

**MAIL OR DELIVER TO:**

Dutchess County Department of Human Resources  
County Office Building  
22 Market Street  
Poughkeepsie, NY 12601

**County of Dutchess**

www.dutchessny.gov

**APPLICATION FOR  
EXAMINATION OR EMPLOYMENT**

The New York State Human Rights Law protects individuals from discrimination based on their age, creed, race, color, sex, sexual orientation, national origin, marital status, disability, military status, domestic violence victim status, arrest record, conviction record, or predisposing genetic characteristics. Accordingly, nothing in this application should be viewed as expressing, either directly or indirectly, any limitation, specification, or discrimination as to the aforementioned items in connection with employment in the municipal service of the County of Dutchess.



**DUTCHESS COUNTY IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**

**GENERAL INFORMATION**

This application is used for both recruitments and as part of the Civil Service examination process. Some important requirements:

- Carefully read the appropriate examination or recruitment announcement before completing this application. It will inform you of the required minimum qualifications for the position and provide you with other important information.
- Application must be **completed in full** and **printed in ink or typed**. Incomplete information or illegibility will result in your application being disapproved.
- An **examination processing fee** is currently being charged for each exam. **It is not refundable**. Please see the exam announcement for more information.

**ADMISSION TO EXAMINATION**

Depending upon time available, applicants may be admitted to the exam without verification of statements and information contained in their application. When such information must be reviewed after the date of examination, candidates may subsequently be disqualified and the results of the examination voided.

If you have not received notice informing you of whether or not you are to be admitted to the exam by three (3) days prior to the exam date, call the examinations unit immediately at 486-2169.

**SPECIFIC INSTRUCTIONS**

**AFFIRMATIVE ACTION QUESTIONNAIRE** - The information requested on the reverse of this page is for internal monitoring only. This information is kept separate from the general application. Refusal to complete the form will not in any way affect the hiring process or otherwise subject the candidate to adverse treatment.

**ITEM 1** - Enter position title and examination number, if applicable. The same application may be used for both open competitive and promotional exams of the same title, but must have both exam numbers to be processed. Be sure to check the exam announcement to see if you qualify for the promotional exam.

**ITEM 3** - Immediate written notice should be given of any change of address, name or phone number. Be sure to include the position title, social security number, and the effective date of the change. A form for such notification is available from the office.

**ITEM 7** - Individuals appointed to positions will be required to provide verification of authorization for employment, pursuant to law.

**ITEM 8** - Veteran's Credit - In addition to answering the questions on this application, disabled and non-disabled veterans who are eligible for additional examination credit must submit an Application for Veterans Credit form. This form is available at the Department of Human Resources or the examination site, and must be completed and returned before the establishment of the eligible list.

**ITEM 13** - Exempt Volunteer Firefighters may be entitled to certain additional rights under Civil Service Law. Generally, an Exempt Volunteer Firefighter is anyone who, after attaining the age of 18, serves for at least 5 years as an active member of an authorized volunteer fire company. A certificate will be issued by the fire company to anyone who meets the standards established under General Municipal Law. Should you be appointed to a Civil Service position and subsequently obtain such certification, this office and your employer should be so notified.

**ITEM 17** - Education - Be as specific as possible when completing this section. Copies of transcripts, diplomas or professional licenses must be submitted with this application if specified on the recruitment or exam announcement.

**ITEM 18** - Work Experience - Be specific in describing work experience which relates to the position you are applying for. Indicate a percentage of time spent on each type of duty. Begin with your most recent employment, and be sure your description is clear and accurate.

**Omissions or vagueness will NOT be resolved in your favor.** Dates of employment should be as specific as possible. Omission of the number of hours worked will result in no credit for that work experience.

Include *military service experience* when appropriate. Relevant *volunteer experience* will be considered only if allowed in the announced minimum qualifications and is verified and fully documented by the applicant. *Part-time work experience* will be prorated unless otherwise stated on the specific announcement. *Cooperative education positions or internships* will not be counted if they also formed part of required education or degree.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please complete this questionnaire. This form will be removed from the general application and kept in a confidential location.

