

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

SUFFOLK COUNTY DEPARTMENT OF HUMAN RESOURCES, PERSONNEL AND CIVIL SERVICE

**THIS IS FORM CS-205 PART A. YOU MUST ALSO COMPLETE FORM CS-205 PART B.** 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](http://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.

**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
					<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
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.  
( )

Successful completion of an appropriate medical examination may be required.

If you answered YES to any part of question 7 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.**

8. 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.

9. Do you need special accommodations to participate in this examination?  
YES ☐ NO ☐

If you checked YES, please describe the type of assistance you request in the COMMENTS section below.

10. 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			
NOTES	<input type="checkbox"/> PENDING TRANSCRIPT <input type="checkbox"/> PENDING _____	ELIGIBLE	INELIGIBLE
		DATE	

**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.**

**11. EDUCATION**

- A. Have you graduated from senior high school?  
If yes, complete name and location.

☐ YES

☐ NO

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							
Technical or other Schools or Special Courses	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?

12. 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 \_\_\_\_\_

13. 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:

**14. 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:		



B. 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:		

C. 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:		

D. 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:		

E. 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:

1. 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

2. Have been honorably discharged or released under honorable conditions from such service and be a New York State resident.

3. 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), and forward a copy 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 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 Veterans 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.

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

1. ☐ YES, AS A NON-DISABLED VETERAN  
2. ☐ YES, AS A DISABLED VETERAN  
3. ☐ 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 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)

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
Other		C-0

TOWNS		
NAME	COUNTY	CODE
Babylon		T-01
Brookhaven		T-02
East Hampton		T-03
Huntington		T-04
Islip		T-05
Riverhead		T-06
Shelter Island		T-07
Smithtown		T-08
Southampton		T-09
Southold		T-10

**INCORPORATED VILLAGES**

NAME	CODE
Amityville	V-01
Asharoken	V-02
Babylon	V-03
Belle Terre	V-04
Bellport	V-05
Brightwaters	V-06
Daring 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

Lindenhurst	V-13	Comsewogue	S-206
Lloyd Harbor	V-14	Connetquot	S-207
Nissequoque	V-15	Coplugue	S-305
North Haven	V-16	Deer Park	S-306
Northport	V-17	Sagaponack	S-103
Ocean Beach	V-18	Sayville	S-208
Old Field	V-19	Sheller Island	S-209
Patchogue	V-20	Shoreham-Wading River	S-128
Poquoit	V-21	Smithtown	S-315
Port Jefferson	V-22	Southampton	S-122
Quogue	V-23	South Country	S-222
Sag Harbor	V-24	South Huntington	S-316
Sagaponack	V-32	Southold	S-123
Saltire	V-25	Springs	S-124
Shoreham	V-26	Three Village	S-225
Southampton	V-27	Tuckahoe	S-125
Village of the Branch	V-28	Wainscott	S-126
Westhampton Beach	V-29	West Babylon	S-317
Westhampton Dunes	V-31	West Islip	S-226
Other	V-00	Westhampton Beach	S-127
		William Floyd	S-227
		Wyandanch	S-318

**SCHOOL DISTRICTS**

Amagansett	S-101	Mattituck - Cutchogue	S-111
Amityville	S-301	Middle Country	S-213
Babylon	S-302	Miller Place	S-215
Bay Shore	S-201	Montauk	S-112
Bayport-Blue Point	S-202	Mt. Sinai	S-216
Brentwood	S-203	New Suffolk	S-113
Bridgehampton	S-102	North Babylon	S-313
Center Moriches	S-204	Northport - E. Northport	S-314
Central Islip	S-205	Oysterponds	S-114
Cold Spring Harbor	S-303	Patchogue-Medford	S-217
Commack	S-304	Port Jefferson	S-218
		Quogue	S-115
		Remsenberg - Speonk	S-116

Riverhead	S-117	Coplugue	L-11
Rocky Point	S-219	Deer Park	L-12
Sachem	S-220	East Islip	L-13
Sag Harbor	S-118	Elwood	L-35
Sagaponack	S-119	Half Hollow Hills	L-14
Sayville	S-221	Harborfields	L-15
Sheller Island	S-120	Hauppauge	L-34
Shoreham-Wading River	S-121	Huntington	L-16
Smithtown	S-315	Islip	L-17
Southampton	S-122	Lindenhurst	L-18
South Country	S-222	Longwood	L-21
South Huntington	S-316	Mastic-Moriches-Shirley	L-19
Southold	S-123	Middle Country	L-20
Springs	S-124	Montauk	L-33
Three Village	S-225	North Babylon	L-22
Tuckahoe	S-125	North Shore	L-27
Wainscott	S-126	Northport	L-23
West Babylon	S-317	Patchogue-Medford	L-24
West Islip	S-226	Sachem	L-25
Westhampton Beach	S-127	Sayville	L-26
William Floyd	S-227	Smithtown	L-28
Wyandanch	S-318	South Huntington	L-29

**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

**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.