



DEPARTMENT OF PERSONNEL

TO APPLY FOR LABOR/MAINTENANCE JOBS

- * Applications for Labor and Maintenance positions are accepted on a continuous basis.
- * To apply for more than one position, you can make copies of the original application; however each application **must have your original signature.**
- * Complete **ONE (1)** application for the **Department or Agency** you are interested in. If you are applying for multiple positions in the Department of Public Works, **ONLY ONE (1)** application is needed.
- * Once applications are submitted to the Personnel Dept, they are forwarded to the Department or Agency for consideration.
- * **If and when a position becomes available and you are a candidate considered for a particular position, someone from the Department or Agency will contact you.**
- * You may update your application **each year** if you would like.

AGENCY:

- HOUSING AUTHORITY

DEPARTMENTS:

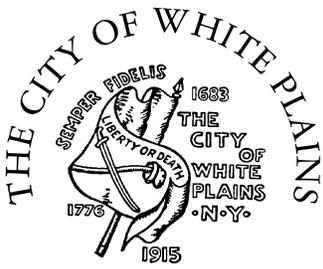
- PUBLIC WORKS

- PARKING

- PUBLIC SAFETY- SCHOOL CROSSING GUARD
(P/T: 10 months, 2hrs a day- max 10hrs weekly)

If interested in Labor positions with the Board of Education submit applications to:

Board of Education
5 Homeside Lane
White Plains, NY 10605
914-422-2000



DEPARTAMENTO DE PERSONAL

PARA SOLICITAR TRABAJOS DE MANTENIMIENTO / MANO DE OBRA

- * Las solicitudes para posiciones de mantenimiento son aceptadas continuamente.
- * Para solicitar mas de una posicion, usted puede hacer copias de la solicitud original, sin embargo **cada solicitud debe tener su firma original.**
- * Complete **UNA (1)** solicitud por el **Departamento o Agencia** en la cual este interesado. Si usted solicita varias posiciones con el Departamento de Obras Publicas, **SOLO UNA (1)** solicitud es necesaria.
- * Una vez que las solicitudes son entregadas al Departamento de Personal, las mismas son dirigidas al Departamento o la Agencia para consideracion.
- * **Cuando hay una posicion disponible y usted es un candidato considerado para esa posicion, alguien del Departamento o la Agencia se comunicara con usted.**
- * Usted puede actualizar su solicitud **cada año** si lo desea.

**** LAS SOLICITUDES TIENEN QUE ESTAR ESCRITAS EN INGLES****

AGENCIA:

- HOUSING AUTHORITY

DEPARTAMENTO:

- PUBLIC WORKS

Building Maintenance

Garage & Shop

Highway

Landscaping

Sanitation

Water/waste Water

- PARKING

- PUBLIC SAFETY- SCHOOL CROSSING GUARD

(P/T: 10 meses, 2hrs al dia- max 10hrs semanalmente)

Si esta interesado en posiciones de Mantenimiento con la Junta de Educación, las solicitudes deben ser enviadas a:

Board of Education
5 Homeside Lane
White Plains, NY 10605
914-422-2000

APPLICATION FOR EXAMINATION OR EMPLOYMENT



UPON COMPLETION MAIL OR DELIVER TO:
 CITY OF WHITE PLAINS
 PERSONNEL DEPARTMENT – ROOM 301
 255 MAIN STREET
 WHITE PLAINS, NY 10601

READ INSTRUCTIONS ON PAGE 4 BEFORE BEGINNING
 This application is part of the examination and must be filled out **completely and accurately**. Answer **all** questions **fully** in black or blue ink. Attach additional sheets and documents, if needed, to give complete information.
 If you apply for more than one examination, a separate application must be filed for each.

For office use
 WP Resident
 Crossfiler
 Spec. Accom.
 Military
 Perf Test Waiver

\$25 (Non-Refundable) APPLICATION FEE: SEE BACK PAGE

Applicants for Laborer, Driver, Maintenance, Sanitation, Highway, etc. are not required to take a written examination or pay the \$25 fee to submit an application. A \$25 fee will be required if selected for hire to such labor or non-competitive positions.

CITY OF WHITE PLAINS IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the City of White Plains to provide for and promote the equal opportunity of employment, compensation and other terms and conditions of employment without discrimination because of age, race, color, national origin, sex, disability, marital status, military status, gender identity, criminal convictions, or any other protected status.

