

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

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)

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.REV. 4/98

(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: _____ / _____

(/)

("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

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

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 - 2/28/61 - 5/7/75

Persian Gulf - 8/2/90 -

U.S. Public Health Service

7/29/45 - 12/31/46

6/27/50 - 7/03/52

*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 ☐ Yes ☐ No

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)

17a. Do you wish to claim additional credits under Section 85a or 85b? ☐ Yes ☐ No
(consult official announcement for specifics)

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		-		Y or N				Y or N
		E		Y or N				Y or N
		E		Y or N				Y or N
		E		Y or N				Y or N

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.**

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.

(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): <input type="checkbox"/> Competitive <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Labor <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Title of Position</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div style="width: 40%; text-align: center;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date Employment Begins</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">\$</div> </div> </div> </div> </div>			4. Type of Appointment <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> COMPETITIVE: <input type="checkbox"/> Provisional Appointment <input type="checkbox"/> Provisional Promotion </div> <div style="width: 40%;"> <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____ </div> </div>	
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.				
6. _____ (DATE)			5. CODES (necessary for processing this application, and found on CS-4): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">TITLE _____</div> <div style="width: 55%;">DEPARTMENT _____</div> </div>	
SIGNATURE OF APPOINTING OFFICER			NAME & TITLE OF APPOINTING OFFICER (PRINT)	