine suitability for appointment. Costs related to such investigation may be borne by the applicant. Failure to meet the standards of investigation may result in disqualification.

For County employment: You may be required to submit to a pre-employment drug test. Your appointment may be conditioned on such test result.

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED:

By my signature below, I hereby authorize the Orange County Department of Personnel, the County of Orange, and/or its respective Departments, Offices or Agencies to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records.

I further release the Orange County Department of Personnel, the County of Orange, and/or its respective Departments, Offices or Agencies, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand the "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of this Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury.

_____	_____	_____
SIGNATURE OF APPLICANT	DATE	PLEASE PRINT ANY OTHER NAME BY WHICH YOU ARE OR HAVE BEEN KNOWN

CHECK TO MAKE SURE THAT ALL APPLICABLE QUESTIONS HAVE BEEN ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL. A RESUME MAY NOT BE SUBMITTED IN LIEU OF COMPLETING THE APPLICATION.

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, or marital status. 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, genetic predisposition or carrier status, or marital status in connection with employment in the municipal service of the County of Orange.

11/02/06

ORANGE COUNTY GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER