

PERSONNEL COMMITTEE MEETING MINUTES
NOVEMBER 10, 2022

PERSONNEL COMMITTEE MEMBERS PRESENT: Hicks, Skellie, Campbell, O'Brien, Clary
PERSONNEL COMMITTEE MEMBERS ABSENT: Fedler, Wilson
SUPERVISORS: Hall, Henke, Fisher, Nolan, Haff, Rozell
Debra Prehoda, Clerk
Melissa Fitch, County Administrator
Roger Wickes, County Attorney
Al Nolette, County Treasurer

AGENDA AS PRESENTED IN COMMITTEE NOTICE:

1. Call to Order
2. Accept Minutes – September 8 & October 13, 2022
3. Department Staffing Requests/Staffing Pattern Changes:
 - A. Office for the Aging – Aging Services Aide - Backfill
 - B. Department of Public Works
 1. Carpenter II – Backfill
 2. Highway Worker II - Backfill
 - C. Department of Social Services – Social Services Examiner - Backfill
4. Other Business
 - A. Updated Applications for Examination or Employment
5. Adjournment

Chairman Hicks called the meeting to order at 9:30 A.M. in the Board of Supervisors second floor classroom B 214, Municipal Center, Fort Edward, NY.

A motion to accept the minutes of the September 8, 2022 and October 13, 2022 meetings was moved by Mr. O'Brien, seconded by Mr. Skellie, and adopted.

DEPARTMENT STAFFING REQUESTS/STAFFING PATTERN CHANGES: Danelle LaPann, Personnel Officer, addressed the following items:

OFFICE FOR THE AGING:

- Aging Services Aide Per Diem – Backfill due to resignation – Motion to approve backfill, Aging Services Aide per diem, was moved by Mr. O'Brien, seconded by Mr. Skellie, and adopted.

DEPARTMENT OF PUBLIC WORKS:

- Carpenter II – Backfill due to resignation – Motion to approve backfill, Carpenter II, was moved by Mr. Skellie, seconded by Mr. O'Brien, and adopted.
- Highway Worker II – Backfill due to resignation – Motion to approve backfill, Highway Worker II, was moved by Mr. Skellie, seconded by Mr. O'Brien, and adopted.

DEPARTMENT OF SOCIAL SERVICES:

- Social Services Examiner – Backfill due to resignation – Motion to approve backfill, Social Services Examiner, was moved by Mrs. Clary, seconded by Mr. Skellie, and adopted.

PUBLIC HEALTH:

- Senior Account Clerk – Backfill due to retirement January 6, 2023. Motion to approve backfill due to retirement on January 6, 2023 was moved by Mr. Campbell, seconded by Mrs. Clary, and adopted.

OTHER BUSINESS:

- Updated Applications for Examination or Employment – Forms have been updated due to a change in Civil Service Law Section 85 that took away the time of duty requirements. Now a current DD-214 is required. This updated form has been sent out to the towns and villages in

the County for their use.

- Mr. Campbell asked due to the number of backfills are we able to keep enough people coming through the system to get the work done. The Personnel Director stated so far. Mr. Campbell asked for her to keep the committee updated.

The meeting adjourned at 9:35 A.M.

*Debra Prehoda, Clerk
Washington County Board of Supervisors*

Personnel Committee Position Fill Request Form

Date:

Department:

Is the Request for a Backfill or a *New Position?

Title of Civil Service Position to be filled?

Civil Service Competitive, Non-Competitive,
Labor, Exempt, Unclassified?

Hourly Rate and Salary of Last Person in Position?

Base Hourly Rate and Yearly Salary if filled?

Number of Hours/Week?

Position being vacated if different than requested?
Requires a Staffing Pattern Change

Reason Position is Being Vacated?

Date the Position will be Vacated?

How Many Positions of the same title are in the
Unit/Department? (per current staffing pattern)

What is the source of funding? Budgeted?

Is this an add/change to the staffing pattern?

YES

NO

If YES, remove title:

Add title:

*If the request is for a NEW POSITION that will change your departments staffing pattern, please provide below an explanation as to why the position is needed.

Please include the 1st and last initials of the Employee who left the position:

Personnel Committee Position Fill Request Form

Date: 10/31/2022

Department: DPW

Is the Request for a Backfill or a *New Position?

B ACKFILL

Title of Civil Service Position to be filled?

CARPENTER II

Civil Service Competitive, Non-Competitive,
Labor, Exempt, Unclassified?

NON-COMPETITIVE

Hourly Rate and Salary of Last Person in Position?

22.03

Base Hourly Rate and Yearly Salary if filled?

22.03

Number of Hours/Week?

40

Position being vacated if different than requested?

Requires a Staffing Pattern Change

Reason Position is Being Vacated?

RESIGNATION

Date the Position will be Vacated?

11/10/22

How Many Positions of the same title are in the
Unit/Department? (per current staffing pattern)

6

What is the source of funding? Budgeted?

COUNTY ROAD

Is this an add/change to the staffing pattern?

YES

NO

If YES, remove title:

Add title:

*If the request is for a NEW POSITION that will change your departments staffing pattern, please provide below an explanation as to why the position is needed.

