



County of Ulster

Application for Examination or Employment

Leave this space blank.
Date Received: _____

Title of Exam or Position for which you are applying: _____

Exam # (if applicable): _____

Leave this space blank.

Approved: _____

Disapproved: _____

Conditional: _____

INSTRUCTIONS AND INFORMATION

COMPLETING THIS APPLICATION - This application is part of your examination. Answer all questions fully and carefully. Print in ink. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

ANNOUNCEMENT OF EXAMINATION - Carefully read the examination announcement before filing out your application.

ADMISSION TO EXAMINATION - Contact the Ulster County Personnel Department immediately if you do not receive notice within three days of the examination informing you whether or not you are to be admitted to the examination.

FILING FEE - There is a non-refundable filing fee for the examination for which you are applying. Please refer to the examination announcement. The non-refundable filing fee may be waived as described on the examination announcement.

MAIL OR DELIVER TO: Ulster County Personnel Department, County Office Building, 244 Fair St., Box 1800, Kingston, NY 12402-1800. Telephone: (845) 340-3550.

Name: _____ Social Security Number: _____ - _____ - _____

Last First MI Suffix

Please state any other name(s) previously used in education or employment: _____

Mailing Address: _____

Street or P.O. Box (if P.O. Box, fill in Residence Address below) City State ZIP

Physical Address: _____

Street (if P.O. Box or different than Mailing Address) City State ZIP

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

State your current permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date.	Length of Residency (Yrs./Mos.)	
School District		
Town		
Village		
County		
State		

Are you currently a United States citizen? Yes No If not, please provide alien registration number: _____

Are you 18 years of age? Yes No If you are under 18, you will need to provide current working papers.
If the position for which you are applying has minimum/maximum age limits (per announcement,) please enter your birth date:
_____ (MM/DD /YYYY)

Do you possess certification as an exempt volunteer firefighter? Yes No

If you have ever been employed by the County of Ulster or any civil division therein (city, town, village, school district, or special district,) please state location(s) and date(s) of employment:

The County of Ulster is an Equal Opportunity Employer

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10. DESCRIPTION OF EXPERIENCE: In listing your experience, be more specific in describing those which relate to the position for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will not be resolved in your favor. Include military service experience when appropriate. Relevant volunteer (unpaid) experience will be considered if verified and fully documented (unless otherwise stated on the examination announcement). 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 8" x 11" sheets of paper using the same format.)

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Earnings (Select One)	Type of Business
From ___/___/___ To ___/___/___				\$ _____ <small>(Wk / Mo / Yr)</small>	
Your Exact Title		Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____

DUTIES: Describe the nature of the work personally performed by you, with estimates of percentages 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.

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Earnings (Select One)	Type of Business
From ___/___/___ To ___/___/___				\$ _____ <small>(Wk / Mo / Yr)</small>	
Your Exact Title		Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Earnings (Select One)	Type of Business
From ___/___/___ To ___/___/___				\$ _____ <small>(Wk / Mo / Yr)</small>	
Your Exact Title		Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____

Length of Employment (Mo/Yr)	Firm Name	Address	City and State	Earnings (Select One)	Type of Business
From ___/___/___ To ___/___/___				\$ _____ <small>(Wk / Mo / Yr)</small>	
Your Exact Title		Name of your Supervisor	Supervisor's Title		No. of hours worked per week (exclusive of overtime) _____
