

**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 facility(s) you are interested in applying to. This form should be completed and submitted with your NYS-APP to the facility(s) of interest.**

PERM	TEMP	
_____	_____	ATTICA (Wyoming Co.)
_____	_____	AUBURN (Cayuga Co.)
_____	_____	BEDFORD HILLS (Westchester Co.)
_____	_____	CLINTON (Clinton Co.)
_____	_____	COXSACKIE (Greene Co.)
_____	_____	FISHKILL (Dutchess Co.)
_____	_____	FIVE POINTS (Seneca Co.)
_____	_____	GREAT MEADOW (Washington Co.)
_____	_____	GREEN HAVEN (Dutchess Co.)
_____	_____	GREENE (Greene Co.)*
_____	_____	LAKEVIEW (Chautauqua Co.)
_____	_____	MAIN OFFICE - ALBANY (Albany Co.)
_____	_____	MARCY (Oneida Co.)
_____	_____	MOHAWK (Oneida Co.)
_____	_____	SING SING (Westchester Co.)
_____	_____	UPSTATE (Franklin Co.)
_____	_____	WASHINGTON (Washington Co.)
_____	_____	WENDE (Erie Co.)
_____	_____	WOODBOURNE (Sullivan Co.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Date**