SUFFOLK COUNTY APPLICATION FOR EMPLOYMENT
OPEN-COMPETITIVE EXAMINATIONS AND NON-COMPETITIVE APPOINTMENTS

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE/HUMAN RESOURCES
725 Veterans Memorial Hwy., North County Complex, Bldg. 158 (location)
P.O. Box 6100 Hauppauge, NY 11788-0099 (mailing address)
(631) 853-5500 Internet: www.suffolkcountyny.gov/civilservice

THIS IS FORM CS-205 PART A. YOU MUST ALSO COMPLETE FORM CS-205 PART B.

SUFFOLK COUNTY DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, MARITAL STATUS OR SEXUAL PREFERENCE.

Unless otherwise stated in the examination announcement, **THE APPLICATION PROCESSING FEE IS $35.00 (The fee will NOT BE REFUNDED if your application is DISAPPROVED.)** A separate application is required for each examination (identified by examination number) for which you are applying. Each application MUST be accompanied by a $35 **NON-REFUNDABLE NON-TRANSFERABLE** application processing fee. DO NOT SEND CASH. Make the check or money order payable to the Suffolk County Department of Civil Service. Please indicate the examination title and the last four digits of the applicant's social security number on the face of the check or money order. Certain applicants may be eligible for a fee waiver. See examination announcement for details. This application is part of your examination. Answer all questions fully and carefully in ink. Attach additional sheets if necessary to give detailed information.

PLEASE PRINT:

1. TITLE OF EXAMINATION _____

2. _____
LAST NAME FIRST NAME M.I.

_____
MAILING ADDRESS

_____
CITY STATE ZIP CODE

3. DAYTIME TELEPHONE NUMBER (include area code)
You may be contacted by prospective employers.
( )

4. LEGAL RESIDENCE CODES Identify each of the districts of which you are a legal resident, **not** where you wish to be employed. If your legal residence changes, you must notify the Suffolk County Civil Service Department at once in writing. Complete the boxes with the correct codes for your legal residence. See last page of application for list of residence codes.

COUNTY	TOWN	SCHOOL DISTRICT	VILLAGE	LIBRARY DISTRICT
C -	T -	S -	V -	L -

5. GEOGRAPHIC ZONES
Check one or more of the boxes below indicating the geographic zones in which you would be willing to accept an appointment. Your name will be certified only for job vacancies in the geographic zones you check.

Zone 1 ☐ Riverhead, Southold, Shelter Island, Southampton, and East Hampton Townships

Zone 2 ☐ Brookhaven Township

Zone 3 ☐ Smithtown and Islip Townships

Zone 4 ☐ Huntington and Babylon townships

6. Check appropriate box to the right of each question:

A. Have you ever been convicted of any crime (felony or misdemeanor)? YES ☐ NO ☐

B. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES ☐ NO ☐

C. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES ☐ NO ☐

D. Did you ever resign from any employment rather than face dismissal? YES ☐ NO ☐

E. 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 ☐

☐☐☐ – ☐☐ – ☐☐☐☐
SOCIAL SECURITY NUMBER

_____
LEGAL ADDRESS (Not a Post Office Box)

_____
CITY STATE ZIP CODE

Successful completion of an appropriate medical examination may be required.

If you answered YES to any part of question 6 you MUST give specifics in the COMMENTS section below.

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 for which you are applying. Background investigations may be conducted on all candidates considered for employment. A False statement may result in the disqualification of your application in accordance with the provisions of Section 50 of the Civil Service Law.

A candidate appointed to a vacancy in the service of Suffolk County shall be required to disclose, and a candidate appointed to any other vacancy in the civil service may be required to disclose, whether he/she is currently receiving any form of disability payment from New York State.

Background Investigation: Applicants may be required to undergo a State and national criminal history 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 FOLLOWING QUESTIONS ARE OPTIONAL.

7. Are you a Saturday sabbath observer who, for religious reasons only, requests permission to take this examination after sundown on Saturday? YES ☐ NO ☐

If you checked YES, you will be asked to provide verification.

8. Do you need special accommodations to participate in this examination? YES ☐ NO ☐

If you checked YES, please describe the type assistance you request in the COMMENTS section below.

