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 ACCEPTABLE ALL QUESTIONS MUST BE ANSWERED OR APPLICATION WILL NOT BE PROCESSED

1. (You <u>must</u> notify this Commission immediately -	- in writing - of any c	hange of name	or address.)	(A)Exan	m No.			Title				
LAST NAME	FIRST NAME M.I.			, ,								
				(B)Exar	m No.		,	Title				
STREET ADDRESS				(C)Exar	m No.		,	Title				
						APPL	JCAN	TS - DO N	OT WR	ITE IN TH	HIS BOX	
POST OFFICE	STATE	ZIP										
				(A)	Appro	oved	Rejec	eted C	ond.	by:	/	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) - EXPLAIN UNDER #20				(/)					
2. TELEPHONE NO. HOME () -											
	/											
BUSINESS (Appro	oved	Rejec	eted C	Cond.	by:	/	
3. SOCIAL SECURITY NO/				(/)					
4. DO YOU POSSESS A VALID N.Y.	STATE MOTOR	VEHICLE L	ICENSE?									
YES NO If "YES" indicate class:												
	moreate class											
IF REQUIRED FOR POSITION SOUGHT, ATTACH A COPY OF YOUR LICENSE.				(C)	• • •	oved	J	eted C		•		
5. HAVE YOU EVER APPLIED FOR A	ANY EXAMINAT	TONS ADM	INISTERED	, [)					
BY THE NASSAU COUNTY CIVIL												
☐ YES ☐ NO (If "YES"	give details under	No. 20)										
6. RESIDENCE (PROOF MAY BE R	EQUIRED)										FROM	TO
		CITY O	CITY OR VILLAGE		TOWN COUN		NTY STATE		Mo./Yr.	Mo./Yr.		
	List here your actual, permanent, legal address, for the last five years, including the dates (month and year) that you lived there.											Present
Consult official announcement to ensu												
residency requirements before filing.	are that you meet a	,										
E., D.'1									METER	ANIC	CDECIAL	
Fee Paid CK/MO # AM'T P.A. #			VETERANS SPECIAL SPECI									
CR/MO #A	IVI I	г.А. #			KEC D. B I				CREDITS		ARRANGEMENTS	

CSX-1 REV. 4/98 CS-5087.REV. 4/98

				- VETERAN	NS CREDITS					
("YES" answers	to the following questions must be explained u	inder number	20)	Complete	this section Of	NLY if you wisl redits for appoin				ou
7. Do you object to	this commission making inquiry about your			since 1/1/5		11		ı		
	alifications from your present employer?	Yes	No							
1				For the pur	pose of claimi	ng veterans cre	dits on a civ	il service ex	amination, y	ou must
	ad a drivers license suspended or revoked?	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:								
9. Have you receive	ed any summons for traffic violations within									
the past three year	ars?	Yes	No		2/7/41 - 12/31/			5/1/83 - 12/1/		
				Korea - 6	/27/50 - 1/31/5	š5 *	Grenada - 1	0/23/83 - 11	/21/83	
10 . Except for the abo	ove traffic offenses, have you <u>ever</u> been			Vietnam -	- 2/28/61 - 5/7/	/75	*Panama - 1	12/20/89 - 1/	/31/90	
convicted of any	violation, misdemeanor, or felony?	Yes	No	Persian G	ulf - 8/2/90 -	*	Limited to tho	se who receive	ed the Armed F	orces,
				U.S. Publ	ic Health Serv	ice	Navy or Mari	ne Corps expe	ditionary meda	l.
11. Are there any crit	minal charges pending against you at this time?	? Yes	No	7/2	29/45 - 12/31/4	16				
				6/2	27/50 - 7/03/5	52				
12. Were you ever di	ismissed from employment for reasons									
other than reduct	* *	Yes	No	In addition	n, you must	•				
other than reduct	tion in suit.	103	110			scharged Vetera	n - or releas	ed under ho	norable cond	itions
NOTE: IF YOU WERE	E EVER FINGERPRINTED OR INVESTIGATED	BY THIS CON	MMISSION.			oof via form #I		ed direct no	nordore cond	itions.
	VE DETAILS (DATE AND POSITION APPLIED			OR;	inast saonint pr	oor via roriii #E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	`			」 (b) Be cur	rently on activ	e duty - for pur	poses other	than training	g. (Proof mus	t be by
). You will be n				
13. DO YOU HAVE A	LICENSE OR CERTIFICATE TO PRACTICE A TR.	ADE OR PROF	ESSION:			or release und				
	ed for this position/exam, you must attach a photocopy)		No							
				15. Have	you used veter	rans credits for	appointmen	t	Yes	No
14. EDUCATION:						. State since 1/1				
	ecial coursework is required for this position	on/exam. vou	<u>. </u>			ot claim them				
	letails (Title, date completed, school/agence				, y o a may m	, , , , , , , , , , , , , , , , , , ,	g)			
1 1	1	y attended,c		16 Da		1	1:40		Van	NI.
under quest	11011 # 20 .			10. Do yo	ou wish to cian	m regular vetera	ins credits?		Yes	No
A Do you have a Ui	gh School or Equivalency Diploma?			17 Do vo	u wish to alair	n DISABLED v	ratarana araa	lita?	Yes	No
A. Do you have a mig	gn school of Equivalency Diploma:					ring payments fi			168	NO
37 NI	O. I. and the CHIC and the transfer of the city							_		
Yes - Name	& Location of H.S. or issuing authority		-			for a service-co		ibility		
						e, and incurred	during a			
No - indicate	e grade completed				of war" period					
	1 1 2 1 2 1 2 2 2	*7	27	17a. Do yo	u wish to clair	n additional cre	dits under S	Section 85a c	or 85b? Y	es No
B. Was proof ever si	ubmitted to this office?	Yes	No	_	(consult official	al announcemen	it for specifi	cs)		
NOTE: Whom calls	ege education is required, if not already on f	ila van must		Collogo	advantion fun	m a foreign cou		ha avaluata	d by an agai	aditad
	school send an official transcript directly to					n a foreign coi d an original r				eartea
nave your s	school send an official transcript directly to	this office.		evaluation	on service, an	u an originai r	eport sent t	by them to t	nis office.	
Type of School	Name and Location Dates A	ttended	Тур	e of	Did you	Date Degree/	No of	Type of	Was Proc	of Submitted
71	From	То		e/Major	Graduate?	Diploma	Credits	Degree		is Office?
	(Mo./Yr.) -	(Mo./Yr.)				Received	Received		Yes (c	late) or No
College,			+							
University, Professional,										
Technical ,or Trade			†							
, , , , , , , , , , , , , , , , , , , ,										

