



# Putnam County ★ New York

# APPLICATION

## for EMPLOYMENT

**POSITION TITLE**

**DEPARTMENT**

THIS APPLICATION IS USED TO DETERMINE YOUR ELIGIBILITY FOR THE ABOVE POSITION.  
 BE SURE TO **ANSWER ALL QUESTIONS** COMPLETELY & CAREFULLY. USE **BLUE OR BLACK** INK OR TYPE.  
 RETURN COMPLETED APPLICATION TO:  
 Putnam County Personnel Department, 110 Old Route Six, Building 3, Carmel, NY 10512

**1. Name and Legal Residence** ~ PLEASE NOTIFY PUTNAM COUNTY PERSONNEL DEPARTMENT IN WRITING IMMEDIATELY IF ANY OF YOUR INFORMATION CHANGES

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER
STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)	CITY	STATE	ZIP CODE COUNTY

**2. Mailing Address (if different from Legal Residence)**

STREET ADDRESS (P.O. BOX ACCEPTABLE)	CITY	STATE ZIP CODE

**3. Telephone, E-Mail, and Other Residence Information (please indicate landline(L) or cell phone(C) number)**

PRIMARY TELEPHONE (AREA CODE & NUMBER)	SECONDARY TELEPHONE (AREA CODE & NUMBER)	E-MAIL ADDRESS
TOWN OF RESIDENCE	SCHOOL DISTRICT	

**4. Employment Eligibility:** ▪ Do you have the legal right to accept employment in the United States?  Yes  No  
 ▪ Are you under 18 years of age?  Yes  No *Proof of employment eligibility will be required upon Employment.*

**5. Are you or have you ever been a volunteer firefighter?**  Yes  No If Yes: From \_\_\_\_\_ To \_\_\_\_\_

**6. Check the appropriate box 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?          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B. Have you ever resigned from any employment rather than face dismissal?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| C. Have you ever been convicted of any crime (felony or misdemeanor)?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| D. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| E. Are there any arrests or criminal accusations currently pending against you?                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you answered "YES" to any question(s) above, please use the space below to give specifics. If you elect not to provide an explanation, you may be disqualified, or if such explanation is insufficient, you may be required to submit further information. Attach additional 8½" x 11" sheets if

*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 application is being made.*

<b>DO NOT WRITE BELOW – FOR CIVIL SERVICE USE ONLY</b>			<b>DATE RECEIVED:</b>
<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DISAPPROVED</b>	<input type="checkbox"/> <b>CONDITIONAL</b>	
<b>LOGGED BY:</b>	<b>OTHER:</b>		

**PUTNAM COUNTY PERSONNEL DEPARTMENT**  
 110 OLD RTE. 6, BLDG #3, CARMEL, NY 10512  
 TEL 845 808-1650 \* FAX 845 808-1923  
 www.putnamcountyny.com

**7. Education:**

**High School:** Have you graduated from high school? Yes  No

If Yes, name & location of high school: \_\_\_\_\_

If High School Equivalency Diploma: \_\_\_\_\_

Issuing Governmental Authority: \_\_\_\_\_ Number: \_\_\_\_\_

**Post High School Education:**

	Name & Location of School	Type of Course or Major Subject	No. of College Credits Rec'd	Did You Graduate?	Type of Degree Rec'd
College, University, Professional or Technical School					
Other School or Special Courses					

**Continuing Education:** Continuing education refers to formal degree programs, in-service education, professional seminars and convocations, or other educational activities designed to help maintain and improve skills and keep abreast of the occupational field for which the examination is being held.

For a course, seminar, etc., to be considered for credit as part of a candidate's continuing education, it must meet all of the following criteria:

1. It is relevant to the occupational field;
2. It has been completed within the last six (6) years;
3. It has been completed after the candidate's date of licensure;
4. It has NOT already been used to meet the minimum qualifications of the examination.

Name & Location of Institution	Area of Study	Name of Course	No. of Credits/Course Hours Earned	Completion Date	Still Enrolled?

