DATE: 3/2/20                                POST UNTIL: 3/13/20
                                                (Filing Deadline)

Control No.   Title                                Job Group   Class
050-20        STAFF ASSISTANT (EMERGENCY SERVICES)   VIII        C

IF YOU APPLY FOR THIS JOB OPENING, YOUR APPLICATION (XD10 Form) MUST BE SUBMITTED TO THE FOLLOWING LOCATION BY THE FILING DEADLINE:

Victoria Duval
Administrative Assistant
Department of Emergency Services
4 Dana Road
Valhalla, NY 10595
914.231.1678

Located in the Department of Emergency Services – Valhalla: Under general supervision, an incumbent of this position, located in the Department of Emergency Services, is responsible for performing a variety of staff support functions to ensure efficient and effective department operations. Responsibilities involve coordinating and communicating between the department and other county departments as well as local, state and federal emergency service agencies, performing program research, monitoring grant activities for mandated reporting and evaluative purposes, statistical record keeping and report writing to document and support new and/or proposed programs and plans, as well as assisting with the tracking, deployment, maintenance and calibration of a wide variety of equipment and devices. The incumbent may also organize public events and conferences held with local, state or federal officials. Since the department deals with many security concerns, a high degree of confidentiality must be maintained in dealing with important and sensitive issues. The incumbent is expected to use good judgment, initiative and independent action in performing assignments. Supervision may be exercised over a small number of clerical support personnel. Does related work as required.

REQUIRED: Possession of a high school or equivalency diploma and five years of experience where a primary function of the position was secretarial, office management, and/or staff or administrative support, which included or was supplemented by one year of experience (paid or volunteer) as an emergency service provider.

SUBSTITUTION: Satisfactory completion of 30 credits* may be substituted on a year for year basis for up to four years of the above stated general experience. There is no substitution for the one year of specialized experience.

NOTES: (1) Volunteer experience must be equivalent to a 35 hour a week, full-time position and must be verifiable. (2) The number of years of experience required in the minimum qualifications is based upon the presumption of full-time employment. Part-time experience will be prorated based on a 35 hour workweek.

*SPECIAL NOTE: Education beyond the secondary level must be from an institution recognized or accredited by the Board of Regents of the New York State Education Department as a post-secondary, degree-granting institution.

Filing an application for a posting does not substitute or relieve you of the requirement to file appropriate application and fee when the civil service exam may be announced.

SALARY: $53,760 - $67,010

SUBMIT: Application (XD-10) and Resume
https://www.westchestergov.com/hr/adobe/XD-10_2018Revised.pdf

INCLUDE THE CONTROL NUMBER OF THIS JOB POSTING ON YOUR APPLICATION (XD-10).

AN APPLICATION FEE IS NOT REQUIRED AT THIS TIME. PLEASE SUBMIT AN APPLICATION (XD-10) AND RESUME.
APPLICATION FOR EXAMINATION/EMPLOYMENT

WESTCHESTER COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. It is the policy of Westchester County to provide for and promote the equal opportunity of employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, sex, disability, marital status, sexual orientation, or any other protected status.

1. Social Security Number

2. Last Name   First Name   M.I.

Mailing Address

City   State   Zip Code

Open Competitive Examinations Only-Legal Residence Codes: If you are applying for an open-competitive examination, please indicate, in the boxes below, each of the municipalities/districts in which you are a legal resident and have been for at least 30 days prior to the examination date. Fill in the boxes with the residency codes of your legal residence, as listed on page 2 of this application. If you do not live in one of the listed municipalities/districts, use the codes provided for “Other”. Based on the legal address you provide and the information you submit below, the Westchester County Department of Human Resources will determine, subject to verification, your legal residence for eligible list resident certifications. It is your responsibility to provide us sufficient information regarding legal residence for you to be included. If your residency changes, you must immediately notify the Westchester County Department of Human Resources, in writing.

