## NASSAU COUNTY CIVIL SERVICE COMMISSION

40 Main Street, Hempstead, NY 11550

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

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)

(A) Exam No. _____, Title _____

(B) Exam No. _____, Title _____

(C) Exam No. _____, Title _____

### APPLICANTS - DO NOT WRITE IN THIS BOX

(A) Approved ☐ Rejected ☐ Cond ☐ by: _____/_____

( / )

(B) Approved ☐ Rejected ☐ Cond ☐ by: _____/_____

( / )

(C) Approved ☐ Rejected ☐ Cond ☐ by: _____/_____

( / )

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

CSX-1 REV.4/98

CS-5087. 4/98 Rev. 8/01

("YES" answers to the following questions must be explained under number 20)

7. Do you object to this commission making inquiry about your character and qualifications from your present employer? ☐ Yes ☐ No

8. Have you ever had a drivers license suspended or revoked? ☐ Yes ☐ No

9. Have you received any summons for traffic violations within the past three years? ☐ Yes ☐ No

10. Except for the above traffic offenses, have you ever been convicted of any violation, misdemeanor, or felony? ☐ Yes ☐ No

11. Are there any criminal charges pending against you at this time? ☐ Yes ☐ No

12. Were you ever dismissed from employment for reasons other than reduction in staff? ☐ Yes ☐ No

**NOTE: IF YOU WERE EVER FINGERPRINTED OR INVESTIGATED BY THIS COMMISSION, YOU MUST GIVE DETAILS (DATE AND POSITION APPLIED FOR) UNDER # 20**

13. DO YOU HAVE A LICENSE OR CERTIFICATE TO PRACTICE A TRADE OR PROFESSION:
(If Yes, and if required for this position/exam, you must attach a photocopy ) ☐ Yes ☐ No

14. EDUCATION:

Note: If special coursework is required for this position/exam, you must give details (Title, date completed, school/agency attended etc. under question # 20 .

A. Do you have a High School or Equivalency Diploma?

☐ Yes - Name & Location of H.S. or issuing authority _____

☐ No - indicate grade completed _____

B. Was proof ever submitted to this office? ☐ Yes ☐ No

## VETERANS CREDITS

Complete this section ONLY if you wish to claim veterans credits AND if you have not used veterans credits for appointment to a position in NY State since 1/1/51.

For the purpose of claiming veterans credits on a civil service examination, you must have served, or currently serve, on active duty - for purposes other than training - in the Armed forces of the United States at any time during the following "time of war" periods:

WWII - 12/7/41 - 12/31/46
Korea - 6/27/50 - 1/31/55
Vietnam - 12/22/61 - 5/7/75
Persian Gulf - 8/2/90 -
U.S. Public Health Service
7/29/45 - 12/31/46
6/27/50 - 7/3/52

*Lebanon - 6/1/83 - 12/1/87
*Grenada - 10/23/83 - 11/21/83
*Panama - 12/20/89 - 1/31/90
*Limited to those who received the armed forces, Navy or Marine Corps expeditionary medal.

In addition, you must:

(a) Be an Honorably Discharged Veteran - or released under honorable conditions. (You must submit proof via form #DD214)
OR,

(b) Be currently on active duty - for purposes other than training. (Proof must be by military ID or orders). You will be notified later as to how to provide proof of Honorable Discharge or release under honorable conditions.

15. Have you used veterans credits for appointment to a position in N.Y.State since 1/1/51? ☐ Yes ☐ No
(If so, you may not claim them again!)

16. Do you wish to claim regular veterans credits? ☐ Yes ☐ No

17. Do you wish to claim DISABLED veterans credits? ☐ Yes ☐ No
(You must be receiving payments from the U.S. Dept. of Veterans Affairs for a service-connected disability rated at 10% or more, and incurred during a "time of war" period listed above).

