

## 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 part time or full time**) 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		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.)			

\_\_\_\_\_  
**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.