(PLEASE PRINT OR TYPE)

1. EXAM TITLE	EXAM NUMBER

2. SOCIAL SECURITY NUMBER									
			-			-			

3. LAST NAME	FIRST NAME	M.I.

4. Do you have a change of name, use of an assumed name or nickname?
 No Yes, indicate here:

5. LEGAL RESIDENCE: Street Address	City	State	Zip
6. MAILING ADDRESS: (If different from Legal Residence) Street Address	City	State	Zip

7. Are you a City of White Plains Resident?	8. Home Phone ()
<input type="checkbox"/> No <input type="checkbox"/> Yes, since : ___ / ___ / ___	Cell Phone ()

9. Are you taking another Civil Service Exam on the same date? Yes No 10. Are you requesting an alternate test date? Yes No
11. Are you requesting special testing arrangements as a religious observer, active duty military or person with disability? Yes No

IF "YES", YOU **MUST** COMPLETE THE APPROPRIATE SECTION ON THE BACK OF THIS APPLICATION.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. PURSUANT TO SECTION 210.45 OF THE NEW YORK PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

Consistent with applicable collective bargaining agreement, employees may be required to submit to drug and/or alcohol testing for reasonable suspicion.
 Employees utilizing a Commercial Driver's license in their position will be subject to random drug testing per Federal Department of Transportation regulations.

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED: By my signature below, I authorize the City of White Plains, and/or its respective Departments, Offices, Agencies, Boards or Authorities to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. This authorization gives my consent for full and complete disclosure of records. I further release the City of White Plains, and/or its respective Departments, Offices, Agencies, Boards or Authorities, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of the front page of this Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does 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. I understand that any omission, misrepresentation and/or falsification of information in this application may constitute grounds for my disqualification and/or dismissal. I understand that all statements made in this application(s) for employment are subject to investigation and verification, and may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check and drug test, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification and/or dismissal.

SIGNATURE OF APPLICANT:	DATE:
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DO NOT WRITE BELOW - FOR CIVIL SERVICE USE

- YES - VETERAN'S CREDIT POINTS _____
- APPROVED _____
- CONDITIONAL _____
- DISAPPROVED _____

METHOD OF PAYMENT: (*Print Clearly)

- _____ Check/Money Order
 _____ Credit Card
- *Card No. _____
- *Exp Date _____
- Signature _____

EDUCATION AND TRAINING

YES ARE YOU 18 YEARS OF AGE OR OLDER?
 NO

YES ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? If selected for employment, you will be required to submit documentary proof
 NO of citizenship or status as a foreign citizen authorized to work in the United States.

HS DIPLOMA: School Name: _____ Location: _____ *Country: _____

YES
 NO

GED: Issued By: _____ Diploma Number: _____

YES
 NO

Education: HS or HS equivalency diploma must be issued by an accredited education department of any State of the US or any territory, commonwealth, or possession of the US or by the Canal Zone or from the US Armed Forces certifying successful completion of the tests related to general education development, HS level. **An official transcript will be required as verification of required college level training within 45 days after the date of the examination. Failure to provide required official transcripts will result in disqualification.** If you claim credit for a partially completed college curriculum to meet the minimum exam qualifications, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. If the examination asks for specific course work, list the courses which you have passed on an attached sheet.

TRANSCRIPTS: Previously filed _____ On request from school _____ Copy attached _____ (must follow up with official copy)

COLLEGE/UNIVERSITY

Name of School and City in which located*	Type of Course or Major	Number of College Credits Received	Were You Graduated? Yes or No	Type of Degree Received

PROFESSIONAL SCHOOLS		MILITARY SERVICE SCHOOLS		OTHER SCHOOLS

*Applicants with a foreign High School diploma or college degree and/or course work completed at foreign universities must submit a course by course evaluation of their educational credentials within 45 days after the date of the examination (or at the time of appointment for non-competitive positions). You must pay the required evaluation fee. Evaluations will be accepted from services such as:

World Education Services, Inc. Bowling Green Station P.O. Box 5087 New York, NY 10274-5087 Web: www.wes.org Phone: (212) 966-6311	Globe Language Services, Inc. 305 Broadway Ste. 401 New York, NY 10007 Web: www.globelanguage.com Phone: (212) 227-1994	International Education Research Foundation, Inc. P.O. Box 3665 Culver City, CA 90231-3665 Web: www.ierf.org Email: info@ierf.org
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LICENSE: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination for which you are applying, complete the following and **attach copy**:

Name of Trade or Profession	Specialty	License Number
Granted by (Licensing agency) City or State	Date License Issued	Registered From (Mo/Yr) To (Mo/Yr)

DRIVER'S LICENSE: If a position requires a specified license to operate a motor vehicle list below. The applicant must provide the appointing authority a copy as proof of a current, valid license (subject to verification) prior to appointment.

