Town of Washington

Mail or Deliver To:
Town of Washington
10 Reservoir Drive – P.O Box 667
Millbrook, New York 12545

Dutchess County
Department of Human Resources
22 Market Street, 5th Floor, Poughkeepsie, NY 12601 (845) 486-2169
www.dutchessny.gov/jobs

Application for Examination or Employment

Title of Position: _____ **Exam Number:** _____	For Office Use Only Approved: _____ Conditional: _____ Disapproved: _____ Fee Paid Fee Waiver
Please read the exam/ recruitment announcement before completing this application. It will inform you of the required minimum qualifications for the position. Examination processing fees are non-refundable.	For Agency Use Only Name of Agency: _____ Submitted by: _____ Date Submitted: _____

Applicant Information

Social Security Number:	**Email:**	
Last Name:	**First Name:**	**Middle Initial:**
Mailing Address: **Street:** **City/Town:**	**State:**	**Zip Code:**
Legal Address: **Street:** **City/Town:**	**State:**	**Zip Code:**
Day Phone:	**Night Phone:**	**Cell Phone:**
Contact Preference: ☐Email ☐I prefer to be notified by post For fastest response please provide email address.		

PERMANENT RESIDENCE INFORMATION:

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. This section will be used to determine residence preference for eligibility lists. Please be sure to include your permanent legal residence for each of the applicable areas below:

School District:	**Years:**	**Months:**
Town/Cities:	**Years:**	**Months:**
Village:	**Years:**	**Months:**
Fire District:	**Years:**	**Months:**
County:	**Years:**	**Months:**
State:	**Years:**	**Months:**

AGE/ CITIZENSHIP INFORMATION

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes ☐ No ☐

If the position you are applying for has age requirements (see announcement), enter your date of birth. MM/DD/YYYY

Are you currently a U.S. Citizen? Yes ☐ No ☐	If you answered "No" to currently being a U.S. citizen, please enter your alien registration number.

11/13/2025

Name of Applicant: _____ Exam Number/Title: _____

FOR EXAMINATION PURPOSES ONLY:

ALTERNATE TEST DATE

If, for any of the following reasons, you cannot take the test on the announced test date, arrangements may be made for you to take the test on an alternate test date. If applicable, check the appropriate box below and attach supporting documentation with this application. If you have an emergency on the exam day, contact the Department of Human Resources on the next business day. You will be required to submit documentation of your emergency.

☐ Military Orders ☐ Religious Observance ☐ Vacation plans that were made BEFORE the examination was posted	☐ Participant or immediate family member of a participant in a religious or civil ceremony (e.g. wedding, graduation, baptism, bar mitzvah) ☐ A conflicting professional or educational examination ☐ A required court appearance or grand jury duty

SPECIAL ACCOMMODATIONS

Indicate if you desire special testing accommodations.

☐ Individual with a disability: you are an individual with a disability and require the following assistance or accommodations.
Please explain:

CROSS-FILER INFORMATION

Candidates who apply for multiple examinations scheduled on the same date in different jurisdictions must make arrangements to take all examinations at **one** test site. This form must be completed and filed with **each jurisdiction** involved as soon as possible, but **no later than two (2) weeks before the exam date**. **NOTE:** Candidates who apply for both **New York State** and **Local** jurisdiction exams must make arrangements to take all exams **at the New York State exam site no later than two (2) weeks before the exam date.**

Exam Date: _____ **Exam Number(s):** **Title(s):** _____ _____ _____	Jurisdiction where you plan to take the examinations listed below: **Jurisdiction(s)** _____ _____ _____

VETERANS' INFORMATION

If you are serving or have served in the armed forces of the United States on a full-time active-duty basis, you may be eligible to receive credits as a Disabled or Non-Disabled Veteran. (See Application for Veterans' Credits)

Are you a Veteran? Yes ☐ No ☐	If you are a Veteran, do you wish to claim Veteran's Credits? Yes ☐ No ☐

To Claim Veterans Credits, complete the Application for Veterans Credits and attach to this application.

