



**7. Education:**

**High School:** Have you graduated from high school? Yes  No

If Yes, name & location of high school: \_\_\_\_\_

If High School Equivalency Diploma: \_\_\_\_\_

Issuing Governmental Authority: \_\_\_\_\_ Number: \_\_\_\_\_

| <b>Post High School Education:</b>                    |                                      |                                        |                                     |                          |                             |
|-------------------------------------------------------|--------------------------------------|----------------------------------------|-------------------------------------|--------------------------|-----------------------------|
|                                                       | <b>Name &amp; Location of School</b> | <b>Type of Course or Major Subject</b> | <b>No. of College Credits Rec'd</b> | <b>Did You Graduate?</b> | <b>Type of Degree Rec'd</b> |
| College, University, Professional or Technical School | _____                                | _____                                  | _____                               | _____                    | _____                       |
|                                                       | _____                                | _____                                  | _____                               | _____                    | _____                       |
|                                                       | _____                                | _____                                  | _____                               | _____                    | _____                       |
| Other School or Special Courses                       | _____                                | _____                                  | _____                               | _____                    | _____                       |
|                                                       | _____                                | _____                                  | _____                               | _____                    | _____                       |
|                                                       | _____                                | _____                                  | _____                               | _____                    | _____                       |

**Continuing Education:** Continuing education refers to formal degree programs, in-service education, professional seminars and convocations, or other educational activities designed to help maintain and improve skills and keep abreast of the occupational field for which the examination is being held.

For a course, seminar, etc., to be considered for credit as part of a candidate's continuing education, it must meet all of the following criteria:

1. It is relevant to the occupational field;
2. It has been completed within the last six (6) years;
3. It has been completed after the candidate's date of licensure;
4. It has NOT already been used to meet the minimum qualifications of the examination.

| <b>Name &amp; Location of Institution</b> | <b>Area of Study</b> | <b>Name of Course</b> | <b>No. of Credits/Course Hours Earned</b> | <b>Completion Date</b> | <b>Still Enrolled?</b> |
|-------------------------------------------|----------------------|-----------------------|-------------------------------------------|------------------------|------------------------|
| _____                                     | _____                | _____                 | _____                                     | _____                  | _____                  |
| _____                                     | _____                | _____                 | _____                                     | _____                  | _____                  |
| _____                                     | _____                | _____                 | _____                                     | _____                  | _____                  |
| _____                                     | _____                | _____                 | _____                                     | _____                  | _____                  |

|                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Partially Completed Course of Study:</b><br/>If credit is claimed for a partially completed college curriculum or course of study, attach a list of courses and credits completed, and indicate graduation requirements.</p> | <p><b>Transcripts:</b><br/>If the Position for which you are applying requires a specific area of study or degree, please send appropriate official transcripts. Required degrees and/or coursework will be verified.</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**8. 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, please provide the following information:

**Name of Trade or Profession:** \_\_\_\_\_ **License No.:** \_\_\_\_\_

**Licensing Agency:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Dates of Validation: From** \_\_\_\_\_ **To** \_\_\_\_\_ **If you are not currently licensed, check this box:**

**9. Driver License:** A Driver License may be a requirement for certain positions. Do you have a valid license to operate a motor vehicle in

|                                                                          |                    |              |                           |
|--------------------------------------------------------------------------|--------------------|--------------|---------------------------|
| New York State? Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>License No.</b> | <b>Class</b> | <b>Date of Expiration</b> |
| <b>Special License Endorsements:</b>                                     |                    |              |                           |

