

NYS Department of Corrections & Community Supervision

Location Preference Sheet

Name: (please print) _____

Title: Dentist 1

Please read carefully prior to completing

Please indicate below which facilities you would accept appointment at, should a vacancy occur. If you receive a passing score, you will be considered only for appointment (permanent and/or temporary) to those facilities in which you express an interest. If, at a later date, you would be willing to accept appointment at a location(s) other than those you now indicate, please notify the Bureau of Personnel. This form should be completed and returned to:

**Bureau of Personnel
NYS Department of Corrections & Community Supervision
The Harriman State Campus
1220 Washington Ave
Albany, NY 12226**

_____ PERM _____ TEMP - MAIN OFFICE - ALBANY (Albany County)

_____ PERM _____ TEMP - MAIN OFFICE - MENANDS (Albany County)

| PERM | TEMP | | PERM | TEMP | |
|-------|-------|---------------------------------|-------|-------|-------------------------------|
| _____ | _____ | ADIRONDACK (Essex Co.) | _____ | _____ | HUDSON (Columbia Co.) |
| _____ | _____ | ALBION (Orleans Co.) | _____ | _____ | LAKEVIEW (Chautauqua Co.)** |
| _____ | _____ | ALTONA (Clinton Co.) | _____ | _____ | MARCY (Oneida Co.) |
| _____ | _____ | ATTICA (Wyoming Co.) | _____ | _____ | MID-STATE (Oneida Co.) |
| _____ | _____ | AUBURN (Cayuga Co.) | _____ | _____ | MOHAWK (Oneida Co.) |
| _____ | _____ | BARE HILL (Franklin Co.) | _____ | _____ | OGDENSBURG (St. Lawrence Co.) |
| _____ | _____ | BEDFORD HILLS (Westchester Co.) | _____ | _____ | ORLEANS (Orleans Co.) |
| _____ | _____ | CAPE VINCENT (Jefferson Co.) | _____ | _____ | OTISVILLE (Orange Co.) |
| _____ | _____ | CLINTON (Clinton Co.) | _____ | _____ | QUEENSBORO (Queens Co.) |
| _____ | _____ | COLLINS (Erie Co.) | _____ | _____ | RIVERVIEW (St. Lawrence Co.) |
| _____ | _____ | COXSACKIE (Greene Co.) | _____ | _____ | SHAWANGUNK (Ulster Co.) |
| _____ | _____ | DOWNSTATE (Dutchess Co.) | _____ | _____ | SING SING (Westchester Co.) |
| _____ | _____ | EASTERN NY (Ulster Co.) | _____ | _____ | SOUTHPORT (Chemung Co.) |
| _____ | _____ | ELMIRA (Chemung Co.) | _____ | _____ | SULLIVAN (Sullivan Co.) |
| _____ | _____ | FISHKILL (Dutchess Co.) | _____ | _____ | TACONIC (Westchester Co.) |
| _____ | _____ | FIVE POINTS (Seneca Co.) | _____ | _____ | UPSTATE (Franklin Co.) |
| _____ | _____ | FRANKLIN (Franklin Co.) | _____ | _____ | WALLKILL (Ulster Co.) |
| _____ | _____ | GOUVERNEUR (St. Lawrence Co.) | _____ | _____ | WASHINGTON (Washington Co.) |
| _____ | _____ | GREAT MEADOW (Washington Co.) | _____ | _____ | WENDE (Erie Co.) |
| _____ | _____ | GREEN HAVEN (Dutchess Co.) | _____ | _____ | WOODBOURNE (Sullivan Co.) |
| _____ | _____ | GREENE (Greene Co.) | _____ | _____ | WYOMING (Wyoming Co.) |
| _____ | _____ | GROVELAND (Livingston Co.) | | | |
| _____ | _____ | HALE CREEK (Fulton Co.) | | | |

**Shock Incarceration (requires additional training)

Signature**Social Security #****Date**

If at any time in the future your address, telephone number, or location preference changes, you must notify us in writing. Please include the list number, title, and your social security number.