**Your cooperation is voluntary  
and is much appreciated!**

# AFFIRMATIVE ACTION QUESTIONNAIRE

www.dutchessny.gov

Complete for County Employment Only

Name \_\_\_\_\_ Male / Female (circle one)

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

**How did you learn of this position?** (check one)

- |                                               |                                                    |                                                   |
|-----------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> EEO Office           | <input type="checkbox"/> NYS Job Service           | <input type="checkbox"/> Org. for the Handicapped |
| <input type="checkbox"/> Examination Hotline  | <input type="checkbox"/> Ethnic Organization       | <input type="checkbox"/> Veteran's Organization   |
| <input type="checkbox"/> Employee Newsletter  | <input type="checkbox"/> Relative or Friend        | <input type="checkbox"/> Employment Agency        |
| <input type="checkbox"/> Newspaper Ad         | <input type="checkbox"/> County Employee           | <input type="checkbox"/> Posted Announcement      |
| <input type="checkbox"/> Women's Organization | <input type="checkbox"/> Professional Organization | <input type="checkbox"/> College Placement Office |
| <input type="checkbox"/> Internet Listing     | <input type="checkbox"/> Other (specify): _____    |                                                   |

**Please check the one which best describes your Race / Ethnicity.**

If Hispanic ...

If not Hispanic ...

- |                                                             |                                                                      |                                                   |
|-------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> A. Mexican                         | <input type="checkbox"/> E. White                                    | <input type="checkbox"/> L. Guamanian / Chamorro  |
| <input type="checkbox"/> B. Puerto Rican                    | <input type="checkbox"/> F. African American                         | <input type="checkbox"/> M. Vietnamese            |
| <input type="checkbox"/> C. Cuban                           | <input type="checkbox"/> G. Filipino                                 | <input type="checkbox"/> N. Asian Indian          |
| <input type="checkbox"/> D. Any other Spanish /<br>Hispanic | <input type="checkbox"/> H. American Indian (specify<br>tribe) _____ | <input type="checkbox"/> O. Eskimo                |
|                                                             | <input type="checkbox"/> I. Japanese                                 | <input type="checkbox"/> P. Aleut                 |
|                                                             | <input type="checkbox"/> J. Chinese                                  | <input type="checkbox"/> Q. Hawaiian              |
|                                                             | <input type="checkbox"/> K. Korean                                   | <input type="checkbox"/> R. Samoan                |
|                                                             |                                                                      | <input type="checkbox"/> X. Other (specify) _____ |

**Check any of the following that are applicable.**

- Vietnam Era Veteran (December 22, 1961 to May 7, 1975)
- Disabled Veteran
- Handicapped

It is the policy of *Dutchess County* to provide equal opportunity to all employees and applicants for employment without regard to race, color, creed, national origin, age, sex, marital status or domestic violence victim status, religion, sexual orientation, medical condition, or physical or mental disability, citizenship, HIV status, handicap, predisposing genetic characteristics, arrest record, conviction record, military or veteran status. In addition, Dutchess County has an Affirmative Action Program which creates equal opportunity for all personnel to be chosen by merit and fitness, in accordance with New York State Civil Service Law.

# Dutchess County General Application (see page 1 for specific instructions)

**1. Title of Position** \_\_\_\_\_

**Exam Number(s)** (if applicable) \_\_\_\_\_

www.dutchessny.gov

For Office Use Only

Approved \_\_\_\_\_

Conditional \_\_\_\_\_

Disapproved \_\_\_\_\_

Fee Paid \_\_\_\_\_ Waiver \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_

|           |            |         |
|-----------|------------|---------|
| Last Name | First Name | Initial |
|-----------|------------|---------|

Address \_\_\_\_\_

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

|           |               |
|-----------|---------------|
| Day Phone | Evening Phone |
|-----------|---------------|

4. State your permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date. Village of Wappingers Falls residents should also include town.

|                   | Area  | Yrs/Mos |
|-------------------|-------|---------|
| School District   | _____ | _____   |
| Village/Town/City | _____ | _____   |
| County of         | _____ | _____   |
| State of          | _____ | _____   |

5. If you are under 18 years of age, can you provide proof of your eligibility to work? Yes \_\_\_\_\_ No \_\_\_\_\_

6. If the position you are applying for has minimum or maximum age limits (see announcement), please enter your date of birth:  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

7. Are you currently a U.S. citizen?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", give alien registration number: \_\_\_\_\_

8. Have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", omit questions 9 through 12. If "Yes", refer to Veterans Credits instruction sheet, available upon request.