<p><b>Partially Completed Course of Study:</b> If credit is claimed for a partially completed college curriculum or course of study, attach a list of courses and credits completed, and indicate graduation requirements.</p>	<p><b>Transcripts:</b> If the Position for which you are applying requires a specific area of study or degree, please send appropriate official transcripts. Required degrees and/or coursework will be verified.</p>
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**8. 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, please provide the following information:

**Name of Trade or Profession:** \_\_\_\_\_ **License No.:** \_\_\_\_\_

**Licensing Agency:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Dates of Validation: From** \_\_\_\_\_ **To** \_\_\_\_\_ **If you are not currently licensed, check this box:**

**9. Driver License:** A Driver License may be a requirement for certain positions. Do you have a valid license to operate a motor vehicle in

New York State? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>License No.</b>	<b>Class</b>	<b>Date of Expiration</b>
<b>Special License Endorsements:</b>			

**10. Contacting Employers:** For reference purposes, may we contact your present employer?

Yes  No  Past employers? Yes  No

If no, please explain: \_\_\_\_\_

**11. Performance Tests:** If you have taken & passed any Putnam County Performance Test(s), indicate approximate dates below:

TYPING

DATA ENTRY

911 DISPATCHER

LANGUAGE ORAL

OTHER (Describe)

\_\_\_\_\_  
MO / YR

\_\_\_\_\_  
MO / YR

\_\_\_\_\_  
MO / YR

\_\_\_\_\_  
LANGUAGE

\_\_\_\_\_  
MO / YR

\_\_\_\_\_  
MO / YR

**It is the responsibility of the applicant to provide documentation of successful completion of performance tests.**

**12. Other Examinations:** Have you taken any examinations given by this department? Yes  No

If yes, list titles and dates:


**13. Veterans Credits:** If you are an active-duty member during wartime, a wartime veteran, or a disabled wartime veteran<sup>1</sup> of the Armed Forces of the United States,<sup>2</sup> then you may be eligible for certain benefits.<sup>3</sup>

Veterans Credits are additional points that may be applied to a passing score on the examination, at the time of the establishment of the eligible list. These credits can be used only once for any permanent government appointment in New York State. You may waive the veterans credits later if you wish, for use for a future appointment.

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

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

To claim veterans status, candidates must submit a Veterans Credit application to the Putnam County Personnel Department, along with documentation proving eligibility to claim the additional points. Active-duty members of the Armed Forces must submit proof of active duty status<sup>4</sup> (e.g. current military ID, military orders or other official military document that substantiates active duty status); discharged and/or disabled veterans are required to submit a copy of their DD214 discharge papers.

Candidates may submit required forms up to 60 days from the last filing date for the examination. **It is the responsibility of the candidate to ensure that all required forms are submitted by this deadline.** The Veterans Credit application can be found on the Personnel Department website at, [www.putnamcountyny.com/personneldept](http://www.putnamcountyny.com/personneldept).

I am a  Veteran  Disabled Wartime Veteran  Active Service Member

Dates of active service From \_\_\_\_\_ To \_\_\_\_\_

<sup>1</sup> "Disabled Wartime Veteran" means that you are entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.  
<sup>2</sup> The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force or Coast Guard and all components thereof, or the National Guard when in the service of the United States pursuant to call as provided by law on a full-time, active-duty basis other than active duty for training purposes.  
<sup>3</sup> "Active-duty status" means full-time, active duty other than active duty for training purposes.

**14. Employment Experience: Read The Following Instructions Before Completing This Section:**

- **Order:** List *most recent* employment first.
- **What to List:** Any and all employment.
- **Professional Experience:** Indicate whether or not professional experience occurred *after* your professional degree or coursework.
- **Volunteer/Unpaid Work:** List *volunteer or unpaid experience* only if noted as qualifying experience for the position or job posting. Describe volunteer/unpaid work the same way as paid work and note in appropriate check box.
- **Military Experience:** If you have had *military service that included experience pertinent to the position*, list that experience.
- **Changes in Status:** If your title or duties changed significantly during your service in any one organization, list such changed status separately.
- **Duties:** In the "Duties" section, describe duties in detail; the nature of work personally performed by you; estimate percentage of time spent on each type of work. If more space is needed, you may attach 8½" x 11" sheet(s) of paper.
- **Supervisory Experience:** For any supervisory role, state size and type of workforce supervised, as well as the extent of supervision by you.

