

**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 city/town	STATE	ZIP	
	NY		
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 <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: _____ / _____ (     /     )

**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.
		Nassau	NY		Present

Fee Paid	CK/MO # _____ AM'T _____ P.A. # _____	REC'D. BY _____	VETERANS CREDITS	SPECIAL ARRANGEMENTS
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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. <b>Name and Address:</b> County Department, Town, Village, School or Special District Wantagh UFSD 3301 Beltagh Ave. Wantagh, NY 11793					3. <b>Jurisdictional Classification:</b> (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  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">*273</td> <td style="width: 35%; border-bottom: 1px solid black;">Title of Position</td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 15%; border-bottom: 1px solid black;">Date Employment Begins</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">\$</td> </tr> </table>					*273	Title of Position		Date Employment Begins						\$	4. <b>Type of Appointment</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-right: 1px solid black; padding-right: 5px;"> <b>COMPETITIVE:</b>  <input type="checkbox"/> Provisional Appointment   <input type="checkbox"/> Provisional Promotion         </td> <td style="width: 40%; padding-left: 5px;"> <input type="checkbox"/> Part time   <input type="checkbox"/> Full time   <input type="checkbox"/> Temporary         </td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;"></td> <td style="padding-left: 5px;"> <input type="checkbox"/> Seasonal   <input type="checkbox"/> Other _____         </td> </tr> </table>					<b>COMPETITIVE:</b> <input type="checkbox"/> Provisional Appointment  <input type="checkbox"/> Provisional Promotion	<input type="checkbox"/> Part time  <input type="checkbox"/> Full time  <input type="checkbox"/> Temporary		<input type="checkbox"/> Seasonal  <input type="checkbox"/> Other _____
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	<input type="checkbox"/> Seasonal  <input type="checkbox"/> Other _____																						
Cs-4(#)	EL-2(DATE)	GRADE	STEP	SALARY	5. <b>EDP CODES:</b>  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					Stephanie Scolieri, Director of Human Resources NAME & TITLE OF APPOINTING OFFICER (PRINT)																		

CONFIDENTIAL SUPPLEMENT  
TO EMPLOYMENT 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 to your application form (CSX-1).  
PRINT IN INK OR TYPE PHOTOCOPY/FAX NOT ACCEPTABLE

21. Name (Last,First,Initial)  Social Security Number:    /    /	24. We require the following information in accordance with Federal requirements. Your confidential and voluntary reply will in no way affect your employment application. A. <u>Race/Ethnicity:</u> 1. <input type="checkbox"/> White    2. <input type="checkbox"/> Black or African American 3. <input type="checkbox"/> Hispanic or Latino    4. <input type="checkbox"/> Asian 5. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6. <input type="checkbox"/> American Indian or Alaska Native 7. <input type="checkbox"/> Two or More Races  B. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
22. Title of position: _____ Agency: <u>Wantagh UFSD</u>	
23. Date of Birth:    /    / Month    Day    Year	

25. **RETIREMENT INFORMATION:** (If you answer "yes" explain under #20)  
Are you receiving retirement benefits from New York State or from any local government or jurisdiction in New York State?  Yes     No
26. **CITIZENSHIP:** (Proof of citizenship or alien status may be required)  
a) Are you a citizen of the United States?  Yes     No  
b) If you are not a citizen of the U.S., please list Alien Registration Number \_\_\_\_\_
27. **PHYSICALLY DISABLED**  
Will you need assistance in taking physical examination?  
(Please indicate assistance required on separate sheet of paper)  Yes     No

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**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 COUNTY POSITIONS & ANY POLICE OFFICER POSITION**

TO BE COMPLETED BY ALL APPLICANTS SEEKING EMPLOYMENT WITH  
THE COUNTY OF NASSAU (AND 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 with out 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 THEREOF