9. Did you serve in the Armed Forces of the United States during any of the following periods? Yes \_\_\_\_\_ No \_\_\_\_\_

- A. December 7, 1941 to December 31, 1946
- B. June 27, 1950 to January 31, 1955
- C. February 28, 1961 to May 7, 1975
- D. August 2, 1990 to "end of such hostilities"
- E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

10. Did you receive an expeditionary medal for any of the following conflicts? Yes \_\_\_\_\_ No \_\_\_\_\_

- A. Lebanon - June 1, 1983 to December 1, 1987
- B. Grenada - October 23, 1983 to November 21, 1983
- C. Panama - December 20, 1989 to January 31, 1990

11. Are you classified as: (Check appropriate)  
 A non-disabled war veteran \_\_\_\_\_  
 A disabled war veteran \_\_\_\_\_

12. Since January 1, 1951, have you used additional credits as a veteran for appointment to any position in the public employment of New York State or any of its civil divisions?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

13. Do you possess certification as an Exempt Volunteer Firefighter? Yes \_\_\_\_\_ No \_\_\_\_\_

14. If you have been employed by the County of Dutchess or by any civil division therein (city, town, village, school district or special district), please state location(s) and dates:

Location: \_\_\_\_\_ Dates: \_\_\_\_\_  
 \_\_\_\_\_

**15. For examination purposes only:**

Indicate if you desire accommodation because you ...

- \_\_\_\_\_ ... cannot be tested on the announced exam date due to a conflict with a religious observance or practice.
- \_\_\_\_\_ ... are a handicapped individual and require the following assistance or accommodations:

\_\_\_\_\_  
 \_\_\_\_\_

# Dutchess County General Application

## Exam Fee Waiver Request

All examinations offered by Dutchess County currently require a non-refundable processing fee. This fee will be waived in accordance with Civil Service Law Section 50.5(b) for candidates who certify they are unemployed **and** primarily responsible for the support of a household, **or** who are receiving public assistance.

Yes

No

\_\_\_\_\_

\_\_\_\_\_

I am unemployed, primarily responsible for the support of a household, and cannot be claimed as a dependant on another person's tax return.

\_\_\_\_\_

\_\_\_\_\_

I am currently receiving Supplemental Security Income (SSI) payments.

\_\_\_\_\_

\_\_\_\_\_

I am currently on Medicaid.

\_\_\_\_\_

\_\_\_\_\_

I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance). Case number: \_\_\_\_\_ (must be entered)

\_\_\_\_\_

\_\_\_\_\_

I am currently certified for Job Training Partnership Act /Workforce Investment Act programs.

I affirm that the information I have provided is true under the possible penalties of disqualification and perjury.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Affirmation and Authorization to Investigate and Release

The undersigned applicant hereby affirms that the statements made on this application and any attached papers or documents are true under the penalties of disqualification and perjury.

The undersigned applicant hereby authorizes the Department of Human Resources of the County of Dutchess or its agents to investigate matters necessary for the verification of the qualifications of the applicant. Such authorization shall include the right to examine any and all records, files, histories or other information relating to the applicant in the possession of any federal, state or municipal authority, corporation, agent or person. Furthermore, such investigation may include a criminal background investigation, which would require a fingerprint check, to determine overall suitability for employment. Failure to meet standards for the background investigation may result in disqualification. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Dutchess County General Application** (Complete in full – attaching a resume is *not* sufficient)

