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)

			AL	L QUESTIONS	MUST BE ANS	WERED OR A	PPLICATION WI	LL NOT BE PI	ROCESSED
PRINT IN INK OR TYPE	PHOTOCOPY/FAX NOT ACC		(A) Evom	No	Title				
 (You <u>must</u> notify this Commission immedi LAST NAME 	FIRST NAME	M.I.	(A) Exam	INU	, The _				
LAST MANE	PLAST MANYLE	171.1.	(B) Exam l	No	, Title_				
STREET ADDRESS			(C) Exam 1	No	, Title _				
				APPLIC	CANTS - D	O NOT WI	NITE IN THIS	S BOX	
POST OFFICE city/town	STATE ZIP NY		(A) A	pproved 🗔	Rejected [Cond.	by:	/	
MAILING ADDRESS (IF DIFFEREN	T FROM ABOVE) - EXPLAIN UNDER	#20	(/)				
2. TELEPHONE NO. HOME (_)								
BUSINESS ()		(B) A	pproved 🗔	Rejected [Cond.	🗋 by:	1	
3. SOCIAL SECURITY NO.	1		(/)				
4. DO YOU POSSESS A VALID N	Y. STATE MOTOR VEHICLE L	ICENSE?							
YES NO If "YE	ES" indicate class:								
			(C) A	pproved 🗖	Rejected C	Cond.	🗖 by:	1	
IF REQUIRED FOR POSITION SOUGH	IT, ATTACH A COPY OF YOUR LI	CENSE.	(/)				
5. HAVE YOU EVER APPLIED FO BY THE NASSAU COUNTY CI	VIL SERVICE COMMISSION?	INISTEREE							
\Box YES \Box NO (If "YI	ES" give details under No. 20)								
6. RESIDENCE (PROOF MAY BE	E REQUIRED)	1						FROM	ТО
		CITY O	R VILLAGE	TOW	N	COUNTY	STATE	Mo./Yr.	Mo./Yr.
List here your actual, permanent, le					N	assau	NY		Present
years, including the dates (month and Consult official announcement to end									
residency requirements before filing									
							ETERANS	SPECIA	
<u>Fee_Paid</u> CK/MO #	AM'T P.A. #		F	REC'D. BY			EDITS	11	L GEMENTS
CSX-1 REV.4/98									
CS-5087. 4/98 Rev. 8/01									

					SCREDITS						
("YES" answers to the following questions must be explained under number 20)					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						
	s commission making inquiry about your cations from your present employer?	TYes Yes	□ No	since 1/1/51	l.						
8. Have you ever had a drivers license suspended or revoked?			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:								
	ny summons for traffic violations within								me of war periods;		
the past three years?	,	Tes Yes	No		/7/41 - 12/31/46 7/50 - 1/31/55		anon - 6/1/83 nada - 10/23/		83		
10. Except for the above convicted of any vic	Except for the above traffic offenses, have you ever been convicted of any violation, misdemeanor, or felony? Image: Yes Image: No			Vietnam - 12/22/61 - 5/7/75*Panama - 12/20/89 - 1/31/90Persian Gulf - 8/2/90 -*Limited to those who received the armed forces,							
11. Are there any criminal charges pending against you at this time? TYes No				U.S. Public Health Service Navy or Marine Corps expeditionary medal. 7/29/45 - 12/31/46 6/27/50 - 7/3/52					onary medal.		
1	issed from employment for reasons			T_ addition							
other than reduction	n in staff?	Yes	□ No	 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 							
NOTE: IF YOU WERE	EVER FINGERPRINTED OR INVESTIGA TE DETAILS (DATE AND POSITION APP	TED BY THIS COM	MISSION,								
	E DETAILS (DATE AND FOSTHON AT										
13. DO YOU HAVE A L	ICENSE OR CERTIFICATE TO PRACTICE	A TRADE OR PROF	ESSION:		/ ID or orders). Yo ble Discharge or				vide proof of		
(If Yes, and if required fo	r this position/exam, you must attach a photoc	opy) 🔲 Yes	D No		-			Yes	No		
14. EDUCATION:				to a position in N.Y.State since 1/1/51?							
	Note: If special coursework is required for this position/exam, you					(If so, you may not claim them again!)					
must give details (Title, date completed, school/agency attended etc. under question # 20.				16. Do you	wish to claim reg	ular veterans cr	edits?	🗖 Yes	No		
A. Do you have a High	h School or Equivalency Diploma?			17. Do you wish to claim DISABLED veterans credits?							
Yes - Name & Location of H.S. or issuing authority					(You must be receiving payments from the U.S. Dept. of Veterans Affairs for a service-connected disability						
No - indicate grade completed				rated at 10% or more, and incurred during a "time of war" period listed above).							
1			-		n war period list	A 200VC).					
B. Was proof ever submitted to this office?											
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	Fī	es Attended om - To Yr.) -(Mo./Yr.)	Type Course	: of :/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											
			1		1						

