

LAST NAME:	FIRST NAME:	SOCIAL SECURITY #:	MAILING ADDRESS

**CLINTON COUNTY APPLICATION FOR PROMOTIONAL EXAM/APPOINTMENT**

EXAM TITLE: \_\_\_\_\_ EXAM #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

YES  NO  I have applied for a NYS Civil Service Exam or another Local Exam being offered on the same day, excluding New York City. Indicate the titles of the exams and whether they are offered by another Local agency or the State. If you are taking two Local exams, indicate in which county you want to take the exams. If you are taking a Local and State exam, you must take the exams at the State site.

YES  NO  Would you like to claim War Time Veterans Credits for this exam? If YES, you MUST complete an Application for Veterans' Credits.

YES  Under penalties of perjury, I affirm that all information concerning my exempt volunteer firefighter status, veteran status, citizenship, arrests and convictions, dismissal from employment, and discharge from the Armed Forces listed on my application on file is current and accurate.

If not current and accurate, I am providing the following updated information and affirm it is true and accurate. \_\_\_\_\_

If you need special arrangements in order to participate in this exam, you must notify this agency by **EITHER** indicating the special arrangements you require below **OR** writing to the Clinton County Department of Personnel, 137 Margaret St., Plattsburgh, NY 12901, no later than the last date of filing for this exam. Your request must include exam title and number and the type of special arrangements required. If your request involves a medical condition, provide documentation from your physician explaining the need for your request.

THE FILING FEE OF \$12.50 WILL NOT BE REFUNDED IF YOUR APPLICATION IS DISAPPROVED.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FOR CIVIL SERVICE USE ONLY:**

FEE: PAID  WAIVED  RECEIPT # \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

APPROVED  DISAPPROVED