Are you classified as:

A non-disabled veteran Yes ☐ No ☐ A disabled veteran Yes ☐ No ☐

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 ☐

EXEMPT FIREFIGHTER

Are you a sibling of a Fire Fighter or Police Officer lost in 9/11/01? Yes ☐ No ☐	Are you a child of a Fire Fighter or Police Officer lost in line of duty? Yes ☐ No ☐	Do you possess certification as an Exempt Volunteer Firefighter? Yes ☐ No ☐

PREVIOUS DUTCHESS COUNTY EMPLOYEE

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

Previous Agency: _____ Dates: _____

Previous Agency: _____ Dates: _____

Previous Agency: _____ Dates: _____

Name of Applicant: ________________________ Exam Number/Title: ____________________

EDUCATION AND TRAINING

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.

Did you graduate high school?	☐ YES Name and location of high school:
☐ NO Last grade of High School completed:	Do you have GED/High School equivalency diploma? YES* ☐NO ☐ *Name of issuing agency and GED/High School equivalency number:

KEYBOARDING: Indicate typing / keyboarding experience and whether from work, training or both:

LANGUAGE INFORMATION: Indicate below languages other than English and general level of ability in speaking, reading and writing.

Your degree or college credit must have been awarded by a college or university accredited by a regional, national, or specialized agency recognized as an accrediting agency by the U.S. Department of Education/U.S. Secretary of Education.

My diploma/degree was earned outside the United States Yes* ☐ No ☐

*For foreign degrees, provide a copy of official foreign education evaluation. Only member organizations of the National Association of Credential Evaluation Services can be accepted. You can find a full listing of member organizations on their website http://naces.org/members.html

Name of College/University/Trade School Technical School/Certificate

Degree Earned:	Start Date:	End Date (blank if enrolled):	Full or Part Time:
Major/Type of Courses:	# of Years Attended:	Credits Earned:	Date Degree Received or Expected:

Name of College/University/Trade School Technical School/Certificate

Degree Earned:	Start Date:	End Date (blank if enrolled):	Full or Part Time:
Major/Type of Courses:	# of Years Attended:	Credits Earned:	Date Degree Received or Expected:

Name of College/University/Trade School Technical School/Certificate

Degree Earned:	Start Date:	End Date (blank if enrolled):	Full or Part Time:
Major/Type of Courses:	# of Years Attended:	Credits Earned:	Date Degree Received or Expected:

DRIVER'S LICENSE INFORMATION

Do you have a valid license to operate a motor vehicle in New York? Yes ☐ No ☐	Do you have a valid out-of-state license? Yes ☐ No ☐
Driver's License Number:	License Endorsements:
License Class:	Date of Expiration:

TRADE/PROFESSIONAL LICENSES

Title/Issuing Agency: License Number:	Original Date of Issue: Expiration Date:
Title/Issuing Agency: License Number:	Original Date of Issue: Expiration Date:
Title/Issuing Agency: License Number:	Original Date of Issue: Expiration Date:

Name of Applicant: _____ Exam Number/Title: _____

EMPLOYMENT HISTORY

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 the employment(s) that qualify you for the position and be sure your description is clear and accurate.
A resume is not sufficient. For a promotional exam, you must include your employment history, or your application may not be approved.

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.

☐ Please check if you do not have any employment history to include.
☐ Please check if you do not wish for your present employer to be contacted at this time.

Employer Name:			
Address:			
Type of Business:		Your Title:	
Supervisor:		Supervisor's Title:	
From Date:	To Date: (leave blank if currently employed)	Weekly Hours (excl. overtime)	☐ Paid ☐ Volunteer
Duties:			
Average Volunteer Hours per Week:	Total Volunteer Weeks:	Total Number of Hours of Work Claimed:	

Employer Name:			
Address:			
Type of Business:		Your Title:	
Supervisor:		Supervisor's Title:	
From Date:	To Date: (leave blank if currently employed)	Weekly Hours (excl. overtime)	☐ Paid ☐ Volunteer
Duties:			
Average Volunteer Hours per Week:	Total Volunteer Weeks:	Total Number of Hours of Work Claimed:	