**NOTE: Where college education is required, if not already on file, you must have your school send an official transcript directly to this office.**

**College education from a foreign country must be evaluated by an accredited evaluation service, and an original report sent by them to this office.**

| Type of School | Name and Location | Dates Attended From - To (Mo./Yr.) -(Mo./Yr.) | Type of Course/Major | Did you Graduate? | Date Degree/ Diploma Received | No of Credits Received | Type of Degree | Was Proof Submitted to This Office? Yes (date) or No |
|---|---|---|---|---|---|---|---|---|
| College, University, Professional, Technical ,or Trade | | | | | | | | |
| | | | | | | | | |
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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.) | 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.) | 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.) | 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.) | 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

Title of Position _____ Date Employment Begins _____

| CS-4(#) | EL-2(DATE) | GRADE | STEP | SALARY |
|---|---|---|---|---|
| | | | | $ |

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

4. Type of Appointment

COMPETITIVE:
☐ Provisional Appointment
☐ Provisional Promotion

☐ Part time
☐ Full time
☐ Temporary
☐ Seasonal
☐ Other _____

5. EDP CODES:

TITLE _____ DEPARTMENT _____

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

**CONFIDENTIAL SUPPLEMENT**
**TO EXAMINATION APPLICATION**

**NASSAU COUNTY CIVIL SERVICE COMMISSION**
**40 MAIN STREET, HEMPSTEAD, N.Y. 11550**

Your application cannot be processed by the Civil Service Commission until this form has been received.
All questions must be answered or application will not be processed.
Complete this form and attach it to your application form (CSX-1).

**PRINT IN INK OR TYPE**
**PHOTOCOPY/FAX NOT ACCEPTABLE**

21. Name (Last, First, Initial)

22. Examination #: _____

Title: _____

23. Date of Birth: _____ / _____ / _____
month day year

24. The following information is needed in accordance with Federal requirements. Your confidential and voluntary reply will in no way affect your employment application.

A. Race/Ethnicity:

1. ___ White (not of Hispanic origin)
2. ___ Black (not of Hispanic origin )
3. ___ Hispanic (regardless of race)
4. ___ Other _____

B. Sex: ☐ Male ☐ Female

25. Are you a citizen of the United States? (Proof of citizenship or alien status may be required) ☐ Yes ☐ No

**26. SATURDAY RELIGIOUS OBSERVER, AND/OR ACTIVE MILITARY, AND/OR SPECIAL ACCOMMODATIONS:**
Most written tests are held on Saturdays. If you are a religious observer and you cannot be tested on the announced date you must complete the appropriate form.* If you are active in the Military you must provide documentation.* A reasonable accommodation can be provided, for persons with a disability (including temporary disability), to take a test. You must, on a seperate sheet of paper, describe the accommodation you need and include documentation/justification for your request.*
***YOU ARE RESPONSIBLE** to write to the Nassau County Civil Service Commission (Attention Recruitment) or call them at (516) 572-2702, no later than three days after the last day for filing applications, for the necessary arrangements.
Failure to follow these instructions may preclude us from providing to you the requested assistance.

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION TO THE NASSAU COUNTY CIVIL SERVICE COMMISSION**

Applicant's Name (Please Print): _____

Applicant's Social Security Number: _____

All Last Names By Which Applicant Has Been Known (Please Print): _____

I hereby authorize the release of the following records to the Nassau County Civil Service Commission: Employment; Education; Motor Vehicle; Armed Services; Credit; Criminal; Probation/Parole; Tax; Student Loan.

This authorization is given without regard to whether these records are of a public, private, or confidential nature, and I hereby waive all privileges arising out of the private or confidential nature of any of the above records.

On behalf of myself, my heirs, executors, administrators, successors, and assigns, I hereby hold harmless and release the Nassau County Civil Service Commission and the County of Nassau from all actions, causes of action, suits, damages, and claims whatsoever in law or equity which may arise as a result of collecting these records.