**You are responsible for submitting an accurate, adequate, clear description of your experience**  
 ~ Omissions or vagueness will NOT be interpreted in your favor ~

~ Continued onto next page ~

LENGTH OF EMPLOYMENT FROM ____/____/____ TO ____/____/____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS	DUTIES		
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOUNTEER			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			

LENGTH OF EMPLOYMENT FROM ____ / ____ / ____ TO ____ / ____ / ____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOUNTEER			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____ / ____ / ____ TO ____ / ____ / ____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS		DUTIES	
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOUNTEER			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT FROM ____ / ____ / ____ TO ____ / ____ / ____ MO YR MO YR	FIRM NAME	ADDRESS	CITY, STATE
TYPE OF BUSINESS		DUTIES	
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOUNTEER			
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TYPE OF BUSINESS		DUTIES	
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOUNTEER			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
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TYPE OF BUSINESS		DUTIES	
YOUR EXACT TITLE			
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE			
<input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOUNTEER			
NO. OF HOURS WORKED PER WEEK (EXCLUSIVE OF OVERTIME)			
REASON FOR LEAVING			

**\*If more space is needed, you may attach additional sheet(s) of paper\***

**15. How did you hear about this position?** Please let us know where you heard about this position (i.e. Personnel Department webpage, Facebook, Indeed, LinkedIn, newspaper, word of mouth, other). This information will be used only for analytical purposes.

\_\_\_\_\_

**\*YOUR APPLICATION WILL NOT BE ACCEPTED IF SUBMITTED UNSIGNED\***

**PERJURY STATEMENT:  
APPLICANTS—PLEASE BE ADVISED:**

Any and all statements made by the applicant in connection with Application for Employment are subject to verification, including background investigation by prospective appointing authorities. Misrepresentations may constitute cause for disqualification or discharge. Pursuant to Section 210.45 of the New York State Penal Law, **IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

**AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

By my signature below, I hereby authorize the Putnam County Personnel Department, the County of Putnam, and/or its respective departments, offices or agencies, and/or any municipality within Putnam County to request verbal or written verification or records of any or all information contained herein. By signing this authorization, I give my consent for full and complete disclosure and review of all records concerning me, whether said records are of a public, private or confidential nature. Further, I hereby release the Putnam County Personnel Department, Putnam County and/or its respective departments, offices or agencies, and/or any municipality within Putnam County, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. By signing this authorization, I give my consent for a photocopy of the *Application for Employment* containing this release to be valid as an original thereof, even though said photocopy will 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. My signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information."

Signature of Applicant

Date

Please indicate any additional information relative to change of name, maiden name, use of an assumed name or nickname:

**IMPORTANT APPLICANT INFORMATION**

**The Putnam County Personnel Department complies with all applicable state, federal and local laws governing employment and background screening.**

**CRIMINAL BACKGROUND CHECK:** All prospective employees are required to submit to a criminal background check once a conditional offer of employment has been extended and accepted. Certain positions may require candidates to undergo a State and national criminal background investigation which will include a fingerprint check to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification. The cost of fingerprinting will be the responsibility of the candidate being considered for, or conditionally offered, appointment.

**DRUG SCREENING:** In accordance with Putnam County's comprehensive drug-free workplace policy and procedures, and commitment to maintain a safe, alcohol and drug-free work environment, prospective employees are required to submit to a post-offer urinalysis test as a condition of employment.

**CHANGE OF ADDRESS:** Putnam County Personnel Department must receive **written notification of any change of address and/or telephone number** in order to communicate important employment information to you. Please note the title of position in your letter.

**EQUAL OPPORTUNITY:** In compliance with the **New York State Human Rights Law**, which prohibits discrimination in employment based on age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status, domestic violence victim status, gender identity or expression, familial status, predisposing genetic characteristics, and criminal history, **no part of this application form is intended or should be construed to express, 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, marital status or criminal record** in connection with employment. Putnam County is an Equal Opportunity – Affirmative Action employer.

**REMARKS:** Use this space to provide any additional information, as necessary. If more space is required, attach additional 8½" x 11" sheet(s).