

CROSSFILER APPLICATION

SCHENECTADY COUNTY
620 STATE STREET
2ND FLOOR
SCHENECTADY, NY 12305
(518) 388-4233
(518) 388-4235 FAX

CANDIDATE'S NAME _____

ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY # _____

DATE OF EXAMINATION _____

REQUESTED TEST SITE OF CANDIDATE _____
(IF LOCAL GOVERNMENT ONLY - **NOT STATE EXAM**)

ALL EXAMINATION NUMBERS, TITLES, AND LOCATIONS FOR WHICH THE CANDIDATE HAS APPLIED:

EXAM NUMBER	TITLE	JURISDICTIONS OF EXAM
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF YOU HAVE APPLIED FOR **BOTH STATE AND LOCAL GOVERNMENT** EXAMINATIONS, YOU MUST MAKE ARRANGEMENTS TO TAKE ALL YOUR EXAMINATIONS AT A STATE EXAMINATION CENTER BY COMPLETING THIS FORM AT LEAST TWO WEEKS BEFORE THE TEST DATE AND WE WILL NOTIFY NEW YORK STATE CIVIL SERVICE OF YOUR INTENT.