

**Town of Islip
655 Main Street
Islip, New York 11751**

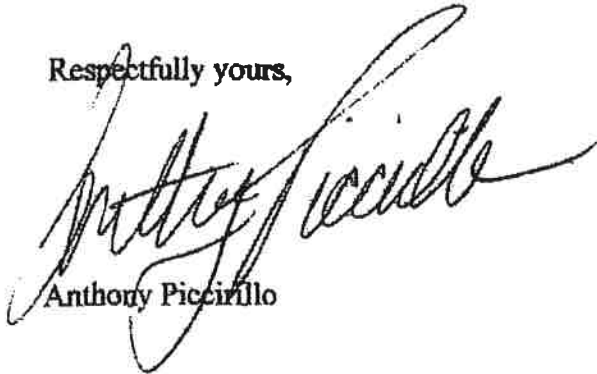
June 22, 2018

Dear Supervisor Angie Carpenter,

I regret to inform you that I am writing to resign my position as a Neighborhood Aide in the Department of Parks Recreation & Cultural Affairs. Another opportunity has presented itself that I cannot turn down.

It has been a pleasure serving the Town of Islip and I will miss my friends and colleagues here. Thank you for the opportunities of professional and personal development that you have provided me during my time here at the Town. I wish you and the rest of the Town continued success in all future endeavors. I hope this is not the last time I am able to serve this town.

Respectfully yours,

A handwritten signature in black ink, appearing to read "Anthony Piccirillo", written in a cursive style.

Anthony Piccirillo

**CC: Arthur Abatte, Director of Personnel
Tom Ownes, Parks and Recreation Commissioner
Mark Taromina, Direct Supervisor**

RECEIVED
JUN 22 2018
10:40 AM
TOWN OF ISLIP



TOWN OF ISLIP OFFICE OF THE SUPERVISOR
Department of Personnel and Labor Relations

TOWN HALL • 655 MAIN STREET • ISLIP, NEW YORK 11751
PHONE (631) 224-5520 • FAX (631) 224-5771

Angie M. Carpenter, Supervisor

Arthur J. Abbate, Director of Labor Relations, Personnel & Safety

March 26, 2018

Mr. Anthony A. Piccirillo

Dear Mr. Piccirello:

By authorization of the Town Commissioner of Parks, Recreation & Cultural Affairs, you are hereby appointed to the position of Neighborhood Aide. The position is in the Division of Recreation Administration, at an annual salary of \$40,355.62, for a maximum probationary period of twenty-six weeks, effective March 26, 2018.

Congratulations and best wishes in your new position.

Sincerely,

Arthur Abbate
Director of Labor Relations

AA:db

cc: T. Owens, Commissioner
J. Stocker, Management Analyst
Town Board
Comptroller
UPSEV
File

Anthony A. Piccirillo



Anthony is deeply passionate about government and public service. He offers over 15 years of experience in the business sector. Excels in customer service and people to people communication. Strong problem solving skills and conflict resolution. Has strong research, organizational and analytical skills; as well as strong written and verbal communication skills. Proficient in Microsoft Word, and Excel.

Experience

2008 – PRESENT

Mannino's Italian Restaurant / Oakdale, NY; Commack, NY

Manager- Responsibilities include but are not limited to; inventory and procurement duties, accounting, ordering food and supplies, and alcohol for restaurants; responsibilities also include overseeing staff and service to customers.

2004– 2008

Saviano's / Bohemia, NY

Waiter/ Bartender- Responsibilities include but are not limited to; inventory and procurement duties, waiting on customers, handling cash transactions.

Education

Dowling College, Oakdale, New York (73 credits short of B.A.)

History Major- Course work included but was not limited to; United States History and Government, State and Local Government, International Relations, Economics.

Sachem North High School, Lake Ronkonkoma, New York

High School Diploma

Skills

- Computer Skills include Word, Excel, PowerPoint, Internet explorer and various, Social Media outlets
- Communication Skills – strong written, verbal, and nonverbal communication skills.

Membership and Awards

- Bohemia Civic – Secretary, 2018
- Connetquot Central School District- Budget Advisory Committee
- Knights of Columbus- 2017-Present
- Islip Town Republican Committee- Committeemen, 2017-Present
- East End Republican Club- Member, 2015- Present, Second Vice President 2018
- Suffolk County Young Republicans- Member, 2016-Present
 - Suffolk County Young Republicans- Presidents Award, 2018

TODAY'S DATE: _____ / _____ / _____



TOWN OF ISLIP

OFFICE OF THE SUPERVISOR
Department of Personnel and Labor Relations

TOWN HALL • 655 Main Street • Islip NY, 11751
Phone (631) 224-5520 • Fax (631) 224-5771

Before answering the following questions, please be advised that the Town of Islip does not discriminate in employment practices because of race, creed, color, national origin, sex, age, disability, and marital status or arrest records. Please print all answers below.

Position applied for Neighborhood Aide Full-Time Part-Time
If Part-Time, days and hours available _____

Were you previously employed by us? Yes No
If yes, when _____
and what position? _____

PERSONAL INFORMATION

Mr. / Mrs. / Miss / Ms. ← (Circle One)
First Name Anthony Last Name Piccinillo
Address _____
City _____ State _____ Zip Code _____
Telephone Number (cell) _____ (home) _____
Social Security #: _____

Have you ever been convicted of any crime (felony or misdemeanor)? _____

Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? _____

Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? _____

Did you ever resign from any employment rather than face dismissal? _____

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 honorable circumstances? _____

If you answered "yes" to any of the above five questions, please provide details:

Are you UNDER 18 years of age? _____ If YES, date of birth _____

Are you a veteran of the U.S. Forces? _____

Are you an exempt volunteer firefighter? _____

Do you have any certifications, licenses, or CDL's? _____

If yes, please indicate which _____

Have you ever been employed by or are you currently employed by another municipal agency, government or school in any capacity _____ YES NO. If yes, please provide details:

EDUCATION INFORMATION

	Name of School	Course/Major	Circle Last Year Completed	Did you Graduate?	Degree
High School	Baelen H.S.		9 10 11 (12)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	H.S. Diploma
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT INFORMATION

Most recent position first. You may attach resume if available.

	Company Name	Employer Name	Address	Length of Employment	Position Held	Describe duties	Last Salary	Reason for Leaving
	MANUINO'S/Orange	JOHN MANUINO		2 Years	Waiter Bar tender	MANAGER Customer Service ordering	TIPS	Conflict w/Hours
	MANUINO'S/Commack			5 Years	Waiter Bar tender	Customer Service ordering		

May we contact the employers? Yes No

TWO REFERENCES (Not Relatives)

Name	Address	Telephone #
[REDACTED]		

Add any other information you consider relevant to your employment application.

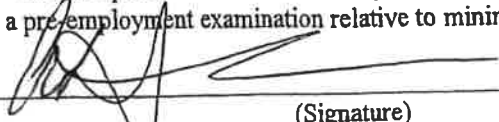
Do you have any relatives that work for the Town of Islip? Yes No

If yes, give their name and which department they worked in:

Relatives Name: _____ Department: _____

Relatives Name: _____ Department: _____

The facts set forth in this application are true and complete. I understand that any false statement is cause for immediate dismissal. I also understand that a pre-employment examination relative to minimum physical standards for employment may be necessary.



 (Signature)

SUFFOLK COUNTY APPLICATION FOR EMPLOYMENT OPEN-COMPETITIVE EXAMINATIONS AND NON-COMPETITIVE APPOINTMENTS

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE/HUMAN RESOURCES

275 Veterans Memorial Hwy., William J. Lindsay Complex, Bldg. 158 (location)

P.O. Box 6100 Hauppauge, NY 11788-0099 (mailing address)

(631) 853-5500 Internet: www.suffolkcountyny.gov/civilservice

SUFFOLK COUNTY DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE,
CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, MARITAL STATUS OR SEXUAL PREFERENCE.

**HIS IS FORM CS-205 PART A.
YOU MUST ALSO COMPLETE
FORM CS-205 PART B.**

HERE IS AN APPLICATION PROCESSING FEE: SEE THE EXAMINATION ANNOUNCEMENT FOR THE FEE AMOUNT (The fee will NOT BE REFUNDED if your application is DISAPPROVED.) A separate application is required for each examination (identified by examination number) for which you are applying. Each application must be accompanied by a **NON-REFUNDABLE NON-TRANSFERABLE** application processing fee. Do not send cash. Make the check or money order payable to the Suffolk County Department of Civil Service. Please indicate the examination title and the last four digits of the applicant's social security number on the face of the check or money order. Certain applicants may be eligible for a fee waiver. See examination announcement for details. This application is part of your examination. Answer all questions fully and carefully in ink. Attach additional sheets if necessary to give detailed information. You may also apply on our Internet site.

PLEASE PRINT:

1. TITLE OF EXAMINATION Neighborhood Aide					
2. LAST NAME Piccirillo		FIRST NAME Anthony		M.I.	SOCIAL SECURITY NUMBER [REDACTED]
MAILING ADDRESS [REDACTED]				LEGAL ADDRESS (Not a Post Office Box) [REDACTED]	
STATE [REDACTED]		ZIP CODE [REDACTED]		CITY [REDACTED]	STATE [REDACTED]
[REDACTED]		[REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]

3. DAYTIME TELEPHONE NUMBER (include area code)
You may be contacted by prospective employers.
[REDACTED]

4. LEGAL RESIDENCE CODES Identify each of the districts of which you are a legal resident, **not** where you wish to be employed. If your legal residence changes, you must notify the Suffolk County Civil Service Department at once in writing. Complete the boxes with the correct codes for your legal residence. See last page of application for list of residence codes.

COUNTY	TOWN	SCHOOL DISTRICT	LIBRARY DISTRICT	VILLAGE
C-	T-	S-	L-	V-

5. GEOGRAPHIC ZONES
Check one or more of the boxes below indicating the geographic zones in which you would be willing to accept an appointment. Your name will be certified only for job vacancies in the geographic zones you check.

- Zone 1 Riverhead, Southold, Shelter Island, Southampton, and East Hampton Townships
- Zone 2 Brookhaven Township
- Zone 3 Smithtown and Islip Townships
- Zone 4 Huntington and Babylon townships

6. Check appropriate box to the right of each question:
- A. Have you ever been convicted of any crime (felony or misdemeanor)?
[REDACTED]
 - B. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?
[REDACTED]
 - C. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?
[REDACTED]
 - D. Did you ever resign from any employment rather than face dismissal?
YES NO
[REDACTED]
 - E. Did you ever receive a dishonorable discharge from the Armed Forces of the United States?
[REDACTED]

Successful completion of an appropriate medical examination may be required.

If you answered YES to any part of question 6 you MUST give specifics in the COMMENTS section below.

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. Background investigations may be conducted on all candidates considered for employment. A False statement may result in the disqualification of your application in accordance with the provisions of Section 50 of the Civil Service Law.

A candidate appointed to a vacancy in the service of Suffolk County shall be required to disclose, and a candidate appointed to any other vacancy in the civil service may be required to disclose, whether he/she is currently receiving any form of disability payment from New York State.

Background Investigation: Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

THE FOLLOWING QUESTIONS ARE OPTIONAL.

7. Are you a Saturday sabbath observer who, for religious reasons only, requests permission to take this examination after sundown on Saturday?
[REDACTED]

If you checked YES, you will be asked to provide verification.

8. Do you need special accommodations to participate in this examination?
[REDACTED]

If you checked YES, please describe the type assistance you request in the COMMENTS section below.

9. COMMENTS _____

(Attach additional sheets if necessary)

CANDIDATE MUST SIGN DECLARATION ON LAST PAGE OF THIS APPLICATION

FOR APPOINTING AUTHORITY'S USE FOR PROVISIONAL AND NON-COMPETITIVE APPOINTMENTS ONLY	
DEPARTMENT OR JURISDICTION Town of Islip	DATE APPOINTED 3/26/2018

FOR CIVIL SERVICE USE ONLY		ELIGIBLE	INELIGIBLE
TEST SCORE _____	NOTES _____	<input type="checkbox"/> PENDING TRANSCRIPT	
		<input type="checkbox"/> PENDING _____	

YOUR ELIGIBILITY TO COMPETE IN THIS EXAMINATION WILL BE DETERMINED ON THE BASIS OF YOUR ANSWERS TO QUESTIONS 10 - 13. INCOMPLETE APPLICATIONS WILL BE DISAPPROVED.

10. EDUCATION

A. Have you graduated from senior high school? YES NO
 If yes, complete name and location.

Name of school: SACKEN HIGH SCHOOL NORTH

Location: LAKE RONKONKOMA NY 11779

B. If you have a high school equivalency diploma, indicate:

Issuing Authority

C. If you did NOT graduate from high school, circle highest school year completed:

4 5 6 7 8 9 10 11

PLEASE ATTACH A COPY OF COLLEGE TRANSCRIPTS VERIFYING ALL COLLEGE LEVEL COURSE WORK FOR WHICH YOU CLAIM CREDIT.

List each College University or Professional School Attended	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Were You Graduated?	Type of Course or Major Subject	Number of Credits Rec'd. To Date	Type of Degree Received	Date Degree Received
		Suffolk County Community College	2001-2002	NO	LIB ARTS		NO
	Dowling College	2006-2008	NO	History		NO	

Technical or other Schools or Special Courses	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Type of Course or Major Subject	Number of Hours Attended	Did you successfully complete this course?

1. DRIVERS LICENSE: Circle the class of your New York State Motor Vehicle License:

Date of Expiration _____

2. LICENSES: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, complete the following question:

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State
Specialty	Date License First Issued	Registered From:	To:

3. DESCRIPTION OF EXPERIENCE

Beginning with the most recent, describe below in detail ALL paid and volunteer employments relevant to the position sought. You are responsible for submitting an accurate 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(s), describe such experience as separate employment. IF YOUR TITLE OR DUTIES CHANGED MATERIALLY IN THE COURSE OF YOUR SERVICE IN ANY ONE ORGANIZATION. INDICATE SUCH CHANGE CLEARLY AND AS A SEPARATE EMPLOYMENT. (If more space is needed, attach 8 1/2 x 11" sheets of paper) 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.

ALL EXPERIENCE IS SUBJECT TO VERIFICATION.

LENGTH OF EMPLOYMENT MO. YR.	FIRM NAME	ADDRESS	CITY AND STATE
FROM 2015 TO 2017	MANNINO'S OAKDALE	1575 MONTAUK HIGHWAY	OAKDALE NY
EARNINGS (Circle One) \$ 650.00 (WIK) MO/YR	DUTIES:		
TYPE OF BUSINESS Rest.	Customer Service, procurement of supplies, PAY Roll,		
YOUR EXACT TITLE Waiter/Bartender MANAGER	DAY TO DAY operations		
Average no. of hrs. worked per week (excluding overtime)	35-40		

B. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM 2008 TO 2012		MANUWOS	2158 Serictho Quilike	COMMACK NY
EARNINGS (Circle One) \$ 700 (Wk/Mo/Yr)		DUTIES:		
TYPE OF BUSINESS Restaurant		Customer Service, Ordering of Food + Alcohol		
YOUR EXACT TITLE Waiter/Barender		For Kitchen + Bar. Handling of Money + Money Notices.		
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER

C. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One) \$ /WK/MO/YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER

D. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One) \$ /WK/MO/YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER

E. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One) \$ /WK/MO/YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE		SUPERVISOR'S NAME		TELEPHONE NUMBER

**BE SURE TO SIGN THE DECLARATION AT THE BOTTOM OF THIS PAGE
UNSIGNED APPLICATIONS WILL BE DECLARED INELIGIBLE**

VETERANS' CREDITS

Veterans' credits are granted on the following basis:

- DISABLED VETERANS:** 10 points for Open-Competitive Exams
5 points for Promotional Exams
- NON-DISABLED VETERANS:** 5 points for Open-Competitive Exams
2.5 points for Promotional Exams

These additional credits, which are combined with the final score obtained in the examination, may be granted only to **PASSING CANDIDATES** at the time of establishment of the eligible list.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veteran, you must:

- Have served on **ACTIVE DUTY**, other than active duty for training purposes, with the Armed Forces of the United States during any of the following periods:

- VIETNAM** - February 28, 1961 through and including May 7, 1975
- LEBANON*** - June 1, 1983 through and including December 1, 1987
- GRENA DA*** - October 23, 1983 through and including November 21, 1983
- PANAMA*** - December 20, 1989 through and including January 31, 1990
- PERSIAN GULF** - August 2, 1990 - to the end of hostilities as yet undefined

* To receive veterans' credits for service in these campaigns, an applicant must also have been the recipient of one of the following:

- Armed Forces Expeditionary Medal
- Navy Expeditionary Medal
- Marine Corps Expeditionary Medal

- Have been honorably discharged or released under honorable conditions from such service.
- Submit a photocopy of separation papers (i.e. FORM DD-214 MEMBER 4 COPY) from the Armed Forces of the United States before this eligible list is established.