REQU最为 INFORMATION

LEGAL ADDRESS (Not a Post Office Box #)

Number and Street

City   State   Zip Code

3. Home Phone   Business/Cell Phone

E-Mail Address

Date of Examination

Title

Date of Examination

Mo   Day   Yr

5. Are you filing for examinations with other civil service commissions that are being held on the same date?   YES   NO

If yes, please attach a completed cross-filer form. (available on www.westchestergov.com/hr)

6. Are you requesting testing accommodation(s)?   YES   NO

(such as for a disability or an alternate test date)

Please submit your requests for accommodations in writing on an attached sheet. You will have to provide documentation to support your request(s). Follow instruction “G” on the last page of this application.

7. Check appropriate box:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?   YES   NO

B. Did you ever resign from any employment rather than face dismissal?   YES   NO

C. Did you ever receive a discharge from the Armed Forces of the United States which was other than “Honorable”, or which was issued under other than honorable circumstances?   YES   NO

If you answered “YES” to any of the questions 7 A-C above, you must give specifics, including date, nature, and current disposition (Attach additional 8½” by 11” sheets.) If such explanation is insufficient, a confidential investigation supplement will be sent to you. 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(s) for which you are applying.

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

FOR COUNTY EMPLOYMENT: IN ACCORDANCE WITH WESTCHESTER COUNTY’S COMPREHENSIVE DRUG-FREE WORKPLACE POLICY AND PROCEDURES, AND COMMITMENT TO MAINTAIN A SAFE, ALCOHOL AND DRUG-FREE WORK ENVIRONMENT, YOU MAY BE REQUIRED TO SUBMIT TO URINALYSIS, BREATH, AND/OR BLOOD TEST. IN ADDITION, IF OFFERED EMPLOYMENT, YOU WILL BE SUBJECT TO THE WESTCHESTER COUNTY FINGERPRINTING POLICY UNDER WHICH YOUR APPOINTMENT MAY BE CONDITIONED ON THE RESULTS OF A FINGERPRINTING INVESTIGATION.

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED: By my signature below, I hereby authorize the Westchester County Department of Human Resources, the County of Westchester, and/or its respective Departments, Offices or Agencies 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. The intent of this authorization is to give my consent for full and complete disclosure of records. I further release the Westchester County Department of Human Resources, the County of Westchester, and/or its respective Departments, Offices or Agencies, 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 the “Affirmation and Authorization for Release of Personal Information” and have acknowledged that a photocopy of the front page of the 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. (Applicants are advised that all statements made by them in connection with their application(s) for examination/employment are subject to investigation and verification, including a background investigation by the prospective appointing authority.)

Signature of Applicant

Date

Is additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your school and/or work record?   YES   NO

If yes, please indicate here: ____________________________________________________________________________

DO NOT WRITE BELOW - FOR HUMAN RESOURCES USE

Entered By:   IJC:   Dispo:   Fee:   Vet:   

CPT/D:

□ Approved By: Date:   

□ Conditional:  

□ Disapproved:  

Paid Date Received

Section 7: 

Page 1
**VETERANS**: If you served or if you are an active member of the Armed Forces of the United States, read and fill out Section H on page 4

CHILDREN OF FIREFIGHTERS AND POLICE OFFICERS KILLED IN THE LINE OF DUTY: In conformance with section 85a of the New York State Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, please inform this department of this matter when you submit your application for examination. A candidate claiming such credit has a minimum of two months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.

I claim additional credit as a child of a firefighter or police officer killed in the line of duty. □ Yes □ No

Are you 18 years of age or older? Yes □ No □

Are you a citizen of the United States? Yes □ No □

If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

Do you have a High School Diploma? Yes □ No □

If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination, or previously filed on request from school □

An official transcript is required as verification within 60 days after the date of the examination for periodic examinations; and prior to participation in continuous recruitment examinations. If the examination announcement asks for specific course work, list the courses which you have passed on an attached sheet. If you claim credit for a partially completed college curriculum, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation.

