

Broader Horizons Internship Program

Youth Bureau Application Supplement

Name _____

Please list your hobbies or interests, things you enjoy doing that may help us determine a placement.

Please list any volunteer experiences you may have.

Do you plan to take time off from work this summer due to vacation plans?

_____ Yes, _____ No If yes, when _____

How do you plan on getting to work and back home? _____

Name of Parent or Guardian: _____

Parent or Guardian Email: _____

Emergency Contact Person: _____

Emergency Phone: _____

Grade you will be in September: _____

Broader Horizons receives its funding through three different sources. If you're accepted into this program please help us determine which source of funding your salary will be paid from by answering the following question. **Acceptance into this program is NOT based on income.**

Does your family income fit into the following table? Yes No

Family Size	Annual Income	Family Size	Annual Income
1	\$ 24,980	5	\$ 60,340
2	\$ 33,820	6	\$ 69,180
3	\$ 42,660	7	\$ 78,020
4	\$ 51,500	8	\$ 86,860

TOWN OF SOUTHAMPTON

Department of Human Resources
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

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



JAY SCHNEIDERMAN
TOWN SUPERVISOR

SANDRA CIRINCIONE
DIRECTOR OF HUMAN RESOURCES

JANEEN CEVASCO
DEPUTY DIRECTOR
EMPLOYEE BENEFITS 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.**

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										
					<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> <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 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 -

NAME	COUNTY	CODE						
Suffolk County		C-1	Lindenhurst	V-13	Comsewogue	S-206	Riverhead	S-117
Other		C-0	Lloyd Harbor	V-14	Connetquot	S-207	Rocky Point	S-219
			Nissequogue	V-15	Copiapue	S-305	Sachem	S-220
			North Haven	V-16	Deer Park	S-306	Sag Harbor	S-118
			Northport	V-17	East Hampton	S-103	Sagaponack	S-119
			Ocean Beach	V-18	East Islip	S-208	Sayville	S-221
			Old Field	V-19	East Moriches	S-209	Shelter Island	S-120
			Patchogue	V-20	Eastport/South Manor	S-128	Shoreham-Wading River	S-121
			Poquott	V-21	East Quogue	S-105	Smithtown	S-315
Babylon		T-01	Port Jefferson	V-22	Elwood	S-307	Southampton	S-122
Brookhaven		T-02	Quogue	V-23	Flre Island School	S-210	South Country	S-222
East Hampton		T-03	Sag Harbor	V-24	Fishers Island	S-106	South Huntington	S-316
Huntington		T-04	Sagaponack	V-32	Greenport	S-107	Southold	S-123
Islip		T-05	Saltire	V-25	Half Hollow Hills	S-308	Springs	S-124
Riverhead		T-06	Shoreham	V-26	Hampton Bays	S-108	Three Village	S-225
Shelter Island		T-07	Southampton	V-27	Harborfields	S-309	Tuckahoe	S-125
Smithtown		T-08	Village of the Branch	V-28	Hauppauge	S-211	Wainscott	S-126
Southampton		T-09	Westhampton Beach	V-29	Huntington	S-310	West Babylon	S-317
Southold		T-10	Westhampton Dunes	V-31	Islip	S-212	West Islip	S-226
			Other	V-00	Kings Park	S-311	Westhampton Beach	S-127
					Lindenhurst	S-312	William Floyd	S-227
					Little Flower	S-110	Wyandanch	S-318
					Longwood	S-214		

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							

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
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

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
Copiapue	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

Affairs at the time of application for additional credits.

Veterans who used 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 Veteran 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.

14. A. Do you claim additional credits as an honorably discharged war veteran for this examination?

- YES, AS A NON-DISABLED VETERAN
- YES, AS A DISABLED VETERAN
- 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.

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 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)

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.