I understand that the Nassau County Civil Service Commission may release and disclose the records obtained pursuant to this authorization to governmental employers, agencies, departments, and the agents thereof as it relates to my background, experience, and qualifications for the position(s) of employment which I am seeking and my merit and fitness for public service, and I hereby authorize such release and disclosure.

I understand that nothing contained in this authorization shall be deemed or construed to limit or prohibit the Nassau County Civil Service Commission from obtaining information and/or documents which are a matter of public record.

Applicant's Signature: _____ Date: _____

**A PHOTOCOPY OF THIS AUTHORIZATION WILL BE VALID AS AN ORIGINAL THEREOF**

**NOTICE**

**The information which is sought pursuant to this authorization is requested under the authority set forth in New York Civil Service Law §50(3), Rule 3.2 of the Rules and Regulations of the New York State Department of Civil Service, and Rule XII of the Rules of the Nassau County Civil Service Commission. This information will be maintained by the Nassau County Civil Service Commission and will be utilized to determine whether the applicant possesses the requisite background, experience, and qualifications for the position(s) he/she is seeking and his/her merit and fitness for public service. This information will be utilized in accordance with relevant State and Federal laws. Failure to provide this information may result in your being disqualified from taking the examination, or after examination, from being certified from the eligible list or appointed to the position sought.**

**NOTE: SEE MEDICAL RELEASE (OVER) – REQUIRED FOR ALL EXAMS FOR NASSAU COUNTY DEPARTMENTS (AND ANY POLICE OFFICER EXAM)**

**TO BE COMPLETED BY ALL APPLICANTS SEEKING EMPLOYMENT WITH THE COUNTY OF NASSAU (OR ANY POLICE OFFICER POSITION)**

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS
**TO THE NASSAU COUNTY CIVIL SERVICE COMMISSION**

**NOTICE**

No information will be sought pursuant to this authorization until such time as a conditional offer of employment has been extended to the applicant on behalf of the County of Nassau. This authorization does not apply to potential employment with municipalities other than the County of Nassau. The information which is sought pursuant to this authorization is requested under the authority set forth in New York Civil Service Law §§50(3), 50(4), and 55-a, Rule 3.2 of the Rules and Regulations of the New York State Department of Civil Service, and Rule XII of the Rules of the Nassau County Civil Service Commission. This information is being sought to determine whether the applicant is able to perform the job-related functions of the position(s) to which he/she is seeking appointment. This information will be maintained and utilized by the Nassau County Civil Service Commission in accordance with relevant State and Federal laws. Failure to provide this information may result in your disqualification from appointment to the position(s) sought.

**Applicant's Name (Please Print):**_____

**Applicant's Social Security Number:**_____

**All Last Names by Which Applicant Has been Known (Please Print):**_____

_____

I hereby authorize the release to the Nassau County Civil Service Commission of all records pertaining to my physical and psychological health, including but not limited to medical records, hospital records, insurance records, x-ray and MRI films and any other records or materials pertaining to any diagnostic tests or procedures, intake sheets, prescriptions, bills and invoices.

This authorization is given without regard to whether these records are of a public, private, or confidential nature, and I hereby waive all privileges arising out of the private or confidential nature of any of the above records.

On behalf of myself, my heirs, executors, administrators, successors, and assigns, I hereby hold harmless and release the Nassau County Civil Service Commission and the County of Nassau from all actions, causes of action, suits, damages, and claims whatsoever in law or equity which may arise as a result of collecting these records.

I understand that the Nassau County Civil Service Commission may release and disclose the records obtained pursuant to this authorization to governmental employers, agencies, departments, and the agents thereof as it relates to my ability to perform the duties of the position to which I am seeking appointment, and I hereby authorize such release and disclosure.

**Applicant's Signature:**_____

**Date:** _____

**A PHOTOCOPY OF THIS AUTHORIZATION WILL BE VALID AS AN ORIGINAL HEREOF**