OPERATOR
 COMMERCIAL (CDL)

Class _____ Number _____ Date of expiration _____ State _____

DESCRIPTION OF EXPERIENCE

ALL SECTIONS MUST BE FILLED OUT COMPLETELY. DO NOT LEAVE BLANK. A RESUME IS NOT A SUBSTITUTE.

CAREFULLY READ THE MINIMUM QUALIFICATIONS SECTION ON THE ANNOUNCEMENT. Beginning with **your most recent position**, describe in detail **ALL** employment. You are responsible for submitting an adequate, clear and accurate description of all experience (nature of duties personally performed), showing the dates and estimated time spent at each task during those dates. Omission or vagueness will not be interpreted in your favor. List as separate employment any changes of titles and duties which occurred during the course of your service. List separately volunteer and non-paid experience which may not be used towards the meeting of exam qualifications unless so announced on the exam announcement. Supervisory experience is shown by indicating the nature and scope of supervision, length of time, and numbers of personnel supervised. If more space is needed, attach additional 8 ½ by 11 sheets. Applicable experience worked at less than full time will be pro-rated.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM	ADDRESS	CITY AND STATE
EARNINGS \$	HRS. PER WEEK	DESCRIBE DUTIES BELOW:	
TYPE OF BUSINESS:			
YOUR EXACT TITLE:			
SUPERVISOR'S NAME:			
SUPERVISOR'S TITLE:			
REASON FOR LEAVING:			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM	ADDRESS	CITY AND STATE
EARNINGS \$	HRS. PER WEEK	DESCRIBE DUTIES BELOW:	
TYPE OF BUSINESS:			
YOUR EXACT TITLE:			
SUPERVISOR'S NAME:			
SUPERVISOR'S TITLE:			
REASON FOR LEAVING:			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM	ADDRESS	CITY AND STATE
EARNINGS \$	HRS. PER WEEK	DESCRIBE DUTIES BELOW:	
TYPE OF BUSINESS:			
YOUR EXACT TITLE:			
SUPERVISOR'S NAME:			
SUPERVISOR'S TITLE:			
REASON FOR LEAVING:			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM	ADDRESS	CITY AND STATE
EARNINGS \$	HRS. PER WEEK	DESCRIBE DUTIES BELOW:	
TYPE OF BUSINESS:			
YOUR EXACT TITLE:			
SUPERVISOR'S NAME:			
SUPERVISOR'S TITLE:			
REASON FOR LEAVING:			

**NOTE: Have you answered all relevant questions? An incomplete application may be disapproved.
FEE IS NON-REFUNDABLE**

CROSS FILERS

For exam date: _____, list all **other** exam #'s, titles and agencies for which you have also applied including those with the City of White Plains:

Exam #	Exam Title	Government Agency

Government Agency where you would prefer to take the above examinations: _____. You must notify each of the above.

SPECIAL TESTING ARRANGEMENTS

Most written exams are held on Saturdays. If you require special arrangements, check the appropriate box below and attach to this application a written request describing the type of special arrangements and the documentation listed below:

- Military Duty (copy of orders is required) Religious Observance (A letter from your religious authority is required)
 Person with Disability (A written statement of your request; Documentation will be required)

AN ALTERNATE TEST DATE MAY ONLY BE REQUESTED FOR ONE OF THE FOLLOWING REASONS:

- Wedding - You must be a member of the wedding party or member of the immediate family of the bride or groom. (copy of the invitation is required)
 Vacation for which a non-refundable down payment was made before the exam announcement was issued (itinerary and proof of payment with date is required)
 Required court appearances (copy of the court order is required)
 A death in the immediate family or household within the week preceding the examination (Documentation will be required)
 Medical emergencies involving the candidate or member(s) of the immediate family (Documentation will be required)

SERVICE IN ARMED FORCES

ATTACH A COPY OF DD214 OR PROOF OF ACTIVE DUTY STATUS SUCH AS MILITARY ID, ORDERS OR OTHER OFFICIAL MILITARY DOCUMENT

- SECTION 1 -** 1) Have you ever served in the armed forces of the U.S.? _____ Yes _____ No
 2) I wish to claim War Time Veterans Credits on this exam? _____ Yes (If Yes, complete Section 2 below) _____ No

SECTION 2 - War Time Veterans and Veterans with disability are eligible for extra credits added to their exam score if they pass. For non-disabled, these extra credits can be used **only once** for **any** permanent government employment in New York State. If you want to have the extra credits added to your exam score, you should answer the questions below. You can waive the extra credits later, if you wish.

