NASSAU COUNTY CIVIL SERVICE COMMISSION

40 MAIN STREET, HEMPSTEAD, N.Y. 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 ACC								
1. (You <u>must</u> notify this Commission immediate LAST NAME	ely – in writing – of any change of nam FIRST NAME	e or address.)	(A)Exam No)	, Title				
			(B)Exam No)	, Title				
STREET ADDRESS			(C)Exam No)	, Title				
				APPLI	CANTS - DO	NOT WR	ITE IN TI	HIS BOX	
POST OFFICE	STATE ZIP		(A) App	roved	Rejected	Cond.	by:	/	
MAILING ADDRESS (IF DIFFERENT	FROM ABOVE) - EXPLAIN UNDER	#20	(,	/))				
2. TELEPHONE NO. HOME (
BUSINESS (()		(B) Appr	roved	Rejected 🗖	Cond.	by:	/	
3. SOCIAL SECURITY NO	//		(/)				
4. DO YOU POSSESS A VALID N.	Y. STATE MOTOR VEHICLE	LICENSE?							
YES 🗖 NO If "YE	S" indicate class:								
IF REQUIRED FOR POSITION SOUGH	Γ, ATTACH A COPY OF YOUR L	ICENSE.			Rejected 🗖		·		
5. HAVE YOU EVER APPLIED FO BY THE NASSAU COUNTY CIV	VIL SERVICE COMMISSION?	MINISTEREI							
YES NO (If "YE									
6. RESIDENCE (PROOF MAY BE List here your actual, permanent, le		CITY O	R VILLAGE	TOWN	COL	JNTY	STATE	FROM Mo./Yr.	TO Mo./Yr. Present
years, including the dates (month a Consult official announcement to e residency requirements before film	nsure that you meet any								
Fee Paid CK/MO #	AM'T P.A. #		REG	C'D. BY		VETER		SPECIAI ARRANO	_ GEMENTS
CSX-1 REV. 4/98 CS-5087.REV. 4/98									

College, University, Professional, Technical ,or Trade										
Type of School	Name and Location	Dates Attended From To (Mo./Yr.) - (Mo./Yr.)		pe of se/Major	Did you Graduate?	Date Degree/ Diploma Received	No of Credits Received	Type of Degree	to T	oof Submitted his Office? (date) or No
	ge education is required, if not chool send an official transcrip					m a foreign cou d an original re				credited
B. Was proof ever su	bmitted to this office?	Yes	No		(consult officia	n additional cre al announcemen	t for specific	ection 85a o es)	1 830?	Yes
No - indicate	grade completed			"time	of war" period	l listed above)	-	action of a	- 05h9	Vac
Yes - Name	& Location of H.S. or issuing aut	hority		of Ve	terans Affairs	for a service-con e, and incurred	nnected disa			
A. Do you have a Hig	h School or Equivalency Diplom	na?				n DISABLED v ving payments fr			Yes	No
	cial coursework is required for etails (Title, date completed, s ion # 20.			16. Do yo	ou wish to clair	m regular vetera	ins credits?		Yes	No
	LICENSE OR CERTIFICATE TO PR d for this position/exam, you must atta		ESSION: No	militar Honor	y ID or orders able Discharge). You will be n e or release und rans credits for	otified later ler honorable	as to how to e conditions	provide pro	
	EVER FINGERPRINTED OR INV 7E DETAILS (DATE AND POSITI			(You r OR;	nust submit pr	scharged Vetera oof via form #E ve duty - for pur	DD214)			
2. Were you ever dis other than reduct	smissed from employment for reation in staff?	asons Yes	No		on, you must		1		11	1
-	ninal charges pending against yo		No	7/2	29/45 - 12/31/4 27/50 - 7/03/5	46	Navy of Main	le Corps expec	nuonary meu	aı.
	ve traffic offenses, have you <u>eve</u> violation, misdemeanor, or felony		No	Vietnam - Persian G	- 2/28/61 - 5/7/ ulf - 8/2/90 - ic Health Serv	/75	*Panama - 1 Limited to thos Navy or Marir	e who receive	d the Armed H	<i>.</i>
9. Have you received the past three yea	any summons for traffic violations?	ons within Yes	No		2/7/41 - 12/31/4 /27/50 - 1/31/5		Lebanon - 6, Grenada - 1(
-	d a drivers license suspended or		□ _{No}	have served	d, or currently	serve, on active ed States at any	duty - for p	urposes othe	er than train	ing - in the
character and qua	lifications from your present emp	ployer? Yes	No	For the pur	pose of claimi	ng veterans crea	lits on a civi	l service exa	amination, y	you must
	his commission making inquiry a			since 1/1/5		redits for appoin	ntment to a p	position in N	Y State	

18. EXPERIENCE: Describe here all relevant experience (including volunteer or military) starting with the most recent. Include <u>all</u> employment for the last five years, as well as any <u>relevant</u> 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.

- 4. If more than one title at same employer, list as separate employment.
- 5. If more space is needed, attach extra 8 $1/2 \times 11$ sheets of paper.

3. Indicate size & type of workforce supervised, if any, and extent of supervision.

6. THIS SECTION MUST BE COMPLETED EVEN IF A RESUME IS SUBMITTED.

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

NOTE: Your application cannot be processed until Form CSX2.1 or $\overline{\text{CSX}}$ 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.

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. <u>Name and Address</u> : 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: □ Part time □ Provisional Appointment □ Seasona □ Full time			Seasonal		
	Title of Position Date Employment Begins				Provisional Promotion				Other
				\$			Tempora	ry	
Cs-4(#) EL-2(DATE) GRADE STEP SALARY 5. CODES (necessary for processing this application, and found on CS-4):						CS-4):			
NOTE: IF candidate is currently employed by another governmental jurisdiction in Nassau County give details under number 20, above.					TITLE	_	_ DEPARTMI	ENT	
6									
(DATE	(DATE) SIGNATURE OF APPOINTING OFFICER					E & TITLE (OF APPOINTIN	NG 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). PHOTOCOPY/FAX NOT ACCEPTABLE

21. Name (Last, First, Initial)	24 . The following information is needed in accordance with Federal requirements. Your confidential and voluntary reply will in no way affect your employment
22. Examination #:	application. A. <u>Race/Ethnicity:</u>
Title:	1 White (not of Hispanic origin) 2 Black (not of Hispanic origin)
23. Date of Birth://	3 Hispanic (regardless of race) 4 Other B. Sex:MaleFemale

25. Are you a citizen of the United States? (Proof of citizenship or alien status may be required)

No No

Yes

PRINT IN INK OR TYPE

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 separate 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 Nasau 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:	
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A PHOTOCOPY OF THIS AUTHORIZATION WILL BE VALID AS AN ORIGINAL HEREOF