ULSTER COUNTY RESOURCE RECOVERY AGENCY

P.O. Box 6219 / 999 Flatbush Rd | Kingston, NY 12402 (845) 336-0600 | fax (845) 336-4129



- APPLICATION FOR EMPLOYMENT -

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, handicap or marital status. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any information, specification or discrimination as to age, race, creed, color, national origin, sex, disability, handicap, sexual orientation, or marital status in connection with employment for the Ulster County Resource Recovery Agency.

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.

TITLE OF POSITION YOU ARE APPLYING FOR 1. NAME & RESIDENCE: Middle Initial Last Name First Name **Street Address** City State Zip Cell Phone Home Phone Email 2. SOCIAL SECURITY NUMBER: 6. HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE U.S. ON A FULL-TIME ACTIVE DUTY BASIS, OTHER THAN **ACTIVE DUTY FOR TRAINING PURPOSES?** Yes ☐ No ☐ 3. ARE YOU UNDER 18 OR OVER 70 YEARS OF AGE? Yes ☐ No ☐ 7. DO YOU HAVE A VALID LICENSE TO OPERATE A MOTOR **VEHICLE IN NEW YORK STATE?** If you answered "Yes" or if maximum and/or minimum age limits are established for the position applied for, please Yes □ No □ enter your date here: _____/ _____/ ______/ If "Yes", please indicate Class: _____ Applicants under age 18 must provide working papers. 8. CHECK APPROPRIATE BOX TO THE RIGHT OF EACH 4. ARE YOU CURRENTLY A U.S. CITIZEN? **QUESTION:** Yes □ No □ Yes No A. Were you ever dismissed from work for If you are not a U.S. Citizen, please provide your alien reasons other than lack of work or funds? registration number: B. Have you ever been convicted of any crime (felony or misdemeanor)? 5. STATE YOUR ACTUAL PERMANENT LEGAL RESIDENCE C. If you served in the U.S Armed Forces, did AND INDICATE FOR HOW LONG YOU HAVE RESIDED you receive a discharge that was other than THERE CONTINUOUSLY, UP TO AND INCLUDING DATE OF honorable? THIS APPLICATION: ____ years ____ months If you answered "Yes" to any of the questions 4 A-C, you School District of _____ may give specifics under "Remarks" on the last page of this application. If you elect not to provide specifics, however, Village of _____ or if such explanation is insufficient, a confidential Town of _____ investigation supplement will be sent to you. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated County of on individual merits in relation to the duties and State of responsibilities of the position(s) for which you are applying.

For questions #9-10,	education and	work exper	ience must b	e filled in con	npletely. A resu	ıme is not suffic	cient.	
9. EDUCATION:								
Have you graduated	from high schoo	ol? Yes 🔲 I	No 🗌 💮 If	not, up to wh	at grade did yo	ou complete? _		
Name of school/issui	ng agency:							
Address:								
Equivalency diploma								
Name and location of school	Dates of attendance (mm/yy)	Full or part time	# of years credited	Did you graduate?	Type of course or major	# of credits received	Degree earned	Date of degree
10. DESCRIPTION OF	EXPERIENCE:	1						1
In listing your experie with your most recer experience. Omissic appropriate. Relevan duties changed mate SEPARATE EMPLOYM	nt employment. ons or vaguene nt VOLUNTEER erially in the co	You are reess will NO (unpaid) expurse of yo	esponsible fo T be resolve perience wil ur service in	r submitting and in your faw libe considered any one org	an accurate, ad vor. Include Ned if verified an ganization, indi	equate and clear MILITARY SERVI and fully docume cate such CHA	ar description ICE experience ICE ex	on of your nce when our title or
If ever employed by and villages) please of				vision therein	(including sch	ool districts, sp	ecial distric	ts, towns,
Length of employme	nt (mm/vv):	Firm nam	ie:		Address:		Phone:	
From:/ To								
Type of business:			of hours wor clusive of ov	- 1	Name/title of supervisor:	•	Your exact title:	
DUTIES: Describe th type of work. State s		•					•	t on each

11. LICENSES:				Length of employment (mm/yy):	
If not currently licensed, check this bo	ox: 🗌			From:/ To:/	
If a license, certificate or other au announcement of the position(s) for v	·		ted as a requirement on the	Type of business:	
Name of Trade or Profession:	License Number:	Granted by	:	DUTIES: Describe the nature of the very type of work. State size and kind of w	
City or State of:	Specialty:	Date:	Registration: (mo/yr)		
			to		
12. POTENTIAL FOR CONFLICT OF IN	TEREST				
Please provide the names of any relat as a person living in the same housel and in-laws.	, , ,		•		
☐ Check here if you have no relative	s employed by the Agency with wh	ich you are seeking e	employment.	Length of employment (mm/yy):	
Relative name:				From:/ To:/	
Relationship to you:				Type of	
Please provide the names of any er business with UCRRA. If a relative, a this section to describe the connection	as defined above, is affiliated with,	•	, , ,	DUTIES: Describe the nature of the w	
☐ Check here if you have no relation	ship or connection to any entity do	oing business with UC	CRRA.	type of work. State size and kind of w	
Name of entity with which you have a	a connection:				
Describe the connection and any rela	tion to you:				
12. REMARKS:					
				Length of employment (mm/yy):	
				From:/ To:/	
				Type of business:	
13. TESTING					
Additional testing may be required for and alcohol tests may be required for and/or tests will negatively affect you	or certain positions. Failure to pa	rticipate in, and/or p		DUTIES: Describe the nature of the v type of work. State size and kind of w	
14. AFFIRMATION:					
I affirm that the statements made of perjury. False statements made here					
Signature of Applicant		- [Date		

Revised 5/08/23

From:/ To:/	Firm name:	Address:	Phone:
Type of business:	Number of hours worked per week (exclusive of overtime):	Name/title of supervisor:	Your exact title:
DUTIES: Describe the nature of the type of work. State size and kind of		•	•
Length of employment (mm/yy): From:/ To:/	Firm name:	Address:	Phone:
Type of business:	Number of hours worked per week (exclusive of overtime):	Name/title of supervisor:	Your exact title:
	Firm name:	Address:	Phone:
From:/ To:/ Type of	Firm name: Number of hours worked per week (exclusive of overtime):	Address: Name/title of supervisor:	Phone: Your exact title:
Length of employment (mm/yy): From:/ To:/ Type of business: DUTIES: Describe the nature of the type of work. State size and kind of	Number of hours worked per week (exclusive of overtime): e work personally performed by you	Name/title of supervisor:	Your exact title: