



STEUBEN COUNTY DEPARTMENT OF PERSONNEL AND CIVIL SERVICE

ANNOUNCES

TRAINING & EXPERIENCE EXAMINATION, OPEN TO THE PUBLIC

FOR

ISSUED: September 29, 2009

SPEECH THERAPIST, PART TIME

EXAMINATION NO. **91102-ST**

Steuben County Health Care Facility

A *NON-REFUNDABLE* **\$15.00 APPLICATION FEE** APPLIES FOR THIS TEST.

◆◆◆ Payable by **Check or Money Order only, NO CASH ACCEPTED** ◆◆◆

Make payable to the "**Steuben County Treasurer.**"

You must **record the examination title and number on your check or money order.**

November 2, 2009

RATING DATE

Read these instructions
carefully and thoroughly.

October 28, 2009

LAST FILING DATE

SALARY \$50.00 per hour

VACANCIES Two vacancies at the present time. The Eligible List resulting from this examination will be used to fill any appropriate vacancies that may occur in this title during the life of the list.

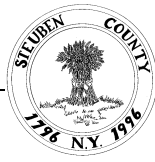
RESIDENCY REQUIREMENT Candidates must have been legal residents of **Steuben County** for at least four months immediately preceding the Rating Date.

MINIMUM QUALIFICATIONS (Must be met by date of rating) Must hold a current license from the New York State Department of Education as a Speech-Language Pathologist and maintain same for the duration of the appointment.

\$15

APPLICATION FEE

- ✓ The New York State Civil Service Law requires our Office to collect an examination fee from each applicant. The amount of the fee is **fifteen dollars (\$15) per applicant for EACH examination** applied for, payable at the time of filing of the application form, **by check (personal or certified) or money order only**, payable to the "**Steuben County Treasurer.**" **CASH WILL NOT BE ACCEPTED.**
- ✓ Applicants whose application forms are not accompanied by the appropriate fee or whose personal checks are returned for insufficient funds will not be considered as candidates.
- ✓ You must record the **EXAMINATION NUMBER(S)** and **TITLE(S)** on your **CHECK.**
- ✓ **No refund** will be made to applicants who are **disqualified** or who **fail to appear.**
- ✓ You are urged to compare your qualifications carefully with the requirements for admission and file only for those examinations for which you are clearly qualified. Assistance is available from our office in person or by telephone call.



**DISTINGUISHING
FEATURES OF
THE CLASS**

This is a technical, professional position responsible for assessing and treating patients to correct functional or organic speech and/or swallowing disorders. Work consists of conducting specialized tests to diagnose and evaluate a patient's condition and to determine proper methods of treatment. Work is performed under the supervision of a technical superior or physician who reviews work through written reports, conferences, and observation of techniques employed and results obtained. Leeway is allowed for the use of independent judgment in the performance of professional responsibilities. The Speech Therapist may be required to instruct medical personnel and other persons in the therapeutic techniques employed in the speech therapy program, however supervision of others is not normally a function of this position. Does related work as required.

**SUBJECTS OF
EXAMINATION**

YOUR APPLICATION
IS THE "EXAM"

There will be an evaluation of training and experience which you must pass in order to be considered for appointment. If you meet the MINIMUM QUALIFICATIONS your training and experience will be evaluated against the general background of the position. You are, therefore, asked to **include in your Application** a summary of all pertinent training and experience in sufficient detail so that your background may be evaluated against the duties of the position.

■ In your **SUMMARY OF TRAINING**, include:

- ✓ all college course work,
- ✓ formal in-service training, and
- ✓ seminars you have attended.

You must specify:

- ✓ either the number of credits received or the number of contact hours and
- ✓ dates of attendance.

Also, include a copy of your

- ✓ professional license or documentation indicating eligibility for licensure.
- ✓ Specify the date that your license was first issued.

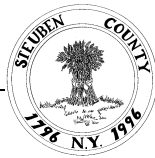
■ In your **SUMMARY OF EXPERIENCE** you must specify:

- ✓ the dates of your employment,
- ✓ the number of hours worked per week,
- ✓ your title, and
- ✓ the main duties of each.

Be specific; vagueness and ambiguity will not be resolved in your favor.

Candidates who submit incomplete applications or documentation may be disqualified.

The rating scale for this examination has been prepared by the New York State Department of Civil Service. Rating will be performed by the Steuben County Department of Personnel and Civil Service, in accordance with Rule 10 of the Steuben County Civil Service Rules, using the State-developed rating scale.

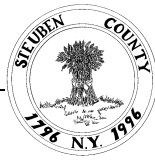


CROSS FILING

- ✓ If you applied for any other civil service examinations to be given on the same test date for employment with New York State or any other local government jurisdiction excluding New York City, you must arrange to take all of the examinations at one test site.
- ✓ If you have applied for both *State and local* government examinations, you must make arrangements to take all of your examinations at the *State* examination center by calling (518) 474-6470 in the Albany area or toll free at 1-877-697-5627 (press 2, then press 1), no later than two weeks before the test date.
- ✓ If you have applied for another local government examination with another local civil service agency, call or write to each civil service agency to make arrangements.
- ✓ You must make your request for these arrangements no later than two weeks before the date of the examinations.
- ✓ You must notify **all** local government civil service agencies with whom you have filed an application of the test site at which you wish to take your examination.
- ✓ For this examination, write or call our office at the address/telephone number listed under General Instructions of this announcement.
- ✓ You must file an application with each jurisdiction for which you intend to cross-file.