- 1) Have you ever used veteran's credit for appointment to a position in NY State or Local Government employment since January 1, 1951 _____ Yes _____ No
2) Date of entry into active service: _____ Date of discharge: _____
 I received, or expect to receive, an HONORABLE or release under HONORABLE circumstances from the Armed Forces of the United States. (The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a **full-time active duty other than active duty for training purposes**.)
 I served, or am serving on an active duty basis (other than for training purposes) during one or more of the following time of war or hostile action.

CHECK BELOW THE TIME PERIOD(S) YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES.

- WORLD WAR II: DECEMBER 7, 1941 - DECEMBER 31, 1946 *HOSTILITIES IN LEBANON: JUNE 1, 1983 - DECEMBER 1, 1987
 US PUBLIC HEALTH SERVICE: JULY 29, 1945 - SEPTEMBER 2, 1945 *HOSTILITIES IN GRENADA: OCTOBER 23, 1983 - NOVEMBER 21, 1983
 KOREAN CONFLICT: JUNE 27, 1950 - JANUARY 31, 1955 *HOSTILITIES IN PANAMA: DECEMBER 20, 1989 - JANUARY 31, 1990
 US PUBLIC HEALTH SERVICE: JUNE 26, 1950 - JULY 3, 1952 PERSIAN GULF CONFLICT: AUGUST 2, 1990 - ()
 VIETNAM CONFLICT: FEBRUARY 28, 1961 - MAY 7, 1975 OTHER DETERMINATIONS: LIST

***NOTE: For these service dates veterans must have received the Armed Forces Expeditionary Medal for service in Zone of Conflict**

- 3) Have you ever received a discharge from US armed forces which was other than honorable? _____ Yes _____ No
(A dishonorable charge is not an automatic bar to employment. Each case is considered on its individual merits. Give full particulars on an additional sheet.)

SECTION 3 - VETERAN WITH DISABILITY: TO CLAIM ADDITIONAL CREDITS CHECK THE BOX BELOW

- You must provide certification by the U.S. Dept. of Veterans Affairs stating that you are a veteran who was disabled in the actual performance of duty in any war; that the disability is rated at 10 percent or more; and that the disability exists at the time of application for appointment or promotion.

INSTRUCTIONS AND INFORMATION

THERE IS A NON-REFUNDABLE \$25.00 APPLICATION FILING FEE PER EXAMINATION NUMBER. NO CASH ACCEPTED. CHECK OR MONEY ORDER ONLY (PAYABLE TO THE CITY OF WHITE PLAINS) MUST ACCOMPANY THIS APPLICATION. RECORD ALL EXAM NUMBERS ON THE CHECK OR MONEY ORDER. FOR YOUR CONVENIENCE, WE ALSO ACCEPT VISA, MASTERCARD AND AMERICAN EXPRESS. APPLICATIONS RECEIVED FOR AN EXAM WITHOUT THE FILING FEE WILL BE RETURNED TO YOU, AND IT WILL BE YOUR RESPONSIBILITY TO RETURN IT WITH THE FEE BY THE FILING DEADLINE. SEE EXAM ANNOUNCEMENT FOR FEE WAIVER ELIGIBILITY AND REQUEST FORM.

A. EXAMINATION ANNOUNCEMENT

Before filling out your application, carefully read the examination announcement. Announcements may be obtained at the City of White Plains Personnel Office.

B. QUALIFICATIONS

The burden of establishing required qualifications is the responsibility of the applicant. Fees are not refunded for disqualification. Out-of-title experience cannot be credited toward meeting qualifications. Applications will be rejected for lateness if not hand delivered or postmarked by the last filing date.

C. ADMISSION TO EXAMINATION

Admission notices are mailed to the address listed on this application. If you do not receive a notice four days prior to the exam date, call 422-1257. Participation in the examination does not mean you have been found to meet the announced requirements. Applicants may be admitted on the basis of statements made on the application which are subject to review and verification. Scores will not be available if a disqualification determination is made subsequent to the examination.

D. RESIDENCY/LEGAL ADDRESS CHANGES

You must report change in address (include number and title of each examination) to insure proper notification of test results and subsequent civil service list information if any. Any residency requirements or preferences must be established at least 30 days prior to the examination date and to the date of appointment as per the examination announcement.