ATTACHMENT #6: Promotion Applicant Certification Form

Director of Facilities

Promotion Applicant Certification Form

APPLICANT INFORMATION

APPLICANT MUST COMPLETE THIS PROMOTION APPLICANT CERTIFICATION FORM AND GIVE IT TO THE LOCAL CIVIL SERVICE AGENCY THAT ADMINISTERS CIVIL SERVICE FOR THE SCHOOL DISTRICT NO LATER THAN **11/16/2018**. A LIST OF ALL LOCAL CIVIL SERVICE AGENCIES CAN BE FOUND AT: www.cs.ny.gov/jobseeker/local.cfm.

APPLICANT INFORMATION				
Date Filed: Employee Name:			School District Name:	
E-Mail Address:			SSN(Last Four):	xxx-xx-
Examination Information				
Promotion Exam Number: Promotion Exam Title: Civil Service Agency Name:	7x-xxx			
I understand that in order to be eligible for the above promotion examination, I also need to apply for and meet the qualifications for (check appropriate one):				
26-534 - Director of Facilities I statewide open-competitive examination statewide open-competitive examination statewide open-competitive examination statewide open-competitive examination				
Applicant's Signature:				

FOR MUNICIPAL CIVIL SERVICE AGENCY USE ONLY

The above applicant meets the locally established service requirements to participate in the above-listed promotion examination.

Name & Signature:

Once completed, please fax to the Municipal Service Division (MSD), New York State Department of Civil Service.