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Employer Name:			
Address:			
Type of Business:		Your Title:	
Supervisor:		Supervisor's Title:	
From Date:	To Date (leave blank if currently employed):	Weekly Hours (excl. overtime)	☐ Paid ☐ Volunteer
Duties:			
Average Volunteer Hours per Week:	Total Volunteer Weeks:	Total Number of Hours of Work Claimed:	

Employer Name:			
Address:			
Type of Business:		Your Title:	
Supervisor:		Supervisor's Title:	
From Date:	To Date (leave blank if currently employed):	Weekly Hours (excl. overtime)	☐ Paid ☐ Volunteer
Duties:			
Average Volunteer Hours per Week:	Total Volunteer Weeks:	Total Number of Hours of Work Claimed:	

TYPE OF EMPLOYMENT

Please select the type(s) of employment you are willing to consider: (This will affect the certifications your name is sent out on. You can change this information at any time. Changes will not take effect retroactively.)

☐ Full Time (35/40 hours regular work week)	☐ Part Time (max 17.5/20 hours - no more than half hours of regular work week)	☐ Seasonal (temporary for a season)	☐ Hourly (less than full time regular work week)

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FOR EXAM PURPOSES ONLY

Fee Waiver Information

Section 50.5(b) of the NYS Civil Service Law allows exam fees to be waived for candidates who certify that they are currently in one of the following categories.

Please check the boxes that apply to you:

YES	NO	
☐	☐	I am unemployed and primarily responsible for support of a household and cannot be claimed as a dependent on another person's tax return.
☐	☐	I am currently on Medicaid.
☐	☐	I am currently receiving Supplemental Security Income (SSI) payments. Case No. _____
☐	☐	I am currently receiving Public Assistance (Temporary Assistance for Needy Families, Family Assistance or Safety Net Assistance.)
☐	☐	I am currently certified Job Training Partnership Act/Workforce Investment Act eligible through a State or Local social service agency.
☐	☐	By checking this box, I certify that I am qualified to receive an exam fee waiver because of my current status indicated above. I understand that my waiver claim may be investigated and that I may be disqualified from the civil service exam if I make a false statement regarding my eligibility for the exam fee waiver.
☐	☐	By checking this box, I certify that I am a current employee in a department or agency under the jurisdiction of the Dutchess County Civil Service, I have already applied for the Open Competitive Exam, and I am applying for an Interdepartmental Promotion/Promotion Exam waiver.

AFFIRMATION AND AUTHORIZATION TO INVESTIGATE AND RELEASE

NOTICE

FINGERPRINTING: A fingerprint supported background investigation is required before an appointment is made to some positions. Pursuant to New York State Executive Law, the Division of Criminal Justic Services requires that a fee accompany each such request for a search.

☐ By checking this box, I affirm that the statements made on this application and any attached papers or documents are true under 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 entitles supplying or collecting such information.

Signature: _____ **Date:** _____

Name of Applicant: _____ Exam Number/Title: _____

QUESTIONNAIRE

POSITION INFORMATION

How did you learn of this position?	Indicate Source

GENDER/RACE/ETHNICITY INFORMATION: If no options apply, please specify:

Gender:

☐ Male ☐ Female

☐ Non-Binary ☐ I decline to answer

Please select the one which best describes your Race / Ethnicity:

☐ I decline to answer

If Hispanic…	If not Hispanic…	
☐ Mexican	☐White	☐Guamanian/Chamorro
☐ Puerto Rican	☐African American	☐Vietnamese
☐ Cuban	☐Filipino	☐Asian Indian
☐ Other Spanish/ Hispanic	☐American Indian	☐Eskimo
	☐Japanese	☐Aleut
	☐ Chinese	☐Hawaiian
	☐ Korean	☐Samoan

VETERAN / DISABILITY INFORMATION

Check any of the following that are applicable. If you do not wish to answer, please leave blank.

☐ Vietnam Era Veteran (December 22, 1961 to May 7, 1975) ☐ Disabled Veteran ☐ Person with a disability