9. COMMENTS _____

_____
_____
_____
_____
_____
_____
_____
(Attach additional sheets if necessary)

CANDIDATE MUST SIGN DECLARATION ON LAST PAGE OF THIS APPLICATION

FOR APPOINTING AUTHORITY'S USE FOR PROVISIONAL AND NON-COMPETITIVE APPOINTMENTS ONLY

DEPARTMENT OR JURISDICTION DATE APPOINTED

FOR CIVIL SERVICE USE ONLY

TEST SCORE _____	NOTES _____	☐ PENDING TRANSCRIPT	ELIGIBLE	INELIGIBLE
VETS CREDIT _____	_____	☐ PENDING _____		
TOTAL SCORE		_____	DATE	

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.

	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
List each College University or Professional School Attended							

	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?
Technical or other Schools or Special Courses					

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. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
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. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
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	

C. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
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	

D. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
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	

E. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
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	

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 -

COUNTY

NAME	CODE
Suffolk County	C-1
Other	C-0

TOWNS

Babylon	T-01
Brookhaven	T-02
East Hampton	T-03
Huntington	T-04
Islip	T-05
Riverhead	T-06
Shelter Island	T-07
Smithtown	T-08
Southampton	T-09
Southold	T-10

INCORPORATED VILLAGES

NAME	CODE
Amityville	V-01
Asharoken	V-02
Babylon	V-03
Belle Terre	V-04
Bellport	V-05
Brightwaters	V-06
Dering Harbor	V-07
East Hampton	V-08
Greenport	V-09
Head-of-the-Harbor	V-10
Huntington Bay	V-11
Islandia	V-30
Lake Grove	V-12
Lindenhurst	V-13
Lloyd Harbor	V-14
Nissequogue	V-15
North Haven	V-16
Northport	V-17
Ocean Beach	V-18
Old Field	V-19
Patchogue	V-20
Poquott	V-21
Port Jefferson	V-22
Quogue	V-23
Sag Harbor	V-24
Saltaire	V-25
Shoreham	V-26
Southampton	V-27
Village of the Branch	V-28
Westhampton Beach	V-29
Westhampton Dunes	V-31
Other	V-00

SCHOOL DISTRICTS

Amagansett	S-101
Amityville	S-301
Babylon	S-302
Bay Shore	S-201
Bayport-Blue Point	S-202
Brentwood	S-203
Bridgehampton	S-102
Center Moriches	S-204
Central ISlip	S-205
Cold Spring Harbor	S-303
Commack	S-304
Comsewogue	S-206
Connetquot	S-207
Copiague	S-305
Deer Park	S-306
East Hampton	S-103
East Islip	S-208
East Moriches	S-209
Eastport	S-104
Eastport/South Manor	S-128
East Quogue	S-105
Elwood	S-307
FIre Island School	S-210
Fishers Island	S-106
Greenport	S-107
Half Hollow Hills	S-308
Hampton Bays	S-108
Harborfields	S-309
Hauppauge	S-211
Huntington	S-310
Islip	S-212
Kings Park	S-311
Laurel	S-109
Lindenhurst	S-312
Little Flower	S-110
Longwood	S-214
Mattituck - Cutchogue	S-111
Middle Country	S-213
Miller Place	S-215
Montauk	S-112
Mt. Sinai	S-216
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
Rocky Point	S-219
Sachem	S-220
Sag Harbor	S-118
Sagaponack	S-119
Sayville	S-221
Shelter Island	S-120
Shoreham-Wading River	S-121
Smithtown	S-315
Southampton	S-122
South Country	S-222
South Haven	S-223
South Huntington	S-316
South Manor	S-224
Southold	S-123
Springs	S-124
Three Village	S-225
Tuckahoe	S-125
Wainscott	S-126
West Babylon	S-317
West Islip	S-226
Westhampton Beach	S-127
West Manor	S-228
William Floyd	S-227
Wyandanch	S-318

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
Connetquot	L-10
Copiague	L-11
Deer Park	L-12
East Islip	L-13
Elwood	L-35
Half Hollow Hills	L-14
Harborfields	L-15
Hauppauge	L-34
Huntington	L-16
Islip	L-17
Lindenhurst	L-18
Longwood	L-21
Mastic-Moriches-Shirley	L-19
Middle Country	L-20
Montauk	L-33
North Babylon	L-22
North Shore	L-27
Northport	L-23
Patchogue-Medford	L-24
Sachem	L-25
Sayville	L-26
Smithtown	L-28
South Huntington	L-29
West Babylon	L-32
West Islip	L-30
Wyandanch	L-31
Other	L-00

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 _____
DATE SIGNATURE OF APPLICANT

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