

TOWN OF SOUTHAMPTON

Department of Human Resources
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968



SANDRA CIRINCIONE
DIRECTOR OF HUMAN RESOURCES

JUAN BECERRA
DEPUTY DIRECTOR
AFFIRMATIVE ACTION OFFICER

Phone: (631) 287-5715
Fax: (631) 287-5721
WWW.SOUTHAMPTONTOWN.NY.GOV

MARIA Z. MOORE
TOWN SUPERVISOR

TOWN OF SOUTHAMPTON APPLICATION FOR EMPLOYMENT

Name: _____ Position: _____

Email: _____ Phone: _____

Full Time Part Time Seasonal If part time, days and hours available: _____

1. Are you under 18 years of age? Yes No If under 18, list age and DOB: _____

2. Are you a U.S. citizen? Yes No
If not, do you have the legal right to accept employment in the U.S. ? Yes No

3. May we contact your previous employers? Yes No

4. Do you have a valid certificate in Standard First Aid and Personal Safety? Yes No

5. Do you speak any language other than English? Yes No If yes, list: _____

6. Are you a volunteer Firefighter? Yes No | Are you a Veteran? Yes No

7. Please list your hobbies and interests: _____

8. Please list at least two (2) CHARACTER REFERENCES who are NOT RELATIVES:

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

9. In case of an emergency, please notify:

Name: _____

Phone #: _____

10. Any additional information you consider to be relevant to your employment application?

Signature of Applicant: _____ Date: _____

!!! MUST COMPLETE ALL FIVE PAGES !!!

*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.

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

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE/HUMAN RESOURCES

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.suffolkcountyny.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.

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

Each application must be accompanied by a 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								
					<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>								
MAILING ADDRESS				LEGAL ADDRESS (Not a Post Office Box)									
CITY		STATE	ZIP CODE	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	LIBRARY DISTRICT	VILLAGE
C -	T -	S -	L -	V -

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
<input type="checkbox"/>	<input type="checkbox"/>

B. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

C. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

D. Did you ever resign from any employment rather than face dismissal?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

E. Did you ever receive a dishonorable discharge from the Armed Forces of the United States?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

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 _____	<input type="checkbox"/> PENDING TRANSCRIPT <input type="checkbox"/> PENDING _____	ELIGIBLE	INELIGIBLE
VETS CREDIT _____	_____		DATE	
TOTAL SCORE _____				

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.	FIRM NAME	ADDRESS	CITY AND STATE
FROM / / TO / /			
TYPE OF BUSINESS	DUTIES:		
YOUR EXACT TITLE			
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE			
	SUPERVISOR'S NAME		TELEPHONE NUMBER

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

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

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

A. LENGTH OF EMPLOYMENT MO. YR. MO. YR.	FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /			
TYPE OF BUSINESS	DUTIES:		
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 veteran, you must:

- 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

- Have been honorably discharged or released under honorable conditions from such service.
- 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 Department of Veterans Affairs where your application for disability pension is on file. The Department of Veterans Affairs 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 Department of Veterans

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		Lindenhurst		V-13		Comsewogue		S-206		Riverhead		S-117		Copiague		L-11			
NAME		CODE		Lloyd Harbor		V-14		Connetquot		S-207		Rocky Point		S-219		Deer Park		L-12	
Suffolk County		C-1		Nissequogue		V-15		Copiague		S-305		Sachem		S-220		East Islip		L-13	
Other		C-0		North Haven		V-16		Deer Park		S-306		Sag Harbor		S-118		Elwood		L-35	
				Northport		V-17		East Hampton		S-103		Sagaponack		S-119		Half Hollow Hills		L-14	
				Ocean Beach		V-18		East Islip		S-208		Sayville		S-221		Harborfields		L-15	
				Old Field		V-19		East Moriches		S-209		Shelter Island		S-120		Hauppauge		L-34	
				Patchogue		V-20		Eastport/South Manor		S-128		Shoreham-Wading River		S-121		Huntington		L-16	
				Poquott		V-21		East Quogue		S-105		Smithtown		S-315		Islip		L-17	
				Port Jefferson		V-22		Elwood		S-307		Southampton		S-122		Lindenhurst		L-18	
				Quogue		V-23		Fire Island School		S-210		South Country		S-222		Longwood		L-21	
				Sag Harbor		V-24		Fishers Island		S-106		South Huntington		S-316		Mastic-Moriches-Shirley		L-19	
				Sagaponack		V-32		Greenport		S-107		Southold		S-123		Middle Country		L-20	
				Saltaire		V-25		Half Hollow Hills		S-308		Springs		S-124		Montauk		L-33	
				Shoreham		V-26		Hampton Bays		S-108		Three Village		S-225		North Babylon		L-22	
				Southampton		V-27		Harborfields		S-309		Tuckahoe		S-125		North Shore		L-27	
				Village of the Branch		V-28		Hauppauge		S-211		Wainscott		S-126		Northport		L-23	
				Westhampton Beach		V-29		Huntington		S-310		West Babylon		S-317		Patchogue-Medford		L-24	
				Westhampton Dunes		V-31		Islip		S-212		West Islip		S-226		Sachem		L-25	
				Other		V-00		Kings Park		S-311		Westhampton Beach		S-127		Sayville		L-26	
								Lindenhurst		S-312		William Floyd		S-227		Smithtown		L-28	
								Little Flower		S-110		Wyandanch		S-318		South Huntington		L-29	
								Longwood		S-214						West Babylon		L-32	
								Mattituck - Cutchogue		S-111						West Islip		L-30	
								Middle Country		S-213						Wyandanch		L-31	
								Miller Place		S-215						Other		L-00	

INCORPORATED VILLAGES

NAME		CODE		SCHOOL DISTRICTS		LIBRARIES		NAME		CODE	
Amityville	V-01	Amagansett	S-101	Mattituck - Cutchogue	S-111	Amityville	L-01	Babylon Public	L-02	West Islip	L-30
Asharoken	V-02	Amityville	S-301	Miller Place	S-213	Babylon Public	L-02	Bay Shore - Brightwaters	L-03	Wyandanch	L-31
Babylon	V-03	Babylon	S-302	Montauk	S-112	Bay Shore - Blue Point	L-04	Bayport - Blue Point	L-04	Other	L-00
Belle Terre	V-04	Bay Shore	S-201	Mt. Sinai	S-216	Brentwood	L-05	Brentwood	L-05		
Bellport	V-05	Bayport-Blue Point	S-202	New Suffolk	S-113	Center Moriches	L-06	Center Moriches	L-06		
Brightwaters	V-06	Brentwood	S-203	North Babylon	S-313	Central Islip	L-07	Central Islip	L-07		
Dering Harbor	V-07	Bridgehampton	S-102	Northport - E. Northport	S-314	Commack	L-08	Commack	L-08		
East Hampton	V-08	Center Moriches	S-204	Oysterponds	S-114	Comsewogue	L-09	Comsewogue	L-09		
Greenport	V-09	Central Islip	S-205	Patchogue-Medford	S-217	Connetquot	L-10	Connetquot	L-10		
Head-of-the-Harbor	V-10	Cold Spring Harbor	S-303	Port Jefferson	S-218						
Huntington Bay	V-11	Commack	S-304	Quogue	S-115						
Islandia	V-30			Remsenberg - Speonk	S-116						
Lake Grove	V-12										

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.

DATE _____ X _____ SIGNATURE OF APPLICANT

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