

NASSAU COUNTY CIVIL SERVICE COMMISSION
 140 OLD COUNTRY ROAD, MINEOLA, N.Y. 11501
 EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EXAMINATION OR EMPLOYMENT
 (FOR EXAMINATION - USE FOR ONLY ONE DATE -MAXIMUM OF 3 EXAMS)

ALL QUESTIONS MUST BE ANSWERED OR APPLICATION WILL NOT BE PROCESSED

PRINT IN INK OR TYPE PHOTOCOPY/FAX NOT ACCEPTABLE

1. (You must notify this Commission immediately – **in writing** – of any change of name or address.)

LAST NAME		FIRST NAME	M.I.
STREET ADDRESS			
POST OFFICE	STATE	ZIP	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) - EXPLAIN UNDER #20			

(A) Exam No. _____, Title _____
 (B) Exam No. _____, Title _____
 (C) Exam No. _____, Title _____

APPLICANTS - DO NOT WRITE IN THIS BOX	
(A) Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Cond. <input type="checkbox"/> by: _____/_____ (/)	
(B) Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Cond. <input type="checkbox"/> by: _____/_____ (/)	
(C) Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Cond. <input type="checkbox"/> by: _____/_____ (/)	

2. TELEPHONE NO. HOME (_____) _____ - _____

BUSINESS (_____) _____ - _____

3. SOCIAL SECURITY NO. _____/_____/_____

4. DO YOU POSSESS A VALID N.Y. STATE MOTOR VEHICLE LICENSE?

YES NO If "YES" indicate class: _____

IF REQUIRED FOR POSITION SOUGHT, ATTACH A COPY OF YOUR LICENSE.

5. HAVE YOU EVER APPLIED FOR ANY EXAMINATIONS ADMINISTERED BY THE NASSAU COUNTY CIVIL SERVICE COMMISSION?

YES NO (If "YES" give details under No. 20)

6. RESIDENCE (PROOF MAY BE REQUIRED)
 List here your actual, permanent, **legal** address, for the last five years, including the dates (month and year) that you lived there. Consult official announcement to ensure that you meet any residency requirements before filing.

CITY OR VILLAGE	TOWN	COUNTY	STATE	FROM Mo./Yr.	TO Mo./Yr.
					Present

Fee Paid
 CK/MO # _____ AM'T _____ P.A. # _____ REC'D. BY _____

VETERANS CREDITS

SPECIAL ARRANGEMENTS

18. EXPERIENCE: Describe here all relevant experience (including volunteer or military) starting with the most recent. Include all employment for the last five years, as well as any relevant experience prior to that. (If not employed during part or all of last 5 yrs., so state) In addition, you MUST:

1. Under "Duties" describe work personally done by you.
2. Estimate percentage of time spent on all work.
3. Indicate size & type of workforce supervised, if any, and extent of supervision.
4. If more than one title at same employer, list as separate employment.
5. If more space is needed, attach extra 8 1/2 x 11 sheets of paper.
6. **THIS SECTION MUST BE COMPLETED EVEN IF A RESUME IS SUBMITTED.**

(a) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		Weekly salary (starting) (last)		Hours worked Per Week	Name and title of your supervisor
Duties:							
Your title:							
Reason for Leaving:							
(b) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		Weekly salary (starting) (last)		Hours worked Per Week	Name and title of your supervisor
Duties:							
Your title:							
Reason for Leaving:							
(c) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		Weekly salary (starting) (last)		Hours worked Per Week	Name and title of your supervisor
Duties:							
Your title:							
Reason for Leaving:							
(d) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		Weekly salary (starting) (last)		Hours worked Per Week	Name and title of your supervisor
Duties:							
Your title:							
Reason for Leaving:							

NOTE: Your application cannot be processed until Form CSX2.1 or CSX 2.2 is filed. Submit appropriate form directly to this office. (Do NOT submit form CSX 2.2 to appointing officer) Each application is reviewed in relation to the employment or examination involved.

19. **DECLARATION:** I declare, subject to the penalties of perjury, that all statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge are true and correct.

(Applicant Signature)

(Date)

20. Use this space to explain “yes” answers to questions 7-12, and for details of special coursework, where required.
 Do not use for additional information regarding experience. Rather, attach additional 8 1/2 x 11 sheets of paper for that purpose.

APPOINTING AUTHORITY INFORMATION

1. **Name and Address:** County Department, Town, Village, School or Special District.

3. **Jurisdictional Classification:** (per CS-4):
 Competitive Non-Competitive Labor Exempt

2. I have reviewed the qualifications listed above by the applicant whose signature appears in item 19, and I nominate the applicant for appointment to

4. **Type of Appointment**

COMPETITIVE:

Provisional Appointment Part time Seasonal

Provisional Promotion Full time Other _____

Temporary

_____ Title of Position _____ Date Employment Begins

Cs-4(#)	EL-2(DATE)	GRADE	STEP	SALARY
				\$

5. **EDP CODES:**
 TITLE _____ DEPARTMENT _____

NOTE: IF candidate is currently employed by another governmental jurisdiction in Nassau County give details under number 20, above.

6. _____ (DATE) _____ SIGNATURE OF APPOINTING OFFICER _____ NAME & TITLE OF APPOINTING OFFICER (PRINT)