**TRANSCRIPTS:**

**PROFESSIONAL SCHOOLS, RESIDENCIES, MILITARY SERVICE SCHOOLS, OTHER SCHOOLS**

**SCHOOL DISTRICTS**

**CODE DISTRICT**

**SAR** Ardsley School District

**SMK** Bedford Central School District

**SBB** Blind Brook School District

**SBH** Byram Hills School District

**SBM** Briarcliff Manor School District

**SVB** Bronxville School District

**SCH** Chappaqua School District

**SCR** Croton School District

**SCT** Hendrick Hudson School District

**SDF** Dobbs Ferry School District

**SEC** Eastchester School District

**SEF** Elmsford School District

**SEM** Edgemont School District

**SHD** Greenburgh Central #7 School District

**SHH** Hastings School District

**SJR** Harrison Central School District

**SIR** Irvington School District

**LEGAL RESIDENCE CODES**

**CITIES**

**CODE MUNICIPALITY**

**CPK** Peekskill

**CRY** Rye City

**CTH** Other

**TOWNS**

**CODE MUNICIPALITY**

**TBF** Town of Bedford

**TCT** Town of Cortlandt

**TEC** Town of Eastchester

**TGB** Town of Greenburgh

**VILLAGES**

**CODE MUNICIPALITY**

**VAR** Village of Ardsley

**VBC** Village of Buchanan

**VRM** Village of Briarcliff Manor

**VBB** Village of Bronxville

**VCR** Village of Croton-on-Hudson

**VDF** Village of Dobbs Ferry

**VEF** Village of Elmsford

**VHH** Village of Hastings-on-Hudson

**VHR** Village of Harrison

**VIR** Village of Irvington

**VLM** Village of Larchmont

**VMK** Village of Mount Kisco

**VMN** Village of Mamaroneck

**VOS** Village of Ossining

**VPL** Village of Pelham

**VPM** Village of Pelham Manor

**VPV** Village of Pleasantville

**VPC** Village of Port Chester

**VRB** Village of Rye Brook

**VSD** Village of Scarsdale

**VNT** Village of Sleepy Hollow

**VTP** Village of Tuckahoe

**VTH** Village of Tarrytown

**VIR** Village of Irvington

**SKL** Katonah-Lewisboro School District

**SLL** Lakeland School District

**SMM** Mamaroneck School District

**SMR** Mt. Pleasant School District

**SNL** North Salem School District

**SNT** Pocantico Hills School District

**SOS** Ossining School District

**SPC** Port Chester School District

**SPK** Peekskill City School District

**SPL** Pelham School District

**SPV** Pleasantville School District

**SRB** Rye Neck School District

**SRY** Rye City School District

**SSD** Scarsdale School District

**SSM** Somers School District

**SST** Tappan Zee School District

**STT** Tarrytown School District

**SVL** Valhalla School District

**SYH** Yorktown Heights School District

**STH** Other

**FIRE DISTRICTS**

**CODE DISTRICT**

**FEC** Eastchester Fire District

**FFV** Fairview Fire District

**FGV** Greenburgh Fire District

**FHD** Hartsdale Fire District

**FLM** Lake Mohegan Fire District

**FTH** Other
DESCRIPTION OF EXPERIENCE
ALL SECTIONS MUST BE FILLED OUT COMPLETELY. DO NOT LEAVE BLANK. A RESUME IS NOT A SUBSTITUTE.

<table>
<thead>
<tr>
<th>Length of Employment</th>
<th>Name of Employer</th>
<th>Address</th>
<th>City and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Mo. / Yr. To Mo. / Yr.</td>
<td># of hours/week</td>
<td>□ Paid □ Unpaid</td>
<td>Describe duties below:</td>
</tr>
</tbody>
</table>

Type of Business

Your Exact Title

Name of your Supervisor

Supervisor’s Title

Reason for Leaving

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Type of Business

Your Exact Title

Name of your Supervisor

Supervisor’s Title

Reason for Leaving

Have you answered all appropriate questions? An incomplete application may be disapproved.
INSTRUCTIONS AND INFORMATION

There is a non-refundable application filing fee per examination number. No cash accepted. A check or money order only (payable to Westchester County Department of Human Resources) must accompany this application. One check may be used. Record all exam numbers on the check. Applications received without the filing fee will be returned. Waivers: See section "C," below.