Please include the 1st and last initials of the Employee who left the position:

EB

Personnel Committee Position Fill Request Form

Date:

Department:

Is the Request for a Backfill or a *New Position?

Title of Civil Service Position to be filled?

Civil Service Competitive, Non-Competitive,
Labor, Exempt, Unclassified?

Hourly Rate and Salary of Last Person in Position?

Base Hourly Rate and Yearly Salary if filled?

Number of Hours/Week?

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Requires a Staffing Pattern Change

Reason Position is Being Vacated?

Date the Position will be Vacated?

How Many Positions of the same title are in the
Unit/Department? (per current staffing pattern)

What is the source of funding? Budgeted?

Is this an add/change to the staffing pattern?

YES

NO

If YES, remove title:

Add title:

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Please include the 1st and last initials of the Employee who left the position:

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How Many Positions of the same title are in the
Unit/Department? (per current staffing pattern)

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YES NO

If YES, remove title:

Add title:

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Date the Position will be Vacated?

How Many Positions of the same title are in the
Unit/Department? (per current staffing pattern)

What is the source of funding? Budgeted?

Is this an add/change to the staffing pattern?

YES NO

If YES, remove title:

Add title:

*If the request is for a NEW POSITION that will change your departments staffing pattern, please provide below an explanation as to why the position is needed.

Please include the 1st and last initials of the Employee who left the position:



WASHINGTON COUNTY DEPARTMENT OF CIVIL SERVICE
WASHINGTON COUNTY MUNICIPAL CENTER
383 BROADWAY
FORT EDWARD, NY 12828
TELEPHONE: (518) 746-2250

Application	
Approved	_____
Conditional	_____
Disapproved	_____

APPLICATION FOR EXAMINATION OR EMPLOYMENT

EXAM OR POSITION TITLE _____
 EXAMINATION NUMBERS _____ (State) _____ (Local)

1. NAME _____
 (Please Print) Last First M.I.

MAILING ADDRESS _____

CITY STATE ZIP CODE _____

HOME PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

2. SOCIAL SECURITY NUMBER _____

3. Are you under 18 years of age? YES NO If yes, Date of Birth is _____
 OR If minimum and/or maximum age limits are established for the position
 applied for, enter your date of birth here: _____
 (Example: Deputy Sheriff and Police Officer exams)

4. VETERAN'S CREDITS
 If, for this examination, you wish to claim additional credit as an honorably
 discharged veteran, check the appropriate box below, answer question 11.
 DISABLED WAR VETERAN
 NON-DISABLED WAR VETERAN
 If claiming Veteran's Credits a current DD-214 is required.
 Also, if claiming Disabled Veterans Credits proof of disability is required.

5. SPECIAL ARRANGEMENTS (explain in remarks section)
 RELIGIOUS OBSERVER
 HANDICAPPED PERSON

6. If you are NOT a citizen of the United States, do you have the
 legal right to accept employment in the United States?
 YES NO
 Non-citizens may be required to produce I-151 or I-551,
 Alien Registration Cards at time of appointment.

7. Do you have any objections to our contacting prior employers
 regarding your character and qualifications? YES NO
 (If yes, explain in the remarks section.)

8. State your current legal residence and indicate for how long you have
 resided there continually, up to and including the date of this application.

	NAME	YRS	MOS
SCHOOL DISTRICT:	_____	_____	_____
CITY OR VILLAGE:	_____	_____	_____
TOWN:	_____	_____	_____
COUNTY:	_____	_____	_____
STATE:	_____	_____	_____

9. Check appropriate answer after each question: YES NO
- A. Were you ever dismissed or discharged from any
 employment for reasons other than lack of work
 or funds? _____
- B. Did you ever resign from employment rather than
 face dismissal? _____
- 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? _____
- D. Have you ever been convicted of any crime
 (felony or misdemeanor)? _____
- E. Have you ever forfeited bail bond posted to
 guarantee your appearance in court to answer to
 any criminal charges? _____
- F. Are you now under charges for any crime? _____

If you answered "yes" to any of the Questions 9 A-F above, you may
 give specifics under "Remarks" on page 3 of this application. If you
 elect not to provide specifics, however, or if such explanation is
 insufficient, you may be required to submit further information.

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.

10. It is the policy of Washington County Civil Service to provide for
 and promote the equal opportunity of employment without
 discrimination because of age, race, creed, color, national origin,
 gender, sexual orientation, disability, marital status, or criminal
 record in accordance with Non-Discrimination Policy.

(continued)

11. EXTRA CREDITS FOR VETERANS

Answering questions in this section means that you are requesting extra credits as either a non-disabled veteran or a disabled veteran. All veterans are encouraged to answer questions in this section of the application to ensure that appropriate points are added to passing examination scores. Veterans who answer "YES" to questions 1, 2, AND 3 may receive tentative credits as a non-disabled veteran; candidates who also answer "YES" to question 4 may receive tentative disabled veteran credits. If you previously used non-disabled veteran credits to obtain a permanent appointment to a position in New York State or Local Government, and subsequent to appointment, were certified as a disabled veteran, you may be eligible to receive additional disabled veteran credits by answering "YES" to BOTH questions 5a AND 5b in this section. NOTE: All veterans claiming extra credit will need to produce a DD-214 before the establishment of the eligible list. Candidates found ineligible for such credit will have the points subtracted from their examination score(s). If it is determined that veteran credits do not increase one's reachability for appointment from an eligible list, the use of veteran credits for such appointment will be waived, and veteran credits can be claimed for future civil service examinations until such time as they are used to receive a permanent appointment.