GENERAL INSTRUCTIONS

1. Applications and additional information is available at the Steuben County Department of Personnel and Civil Service, Steuben County Office Building, 3 East Pulteney Square, Bath, New York 14810, or by calling 607-664-2345. Examination announcements are also available on the Internet at www.steubencony.org.
2. Applications postmarked after midnight of the "Last Filing Date" will not be considered eligible for this examination. If hand delivered, applications must be filed in the Steuben County Department of Personnel and Civil Service no later than 5:00 p.m. on the "Last Filing Date."
3. Falsification of any part of the "Application for Employment" will result in disqualification and possible legal action. Inquiries may be made as to character and ability and **all statements made by candidates are subject to verification.**
4. Applicants must **answer every question** on the application form and provide an **original signature**. You may include a resume in addition to completing the application form; however, you may **NOT** substitute "See Resume" for completing any portion of the application form. **Incomplete applications will be disapproved.**
5. APPLICATION FEE WAIVER: A waiver of the application fee will be allowed if you are unemployed *and primarily* responsible for the support of a household. In addition, a waiver of the application fee will be allowed if you are determined eligible for Medicaid; receiving Supplemental Security Income payments or Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance); or are certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency. **All claims for application fee waiver are SUBJECT TO VERIFICATION.** If you can verify eligibility for an application fee waiver, complete a "Request for Application Fee Waiver and Certification" form and submit it with your application by the close of business on the Application Deadline as listed on the Examination Announcement. The "Application Fee Waiver and Certification Form" is available at the Steuben County Department of Personnel and Civil Service, Steuben County Office Building, 3 East Pulteney Square, Bath, New York 14810, or by calling 607-664-2345. This form is also available on the Internet at www.steubencony.org.
6. Accepted candidates will be notified when and where to appear for exam. None will be admitted to the examination without the official admission notice. If an application is disapproved, due notice will be sent.
7. This department does not make formal acknowledgment of the receipt of an application.
8. SPECIAL ACCOMMODATIONS: If special arrangements for testing are required (i.e. religious observance, disability), submit a written request describing your needs with the application form.
9. VETERANS CREDITS: Active service members, veterans or disabled veterans desiring to claim additional credit may submit an "Application for Veteran's Credit" accompanied by the form DD-214 prior to the establishment of the eligible list. The Form DD-214 may be submitted with your application for examination or at any time prior to



the establishment of the resulting eligible list. IT IS YOUR RESPONSIBILITY TO SEE THAT THE FORM DD-214 IS SUBMITTED TO THIS OFFICE. FAILURE TO SUBMIT A COPY OF YOUR DD-214 TO THIS OFFICE PRIOR TO THE ESTABLISHMENT OF ANY ELIGIBLE LIST WILL RESULT IN NO ADDITIONAL CREDIT BEING GRANTED.

10. Military Service members on active duty on the exam date may request a military makeup exam by calling 607-664-2345. Members on active duty or discharged during the exam filing period may apply for the exam up to ten days before the exam date.
11. Per Section 85-a of the Civil Service Law, children of firefighters and police officers killed in the line of duty are entitled to receive ten additional credits on an exam which may result in an original appointment in the municipality where the deceased parent served. Candidates eligible for additional credit should indicate this on their exam application.
12. Candidates who fail the examination or who fail to appear for the examination as scheduled will be eliminated from further consideration.
13. Under specific circumstances, an alternate test date may be arranged in accordance with established policy. Your request *and verifiable documentation* should be submitted at least one week prior to the test date or *in case of an emergency no later than 5:00 p.m. on the next business day* following the test.
14. This examination is being prepared by the New York State Department of Civil Service in accordance with Section 23-2 of Civil Service Law. The provisions of New York State Civil Service Law, Rules, and Regulations dealing with the rating of exams will apply to this examination. Scoring and rating of the written portion will be performed by the Steuben County Department of Personnel and Civil Service in accordance with Rule 10 of the Steuben County Civil Service Rules using the State-developed rating scale. The computer program utilized for the performance test (*if applicable*) self-scores upon completion.
15. Special Requirement for Appointment in School Districts and BOCES: Per Chapter 180 of the Laws of 2000, and by Regulations of the Commissioner of Education, to be employed in a position designated by a school district or BOCES as involving direct contact with students, a clearance for employment from the State Education Department is required.
16. Your degree and/or college credits must have been awarded by a regionally-accredited college or university or one recognized by the New York State Education Department as following acceptable educational practices. If an educational institution outside of the United States and its territories awarded your degree and/or college credit you must provide independent verification of equivalency. You can call or write to our Department for a list of acceptable companies providing this service; you must pay the required evaluation fee.
17. Unless otherwise noted, candidates are permitted to use quiet, hand-held, solar or battery powered calculators. Devices with typewriter keyboards, Spell Checkers, Personal Digital Assistants, Address Books, Language Translators, Dictionaries, or any similar devices are *prohibited*.

Robert F. Biehl, Personnel Officer