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

SUFFOLK COUNTY DEPARTMENT OF HUMAN RESOURCES, PERSONNEL AND CIVIL SERVICE

725 Veterans Memorial Hwy., William J. Lindsay Complex, Bldg. 158 (location)
P.O. Box 6100 Hauppauge, NY 11788-0099 (mailing address)
(631) 853-5500 Internet: www.suffolkcounty.gov/Departments/Civil-Service

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

THERE IS AN APPLICATION PROCESSING FEE: SEE THE EXAMINATION ANNOUNCEMENT FOR THE FEE AMOUNT (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 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. You may also apply on our Internet site.

PLEASE PRINT:

1. TITLE OF EXAMINATION

2. LAST NAME   FIRST NAME   M.I. SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY STATE ZIP CODE

LEGAL ADDRESS (Not a Post Office Box)

CITY STATE ZIP CODE

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

4. E-MAIL

5. 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 LIBRARY DISTRICT VILLAGE

6. 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

7. Check 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 □ NO □
   B. Did you ever resign from any employment rather than face dismissal?
      YES □ NO □
   C. Did you ever receive a dishonorable discharge from the Armed Forces
      of the United States?
      YES □ NO □

Successful completion of an appropriate medical examination may be
required. If you answered YES to any part of question 7 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
disqualification.

THE FOLLOWING QUESTIONS ARE OPTIONAL.

8. 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, will you be asked to provide verification?
   YES □ NO □

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

9. Do you need special accommodations to participate in this examination?
   YES □ NO □

10. 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

NOTES

PENDING TRANSCRIPT

ELIGIBLE INELIGIBLE

PENDING

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.

11. EDUCATION
A. Have you graduated from senior high school? □ YES □ NO
   If yes, complete name and location.
   Name of school:
   Location:
   Issuing Authority

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

C. If you did NOT graduate from high school, circle highest school year completed:

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

<table>
<thead>
<tr>
<th>List each College University or Professional School Attended</th>
<th>Full Name of School State/City in which located</th>
<th>Dates of Attendance (Month and Year)</th>
<th>Were You Graduated?</th>
<th>Type of Course or Major Subject</th>
<th>Number of Credits Earned To Date</th>
<th>Type of Degree Received</th>
<th>Date Degree Received</th>
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</thead>
<tbody>
<tr>
<td>Technical or other Schools or Special Courses</td>
<td>Full Name of School State/City in which located</td>
<td>Dates of Attendance (Month and Year)</td>
<td>Type of Course or Major Subject</td>
<td>Number of Hours Attended</td>
<td>Did you successfully complete this course?</td>
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12. 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 __________________________

13. 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: __________________________
Registration From: __________________________
To: __________________________

14. DESCRIPTION OF EXPERIENCE
Beginning with the most recent, describe 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.

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<tr>
<th>A. LENGTH OF EMPLOYMENT FROM / TO</th>
<th>FIRM NAME</th>
<th>ADDRESS</th>
<th>CITY AND STATE</th>
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<th>TYPE OF BUSINESS</th>
<th>DUTIES:</th>
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<th>YOUR EXACT TITLE</th>
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Average no. of hrs. worked per week (exclusive of overtime): __________________________

SKILL: __________________________

SUPERVISOR'S TITLE: __________________________

SUPERVISOR'S NAME: __________________________

TELEPHONE NUMBER: __________________________
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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 veteran, 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 each service and be a New York State resident.
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 GC-3/Authorization for Disability Record, and forward a copy immediately to the Regional Office of the United States Department of Veterans Affairs where your application for disability pension is on file. The Department of Veterans Affairs will retain a copy of its file, 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 Department of Veterans Affairs at the time of application for additional credits.

Veterans who use non-disabled veterans credits to obtain a civil service appointment or promotion with New York State or a local government, and subsequent to such appointment, are determined by the United States Department of Veterans Affairs to be a qualified disabled veteran are entitled to an additional 10 credits, minus the number of credits already used for the prior appointment. To claim such credits a candidate must also submit Form VC-1 Application for Veterans' Credits.

15. 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 14A 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 checked YES complete the information in 14D below

   Except for veterans later determined to be disabled, 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 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

   Full 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 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
                        Amityville V-02
                        Babylon V-03
                        Bellport V-04
                        Bayside V-05
                        Brightwaters V-06
                        Deer Park V-07
                        East Hampton V-08
                        Greenport V-09
                        Head of the Harbor V-10
                        Huntington Bay V-11
                        Islip V-12
                        Lale Grove V-13

SCHOOL DISTRICTS NAME CODE

Amagansett S-101
                        Amityville S-301
                        Babylon S-302
                        Bay Shore S-201
                        Bayport Blue Point S-202
                        Brentwood S-203
                        Bridgehampton S-204
                        Center Moriches S-204
                        Central Islip S-205
                        Cold Spring Harbor S-206
                        Commack S-207

COMMENTS:

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

DATE

SIGNATURE OF APPLICANT

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

09-01-01 21/24k