DISABLED VETERANS

In order to be eligible for additional credit as a disabled veteran, in addition to meeting the requirements of items 1, 2 & 3 listed above, you must also complete, FOR EACH TITLE, Form VC-3 (Authorization for Disability Record), in duplicate and forward BOTH copies immediately to the Regional Office of the United States Department of Veterans Affairs where your application for disability pension is on file. The Department of Veterans Affairs will retain a copy for its files, and will return a copy to this Department for processing. Disabled veterans must have a disability of at least ten percent (10%) certified by the Department of Veterans

IF YOU DO NOT FORWARD THE PROPER DOCUMENTATION AS OUTLINED ABOVE, YOU WILL NOT BE GRANTED VETERANS' CREDITS, ONCE THE ELIGIBLE LIST IS ESTABLISHED, VETERANS' CREDITS CANNOT BE GRANTED.

LEGAL RESIDENCE CODES -

NAME	COUNTY	CODE	NAME	COUNTY	CODE	NAME	COUNTY	CODE
Suffolk County		C-1	Lindenhurst		V-13	Comsewogue		S-206
Other		C-0	Lloyd Harbor		V-14	Connetquot		S-207
			Mastic Beach		V-33	Copiapue		S-305
			Nissequegue		V-15	Deer Park		S-306
			North Haven		V-16	East Hampton		S-103
			Northport		V-17	East Islip		S-208
			Ocean Beach		V-18	East Moriches		S-209
			Old Field		V-19	Eastport/South Manor		S-128
			Patchogue		V-20	East Quogue		S-105
			Poquott		V-21	Elwood		S-307
			Port Jefferson		V-22	Fire Island School		S-210
			Quogue		V-23	Fishers Island		S-106
			Sag Harbor		V-24	Greenport		S-107
			Sagaponack		V-32	Half Hollow Hills		S-308
			Saltaire		V-25	Hampton Bays		S-108
			Shoreham		V-26	Harborfields		S-309
			Southampton		V-27	Hauppauge		S-211
			Village of the Branch		V-28	Huntington		S-310
			Westhampton Beach		V-29	Islip		S-212
			Westhampton Dunes		V-31	Kings Park		S-311
			Other		V-00	Lindenhurst		S-312
						Little Flower		S-110
						Longwood		S-214
						Mattituck - Cutchogue		S-111
						Middle Country		S-213
						Miller Place		S-215
						Montauk		S-112
						Mt. Sinai		S-216
						New Suffolk		S-113
						North Babylon		S-313
						Northport - E. Northport		S-314
						Oysterponds		S-114
						Patchogue-Medford		S-217
						Port Jefferson		S-218
						Quogue		S-115
						Remsenberg - Speonk		S-116
						Riverhead		S-117
						Rocky Point		S-219
						Sachem		S-220
						Sag Harbor		S-118
						Sagaponack		S-119
						Sayville		S-221
						Shelter Island		S-120
						Shoreham-Wading River		S-121
						Smithtown		S-315
						Southampton		S-122
						South Country		S-222
						South Huntington		S-316
						Southold		S-123
						Springs		S-124
						Three Village		S-225
						Tuckahoe		S-125
						Wainscott		S-126
						West Babylon		S-317
						West Islip		S-226
						Westhampton Beach		S-127
						William Floyd		S-227
						Wyandanch		S-318
						Copiapue		L-11
						Deer Park		L-12
						East Islip		L-13
						Elwood		L-35
						Half Hollow Hills		L-14
						Harborfields		L-15
						Hauppauge		L-34
						Huntington		L-16
						Islip		L-17
						Lindenhurst		L-18
						Longwood		L-21
						Mastic-Moriches-Shirley		L-19
						Middle Country		L-20
						Montauk		L-33
						North Babylon		L-22
						North Shore		L-27
						Northport		L-23
						Patchogue-Medford		L-24
						Sachem		L-25
						Sayville		L-26
						Smithtown		L-28
						South Huntington		L-29
						West Babylon		L-32
						West Islip		L-30
						Wyandanch		L-31
						Other		L-00