**10. Contacting Employers:** For reference purposes, may we contact your present employer?

Yes  No  Past employers? Yes  No

If no, please explain: \_\_\_\_\_



|                                                                                                  |           |         |             |
|--------------------------------------------------------------------------------------------------|-----------|---------|-------------|
| LENGTH OF EMPLOYMENT<br>FROM ____/____/____ TO ____/____/____<br>MO YR MO YR                     | FIRM NAME | ADDRESS | CITY, STATE |
| TYPE OF BUSINESS                                                                                 |           |         |             |
| YOUR EXACT TITLE                                                                                 |           |         |             |
| SUPERVISOR'S NAME                                                                                |           |         |             |
| SUPERVISOR'S TITLE                                                                               |           |         |             |
| <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOLUNTEER |           |         |             |
| NO. OF HOURS WORKED PER WEEK<br>(EXCLUSIVE OF OVERTIME)                                          |           |         |             |
| REASON FOR LEAVING                                                                               |           |         |             |
| LENGTH OF EMPLOYMENT<br>FROM ____/____/____ TO ____/____/____<br>MO YR MO YR                     | FIRM NAME | ADDRESS | CITY, STATE |
| TYPE OF BUSINESS                                                                                 |           | DUTIES  |             |
| YOUR EXACT TITLE                                                                                 |           |         |             |
| SUPERVISOR'S NAME                                                                                |           |         |             |
| SUPERVISOR'S TITLE                                                                               |           |         |             |
| <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOLUNTEER |           |         |             |
| NO. OF HOURS WORKED PER WEEK<br>(EXCLUSIVE OF OVERTIME)                                          |           |         |             |
| REASON FOR LEAVING                                                                               |           |         |             |
| LENGTH OF EMPLOYMENT<br>FROM ____/____/____ TO ____/____/____<br>MO YR MO YR                     | FIRM NAME | ADDRESS | CITY, STATE |
| TYPE OF BUSINESS                                                                                 |           | DUTIES  |             |
| YOUR EXACT TITLE                                                                                 |           |         |             |
| SUPERVISOR'S NAME                                                                                |           |         |             |
| SUPERVISOR'S TITLE                                                                               |           |         |             |
| <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOLUNTEER |           |         |             |
| NO. OF HOURS WORKED PER WEEK<br>(EXCLUSIVE OF OVERTIME)                                          |           |         |             |
| REASON FOR LEAVING                                                                               |           |         |             |
| LENGTH OF EMPLOYMENT<br>FROM ____/____/____ TO ____/____/____<br>MO YR MO YR                     | FIRM NAME | ADDRESS | CITY, STATE |
| TYPE OF BUSINESS                                                                                 |           | DUTIES  |             |
| YOUR EXACT TITLE                                                                                 |           |         |             |
| SUPERVISOR'S NAME                                                                                |           |         |             |
| SUPERVISOR'S TITLE                                                                               |           |         |             |
| <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOLUNTEER |           |         |             |
| NO. OF HOURS WORKED PER WEEK<br>(EXCLUSIVE OF OVERTIME)                                          |           |         |             |
| REASON FOR LEAVING                                                                               |           |         |             |
| LENGTH OF EMPLOYMENT<br>FROM ____/____/____ TO ____/____/____<br>MO YR MO YR                     | FIRM NAME | ADDRESS | CITY, STATE |
| TYPE OF BUSINESS                                                                                 |           | DUTIES  |             |
| YOUR EXACT TITLE                                                                                 |           |         |             |
| SUPERVISOR'S NAME                                                                                |           |         |             |
| SUPERVISOR'S TITLE                                                                               |           |         |             |
| <input type="checkbox"/> PAID <input type="checkbox"/> UNPAID <input type="checkbox"/> VOLUNTEER |           |         |             |
| NO. OF HOURS WORKED PER WEEK<br>(EXCLUSIVE OF OVERTIME)                                          |           |         |             |
| REASON FOR LEAVING                                                                               |           |         |             |

**\*If more space is needed, you may attach additional sheet(s) of paper\***

**15. How did you hear about this position?** Please let us know where you heard about this position (i.e. Personnel Department webpage, Facebook, Indeed, LinkedIn, newspaper, word of mouth, other). This information will be used only for analytical purposes.

\_\_\_\_\_

**\*YOUR APPLICATION WILL NOT BE ACCEPTED IF SUBMITTED UNSIGNED\***

**PERJURY STATEMENT:  
APPLICANTS—PLEASE BE ADVISED:**

Any and all statements made by the applicant in connection with Application for Employment are subject to verification, including background investigation by prospective appointing authorities. Misrepresentations may constitute cause for disqualification or discharge. Pursuant to Section 210.45 of the New York State Penal Law, **IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

**AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

By my signature below, I hereby authorize the Putnam County Personnel Department, the County of Putnam, and/or its respective departments, offices or agencies, and/or any municipality within Putnam County to request verbal or written verification or records of any or all information contained herein. By signing this authorization, I give my consent for full and complete disclosure and review of all records concerning me, whether said records are of a public, private or confidential nature. Further, I hereby release the Putnam County Personnel Department, Putnam County and/or its respective departments, offices or agencies, and/or any municipality within Putnam County, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. By signing this authorization, I give my consent for a photocopy of the *Application for Employment* containing this release to be valid as an original thereof, even though said photocopy will not contain an original writing of my signature.

I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury. My signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information."

Signature of Applicant

Date

Please indicate any additional information relative to change of name, maiden name, use of an assumed name or nickname:

**IMPORTANT APPLICANT INFORMATION**

**The Putnam County Personnel Department complies with all applicable state, federal and local laws governing employment and background screening.**

**CRIMINAL BACKGROUND CHECK:** All prospective employees are required to submit to a criminal background check once a conditional offer of employment has been extended and accepted. Certain positions may require candidates to undergo a State and national criminal 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 cost of fingerprinting will be the responsibility of the candidate being considered for, or conditionally offered, appointment.

**DRUG SCREENING:** In accordance with Putnam County's comprehensive drug-free workplace policy and procedures, and commitment to maintain a safe, alcohol and drug-free work environment, prospective employees are required to submit to a post-offer urinalysis test as a condition of employment.

**CHANGE OF ADDRESS:** Putnam County Personnel Department must receive **written notification of any change of address and/or telephone number** in order to communicate important employment information to you. Please note the title of position in your letter.

**EQUAL OPPORTUNITY:** In compliance with the **New York State Human Rights Law**, which prohibits discrimination in employment based on age, race, creed, color, national origin, sexual orientation, military status, sex, disability, marital status, domestic violence victim status, gender identity or expression, familial status, predisposing genetic characteristics, and criminal history, **no part of this application form is intended or should be construed to express, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status or criminal record** in connection with employment. Putnam County is an Equal Opportunity – Affirmative Action employer.

**REMARKS:** Use this space to provide any additional information, as necessary. If more space is required, attach additional 8½" x 11" sheet(s).