Name \_\_\_\_\_ Position / Exam \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (day) \_\_\_\_\_  
 \_\_\_\_\_ Phone (evening) \_\_\_\_\_

| 16. LICENSES         | Title / Issuing Agency                                                                               | License Number | Original Date of Issue | Expiration Date |
|----------------------|------------------------------------------------------------------------------------------------------|----------------|------------------------|-----------------|
| Trade / Professional | _____                                                                                                | _____          | _____                  | _____           |
| Driver               | Do you have a valid license to operate a motor vehicle in New York? Yes _____ (Class _____) No _____ |                |                        |                 |

| 17. EDUCATION AND SKILLS                                                    | Name / Location                                                                                                                                                                              | Dates Attended | F/T or P/T | # Yrs | Major / Type of Course | # of Crds | Degree Earned / Date Awarded |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|-------|------------------------|-----------|------------------------------|
| College, Trade or Technical School / Special Courses / Continuing Education | _____                                                                                                                                                                                        | _____          | _____      | _____ | _____                  | _____     | _____                        |
| High School                                                                 | Name of School / Issuing Agency _____<br>Address _____                                                                                                                                       |                |            |       |                        |           |                              |
|                                                                             | Graduated? Yes _____ Indicate Equivalency Diploma Number if Applicable _____<br>No _____ Indicate Last Grade Completed _____                                                                 |                |            |       |                        |           |                              |
| Keyboarding                                                                 | Indicate typing / keyboarding experience and whether from work, training or both: _____                                                                                                      |                |            |       |                        |           |                              |
| Computers                                                                   | Indicate program experience in the following types of software and whether from work or training:<br>word processing _____<br>spread sheet _____<br>database management _____<br>other _____ |                |            |       |                        |           |                              |
| Languages                                                                   | Indicate languages other than English and general level of ability in speaking, reading and writing:<br>_____<br>_____                                                                       |                |            |       |                        |           |                              |

| 18. WORK EXPERIENCE                            | List most recent experience first. Attach additional sheets if necessary. <b>A resume is not sufficient.</b><br>_____ Check to indicate you do not wish your present employer to be contacted at this time. |         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Length of Employment<br>Mo/Yr Mo/Yr<br>From To | Firm Name                                                                                                                                                                                                   | Address |
| Hours per Week                                 | Duties (indicate % of time for each) _____                                                                                                                                                                  |         |
| Earnings                                       | _____                                                                                                                                                                                                       |         |
| Title                                          | _____                                                                                                                                                                                                       |         |
| Type of Business                               | _____                                                                                                                                                                                                       |         |
| Supervisor                                     | _____                                                                                                                                                                                                       |         |
| Supervisor's Title                             | _____                                                                                                                                                                                                       |         |

## Dutchess County General Application

### 18. WORK EXPERIENCE (Cont'd)

(Attach additional sheets if necessary, following this format. A resume is not sufficient. You must indicate months and hours worked per week to receive credit for work experience.)

|                                                                                                                                       |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Length of Employment<br>Mo/Yr      Mo/Yr<br>From:      To:                                                                            | Firm Name: _____ Address: _____                                                   |
| Hours per Week: _____<br>Earnings: _____<br>Title: _____<br>Type of Business: _____<br>Supervisor: _____<br>Supervisor's Title: _____ | Duties (indicate % of time for each)<br>_____<br>_____<br>_____<br>_____<br>_____ |
| Length of Employment<br>Mo/Yr      Mo/Yr<br>From:      To:                                                                            | Firm Name: _____ Address: _____                                                   |
| Hours per Week: _____<br>Earnings: _____<br>Title: _____<br>Type of Business: _____<br>Supervisor: _____<br>Supervisor's Title: _____ | Duties (indicate % of time for each)<br>_____<br>_____<br>_____<br>_____<br>_____ |
| Length of Employment<br>Mo/Yr      Mo/Yr<br>From:      To:                                                                            | Firm Name: _____ Address: _____                                                   |
| Hours per Week: _____<br>Earnings: _____<br>Title: _____<br>Type of Business: _____<br>Supervisor: _____<br>Supervisor's Title: _____ | Duties (indicate % of time for each)<br>_____<br>_____<br>_____<br>_____<br>_____ |
| Length of Employment<br>Mo/Yr      Mo/Yr<br>From:      To:                                                                            | Firm Name: _____ Address: _____                                                   |
| Hours per Week: _____<br>Earnings: _____<br>Title: _____<br>Type of Business: _____<br>Supervisor: _____<br>Supervisor's Title: _____ | Duties (indicate % of time for each)<br>_____<br>_____<br>_____<br>_____<br>_____ |