INCORPORATED VILLAGES

NAME	CODE
Amityville	V-01
Asharoken	V-02
Babylon	V-03
Belle Terre	V-04
Bellport	V-05
Brightwaters	V-06
Dering Harbor	V-07
East Hampton	V-08
Greenport	V-09
Head-of-the-Harbor	V-10
Huntington Bay	V-11
Islandia	V-30
Lake Grove	V-12

SCHOOL DISTRICTS

Amagansett	S-101
Amityville	S-301
Babylon	S-302
Bay Shore	S-201
Bayport-Blue Point	S-202
Brentwood	S-203
Bridgehampton	S-102
Center Moriches	S-204
Central Islip	S-205
Cold Spring Harbor	S-303
Commack	S-304

LIBRARIES

NAME	CODE
Amityville	L-01
Babylon Public	L-02
Bay Shore - Brightwaters	L-03
Bayport - Blue Point	L-04
Brentwood	L-05
Center Moriches	L-06
Central Islip	L-07
Commack	L-08
Comsewogue	L-09
Connetquot	L-10

DECLARATION:

I declare, subject to the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole, and probation agencies, and former school to provide to the Suffolk County Department of Civil Service any and all information including, but not limited to information as to my character, habits, work ability, and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities, or damages.

DATE

3/22/18

x

SIGNATURE OF APPLICANT

Affairs at the time of application for additional credits.

Veterans who used non-disabled veterans credits to obtain a civil service appointment or promotion with New York State or a local government, and subsequent to such appointment, are determined by the United States Department of Veteran Affairs to be a qualified disabled veteran are entitled to an additional 10 credits, minus the number of credits already used for the prior appointment. To claim such credits a candidate must also submit Form VC-1, Application for Veterans' Credits.

- Do you claim additional credits as an honorably discharged war veteran for this examination?
 - YES, AS A NON-DISABLED VETERAN
 - YES, AS A DISABLED VETERAN
 - NO.

If you checked YES, complete 14B and C:

- Have you previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State?
 YES NO If you check YES complete the information in 14D below.

Except for veterans later determined to be disabled, civil service law limits the use of veterans' credits to one permanent competitive class appointment within New York State.

- With the exception of the federal service, have you ever been employed by a governmental agency outside the Suffolk County (e.g. New York City, New York State, Office of Court Administration, or another county within New York State)?
 YES NO If you checked YES complete the information in 14D below:

D. Government Name _____

Length of Employment From _____

To _____

Department _____

Your Official Title(s) _____

(Attach additional sheets if necessary)

DegreeVerify Certificate

Transaction ID#: [REDACTED] Date Requested: 05/30/2019 16:48 EDT
Requested by: [REDACTED] Date Notified: 05/31/2019 14:20 EDT

Status: Confirmed Dates of Attendance – After Research
Fee: \$14.95

INFORMATION YOU PROVIDED

Subject Name: **ANTHONY** **PICCIRILLO**
First Name Middle Name Last Name

Name Used While
Attending School:
(if different from above)

Date of Birth:

School Name: **DOWLING COLLEGE**

Degree Award Year:

Attempt To: **Verify dates of attendance for someone who has not received a degree.**

INFORMATION VERIFIED

Name On School's Records: **ANTHONY PICCIRILLO**
Degree Title: **Enrollment Only**
Official Name of School: **DOWLING COLLEGE**
Dates of Attendance: **2006-09-01 to 2007-05-10**

Disclaimer - All information verified was obtained directly and exclusively from the individual's educational institution. The Clearinghouse disclaims any responsibility or liability for errors or omissions, including direct, indirect, incidental, special or consequential damages based in contract, tort or any other cause of action, resulting from the use of information supplied by the educational institution and provided by the Clearinghouse. The Clearinghouse also does not verify the accuracy or correctness of any information provided by the requestor.

Do Not Distribute - This certificate and the information therein is governed by the Verification Services Terms, which you agreed to when you requested this verification. Neither the certificate nor its contents may be disclosed or shared with any other parties unless the disclosure is to the entity or individual on whose behalf the verification was requested, or to the student or certificate holder whose enrollment, degree, or certification was verified.