

NYS Department of Corrections & Community Supervision Location Preference Sheet

Name: (please print) _____

Title: Licensed Practical Nurse

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	
_____	_____	ALBION (Orleans Co.)
_____	_____	ATTICA (Wyoming Co.)
_____	_____	AUBURN (Cayuga Co.)
_____	_____	BEDFORD HILLS (Westchester Co.)
_____	_____	CLINTON (Clinton Co.)
_____	_____	COXSACKIE (Greene Co.)
_____	_____	FISHKILL (Dutchess Co.)
_____	_____	FIVE POINTS (Seneca Co.)
_____	_____	FRANKLIN (Franklin Co.)
_____	_____	GREAT MEADOW (Washington Co.)
_____	_____	GREEN HAVEN (Dutchess Co.)
_____	_____	GREENE (Greene Co.)*
_____	_____	GROVELAND (Livingston Co.)
_____	_____	HUDSON (Columbia Co.)
_____	_____	LAKEVIEW (Chautauqua Co.)
_____	_____	MAIN OFFICE - ALBANY (Albany Co.)
_____	_____	MARCY (Oneida Co.)
_____	_____	MOHAWK (Oneida Co.)
_____	_____	SING SING (Westchester Co.)
_____	_____	SOUTHPORT (Chemung Co.)
_____	_____	UPSTATE (Franklin Co.)
_____	_____	SOUTHPORT (Chemung Co.)
_____	_____	UPSTATE (Franklin Co.)
_____	_____	WASHINGTON (Washington Co.)
_____	_____	WENDE (Erie 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.