If you wish to claim Veteran Credits, AND have not used ANY veteran credits for a permanent appointment to a position in New York State or Local Government, complete answers in the section below.

- 1. YES NO Do you expect to receive, or have you already received a discharge which was 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 basis other than active duty for training purposes.
- 2. YES NO Are you now serving, or have you served, on an active duty basis other than active duty for training purposes?
- 3. YES NO Are you a United States citizen or an alien lawfully admitted for permanent residence?
- 4. YES NO Do you have a service connected disability rated at 10% or more by the U.S. Department of Veteran Affairs?
- 5a. YES NO Have you USED NON-DISABLED veteran credits for a permanent appointment to a position in New York State or Local Government? If you answered "Yes" to "5a", you must answer "5b".
- 5b. YES NO After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs?

12. EDUCATION: If credit is claimed for a partially completed college curriculum or correspondence course, list courses and credit or semester hours completed below. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, or if more room needed, please use "Remarks" section on Page 3. Do NOT send transcript unless required on the announcement.

Have you graduated from high school? YES NO

If Yes, Name and Location of High School _____

If you have a high school equivalency diploma, indicate Issuing Government Authority _____

Number _____ Date of Issue _____

College, University or Technical School, and City where located	Dates of Attendance Month/Year From - To	# of years credited	Did you graduate?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Received or Expected

Other Courses or Certificates _____

13. LICENSES: If a DRIVER'S LICENSE 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 section. If not currently licensed, check here _____.

Name of Trade or Profession	LICENSE NUMBER	GRANTED BY (Licensing agency):	City or State of:
Specialty:	Date License First Issued:	Registered From - To; (Mo./Yr.)	

14. If required for the position, do you have a valid license to operate a motor vehicle in New York State? YES NO

Driver License # _____

Issued by _____

Class _____

Expiration Date _____

15. **DESCRIPTION OF EXPERIENCE:** Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. Only if the examination announcement states that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the 'Earnings' box. You are responsible for submitting an accurate, adequate 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, describe such experience as a separate employment. If your title or duties changed materially in the course of service in any one organization, indicate such change clearly and as a separate employment. 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. If more space is needed, please use REMARKS section below. **Resumes will NOT be accepted as a replacement for the information below.**

Length of Employment From Month/Year to Month/Year:	Name and Address of Employer:	Your exact title:
	Describe duties:	Supervisor's name and title:
No. of hours worked per week, exclusive of overtime:		
Length of Employment From Month/Year to Month/Year:	Name and Address of Employer:	Your exact title:
	Describe duties:	Supervisor's name and title:
No. of hours worked per week, exclusive of overtime:		
Length of Employment From Month/Year to Month/Year:	Name and Address of Employer:	Your exact title:
	Describe duties:	Supervisor's name and title:
No. of hours worked per week, exclusive of overtime:		
Length of Employment From Month/Year to Month/Year:	Name and Address of Employer:	Your exact title:
	Describe duties:	Supervisor's name and title:
No. of hours worked per week, exclusive of overtime:		

REMARKS: Use this space to provide any additional information.

REMARKS (continued): Use this space to provide any additional information.

Lined area for providing additional information.

THIS AFFIRMATION MUST BE COMPLETED

I affirm that all statements made on this application are true under the penalties of perjury.

Signature of applicant

Date

Indicate any other last name (surname) by which you are or have been known.

APPLICATION FEE: A fee is required when this application is submitted for a Civil Service examination. The exact fee for each exam is posted on the examination announcement. **CHECK OR MONEY ORDER ONLY** must be payable to **WASHINGTON COUNTY TREASURER. DO NOT SEND CASH. YOU MUST LIST THE EXAM NUMBER ON THE CHECK OR MONEY ORDER. THERE WILL BE NO REFUNDS** if your application is disapproved.

NOTE: We will only accept applications during the posting period that is listed on each examination announcement.

WAIVER OF FEE: If you are eligible for Public Assistance and can verify the type of assistance you receive, the application fee can be waived.

If you are unemployed and primarily responsible for the support of a household, you may also request a waiver.

YOU MUST COMPLETE A SEPARATE APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM. SUBMIT THIS FORM WITH THIS APPLICATION.

CROSS-FILERS: If you have applied for any other civil service exam to be given on the same test date for employment with New York State or any other local government agency, you must make arrangements to take all exams at one test site. If you have applied for both State and local exams, you must make arrangements to take all exams at a State examination center by providing a Cross-File Application to this agency no later than three weeks before the test date. If you have applied for other local government exams, call or write to each agency to make arrangements no later than three weeks before the test date. You must notify each agency of the test site at which you wish to take your exams. For this agency you must provide a Cross-File Application.