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 $8 \frac{1}{2} \times 11$ 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 Business	Dates you v From(Mo./Yr.)	vorked there 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		worked there	Hours worked	Name and title of	
	Business	From(Mo./Yr.)	To(Mo./Yr.)	Per Week	your supervisor	
	Duties:					
Your title:						
Reason for Leaving:			}			
(c) Employer - Name/address	Type of Dates you worked there		Hours worked	Name and title of		
	Business	From(Mo./Yr.)	To(Mo./Yr.)	Per Week	your supervisor	
 -				10-12-2 (D. 12-1)		
	Duties:					
Your title:						
 -Reason for Leaving:						
		1				
(d) Employer - Name/address	Type of		worked there	Hours worked	Name and title of	
	Business	From(Mo./Yr.)	To(Mo./Yr.)	Per Week	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.

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, attac	h additional 8 1/2 x 11 sheets of paper for that purpose				
x					
	· · · · · · · · · · · · · · · · · · ·				
APPOINTING AUT	HORITY INFORMATION				
1. Name and Address: County Department, Town, Village, School or Special District					
Wantagh UFSD 3301 Beltagh Ave. Wantagh, NY 11793	Competitive Non-Competitive Labor Exempt				
2. I have reviewed the qualifications listed above by the applicant whose signature	4. Type of Appointment				
appears in item 19, and I nominate the applicant for appointment to	COMPETITIVE:				
	Provisional Appointment Seasonal				
*273 Title of Position Date Employment Begins	Provisional Promotion Full time Other				
	Temporary				
Cs-4(#) EL-2(DATE) GRADE STEP SALARY	5. EDP CODES:				
NOTE: IF candidate is currently employed by another governmental					
jurisdiction in Nassau County give details under number 20, above.	TITLE DEPARTMENT				
6. Stephanie Scolieri, Director of Human Resources					
(DATE) SIGNATURE OF APPOINTING OFFICER	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 All questions must be answered or application <u>will not</u> be processed. C PRINT IN INK OR TYPE	until this form has been received. Complete this form and attach to your application form (CSX-1). PHOTOCOPY/FAX NOT ACCEPTABLE					
21. Name (Last,First,Initial)	24. We require the following information in accordance with Federal requirements. Your confidential and voluntary reply will in no way affect your					
Social Security Number:/ /	employment application. A. <u>Race/Ethnicity:</u> 1. U White 2. D Black or African American					
22. Title of position:	 I. □ White 2. □ Black of African American 3. □ Hispanic or Latino 4. □ Asian 5. □ Native Hawaiian or Other Pacific Islander 					
Agency:Wantagh UFSD	6. 🗆 American Indian or Alaska Native					
23. Date of Birth: / / Month Day Year	7. □ Two or More Races B. Sex: □ Male □					
 25. RETIREMENT INFORMATION: (If you answer "yes" explain under state you receiving retirement benefits form New York State of from government or jurisdiction in New York State? 	#20) any local Yes No					
 26. CITIZENSHIP: (Proof of citizenship or alien status may be required) a) Are you a citizen of the United States? b) If you are not a citizen of the U.S., please list Alien Registration N 	Yes No					
27. PHYSICALLY DISABLED Will you need assistance in taking physical examination? (Please indicate assistance required on separate sheet of paper)	Yes No					
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):						
a start to to to to the Manufact Trans Constant Land	Civil Service Commission: Employment; Education; Motor Vehicle; Armed oublic, private, or confidential nature, and I hereby waive all privileges arising signs, I hereby hold harmless and release the Nassau County Civil Service s, 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.						

CSX-2.2 REV. 9/02

TO BE COMPLETED BY ALL APPLICANTS SEEKING EMPLOYMENT WITH THE COUNTY OF NASSAU (AND ANY POLICE OFFIC EROSITION)

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 disgualification 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 dis Cose the records obtained pursuant to this authorization to governmental employers, agencies, departments, and the agent sthereof 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 YALID AS AN ORIGINAL THEREOF