A. EXAMINATION ANNOUNCEMENT
Before filling out your application, carefully read the examination announcement. Announcements may be viewed at the Westchester County Department of Human Resources or the Department’s website, www.westchestergov.com/hr and at municipal buildings and public libraries throughout Westchester County.

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 towards meeting the minimum qualifications. Applications will be rejected for lateness, if postmarked or received after the last filing date. Part-time experience will be pro-rated based on a 35-hour work week.

C. APPLICATION FEE WAIVER
The application fee may be waived with proof of supplemental Social Security payments, public assistance, receiving foster care, or unemployed and primarily responsible for the support of a household.

D. ADMISSION TO EXAMINATION
Admission notices are mailed the week prior to the examination date. If you do not receive a notice three days prior to the exam date, call (914) 995-2117. Candidates will be required to bring proof of identification to the examination such as a passport, photo driver license, or a photo non-driver I.D. 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.

E. DISQUALIFICATION APPEAL
Any appeal of a disqualification notice must be made in writing and received in the Department of Human Resources by the date and time indicated on the notice.

F. LEGAL ADDRESS CHANGES
You must report a change in address to insure proper notification of test results and certification of civil service lists. Residency must be established 30 days prior to the examination date in order to meet residence preference requirements.

G. TESTING ACCOMMODATION (ATTACH REQUEST)
Alternate test dates are granted at the discretion of the Department of Human Resources. Examples such as the following may be considered as reasons for granting an alternate test date. Please check the appropriate box below:
1. □ Death in the family or household or attendance at funeral or memorial service
2. □ Medical illness or emergencies involving the candidate or member(s) of the family
3. □ Military Orders
4. □ Religious Observance - Candidate must submit required form
5. □ Welding
6. □ Vacation for which a non-refundable down payment was made before the exam announcement was issued
7. □ Required court appearances

Candidates who meet the criteria may be eligible for one alternate test date. A written request with appropriate documentation justifying the request must be submitted to the Examination Administration Unit for consideration.

H. VETERANS CREDITS
If you received or expect to receive an honorable discharge from the Armed Forces of the United States, as a war-time veteran or disabled veteran as defined below, you may claim extra credits to be added to your exam score, if you pass. The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, and 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 basis other than active duty for training purposes.

Discharged Veterans are required to submit a copy of their DD214 discharge papers. Active duty members of the Armed Forces must submit proof of active duty status, such as current Military I.D., Military Orders or other official Military document that substantiates active duty status. To claim credits as a Disabled Veteran, you must be entitled to receive payments for a service-connected disability (rated at 10% or more) incurred during time of hostile action or war.

I am claiming credit as a □ Veteran □ Disabled Veteran □ Active Service Member
Have you used your Veterans credits for permanent appointment or promotion in New York State or any of its civil divisions since January 1, 1951? Yes □ No □

Subsequent to using non-disabled veterans credits to obtain appointment have you been qualified as a disabled veteran? Yes □ No □

CHECK AND INDICATE BELOW THE TIME PERIODS YOU SERVED OR ARE SERVING IN THE ARMED FORCES OF THE UNITED STATES

☐ World War II: .................................................. December 7, 1941- December 31, 1946, ......................... ( ) ( )
☐ US Public Health Service: .................................. July 29, 1945-September 2, 1945, ......................... ( ) ( )
☐ Korean Conflict: ............................................. June 27, 1950-January 31, 1955, ................................. ( ) ( )
☐ Vietnam Conflict: ........................................... February 28, 1961-May 7, 1975, ................................. ( ) ( )
☐ Hostilities in Lebanon: ..................................... June 1, 1983-December 1, 1987, ................................. ( ) ( )
☐ Hostilities in Panama: ....................................... December 20, 1989-January 31, 1990, ....................... ( ) ( )
☐ Persian Gulf Conflict: ...................................... August 2, 1990 - { } ................................. ( ) ( )
☐ Active Duty: .......................................................... ( ) ( )

*For these service dates Veterans must have received the Armed Forces Expeditionary Medal for Service in Zone of Conflict.

Form XDi10
Revised 05/2018