 Estimate percentage of time Indicate size & type of worl 		any, and extent of supe				ach extra 8 1/2 x 11 sheets E COMPLETED EVEN	of paper. IF A RESUME IS SUBMIT
(a) Employer - Name/address	Type of Business	Prom(Mo./Yr.)	worked there To(Mo./Yr.)	Weekly (starting)	salary (last)	Hours worked Per Week	Name and title of your supervisor
	Duties:			I		<u> </u>	
Your title: Reason for Leaving:							
(b) Employer - Name/address	Type of Business	Dates you From(Mo./Yr.)	worked there To(Mo./Yr.)	Weekly (starting)	y salary (last)	Hours worked Per Week	Name and title of your supervisor
	Duties:			<u> </u>			
Your title: Reason for Leaving:							
(c) Employer - Name/address	Type of Business	Dates you From(Mo./Yr.)	worked there To(Mo./Yr.)	Weekly (starting)	/ salary (last)	Hours worked Per Week	Name and title of your supervisor
	Duties:						
Your title: Reason for Leaving:	Duties.						
(d) Employer - Name/address	Type of Business	Dates you From(Mo./Yr.)	worked there To(Mo./Yr.)	Weekly (starting)	/ salary (last)	Hours worked Per Week	Name and title of your supervisor
	D :						
Your title: Reason for Leaving:	Duties:						
NOTE: Your application cannot be	processed until Form CS	SX2.1 or CSX 2.2 is filed.	Submit	19.	DECLARAT	ION: I declare, subject to the p	enalties of perjury, that all stateme

20. Use this space to explain "yes" answers to questions 7-12, and for details of Do not use for additional information regarding experience. Rather, attach a	
APPOINTING AUTH	ORITY INFORMATION
1. Name and Address: County Department, Town, Village, School or Special District.	3. <u>Jurisdictional Classification</u> : (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 □ Seasonal

☐ Provisional Promotion

TITLE

Date Employment Begins

SALARY

STEP

SIGNATURE OF APPOINTING OFFICER

Title of Position

GRADE

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

EL-2(DATE)

(DATE)

Cs-4(#)

6.

☐ Full time

☐ Temporary

DEPARTMENT

NAME & TITLE OF APPOINTING OFFICER (PRINT)

5. **CODES** (necessary for processing this application, and found on CS-4):

☐ Other

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)	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. Race/Ethnicity:
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: Male Female
25. Are you a citizen of the United States? (Proof of citizenship or alien status m	ay be required) Yes No
26. SATURDAY RELIGIOUS OBSERVER, AND/OR ACTIVE MILITARY Most written tests are held on Saturdays. If you are a religious observer and you appropriate form.* If you are active in the Military you must provide documentate with a disability (including temporary disability), to take a test. You must, on a sinclude documentation/justification for your request.* *YOU ARE RESPONSIBLE to write to the Nassau County Civil Service Composite than three days after the last day for filing applications, for the necessary Failure to follow these instructions may preclude us from providing to you the results.	cannot be tested on the announced date you must complete the tion.* A reasonable accommodation can be provided, for persons eparate sheet of paper, describe the accommodation you need and mission (Attention Recruitment) or call them at (516) 572-2702, a rarangements.
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION TO THE NA 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 Cir Services; Credit; Criminal; Probation/Parole; Tax; Student Loan. This authorization is given without regard to whether these records are of a pub out of the private or confidential nature of any of the above records. On behalf of myself, my heirs, executors, administrators, successors, and assign Commission and the County of Nassau from all actions, causes of action, suits, damages, a collecting these records. I understand that the Nassau County Civil Service Commission may release and employers, agencies, departments, and the agents thereof as it relates to my background, exseeking and my merit and fitness for public service, and I hereby authorize such release and I understand that nothing contained in this authorization shall be deemed or con obtaining information and/or documents which are a matter of public record.	lic, private, or confidential nature, and I hereby waive all privileges arising as, I hereby hold harmless and release the Nassau County Civil Service and claims whatsoever in law or equity which may arise as a result of I disclose the records obtained pursuant to this authorization to governmental experience, and qualifications for the position(s) of employment which I am didisclosure.
Applicant's Signature: I	Date:
A PHOTOCOPY OF THIS AUTHORIZATION WILL BE VALID AS AN ORIGINA	AL 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 material 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