

Albany, NY 12239

ADMINISTRATIVE SERVICES DIVISION

Candidate Disqualification Request Form Civil Service Law §50.4

ADM-155 (12/2017 L)

Part I Cand	lidate Information:	
Candidate's Name: Past Names/Aliases: Mailing Address:		
Part II Agency Informat	tion:	
Agency Name:	Title: Interview Date:	
Part III Reason for Disc	qualification (DQ) Request:	
☐ Lacks established requirements (CSL §50.4(a))		☐ Intentional false statement of material fact in examination and/or employment application (CSL §50.4(f))
☐ Criminal history/conviction (must complete Part V and Agency counsel attestation) (CSL §50.4(d))		☐ Deception or fraud in examination and/or employment application (CSL §50.4(g))
☐ Dismissal from public service due to written charges of incompetency or misconduct (CSL §50.4(e))		☐ Dismissal from private employments for habitually poor performance (CSL §50.4(h))
Resignation or termination from public service resulting from incompetence or misconduct (CSL §50.4(e))		Removal after appointment in accordance with the unnumbered next-to-last paragraph in CSL §50.4 (agency must contact the Department of Civil Service's Counsel's Office for the specific requirements)
Part IV Required Docum	nents Checklist:	roquiromonio,
☐ Exam Application (D	ecentralized Exams only)	☐ Employment Application
☐ Interview Notes (if any)		Resume (only if provided)
	r-Based DQ Request Checklist: nnces when DQ is sought on the	e basis of criminal history/conviction)
Correction Law Article 23-A analysis and all supporting documentation or information considered in hiring decision		 Certificate(s) of conviction or other evidence of conviction (only if provided)
Parole/Probation Reports (only if provided)		 Certificate(s) of relief from disabilities or certificate of good conduct (only if provided)
Agency Attestation(s): I have reviewed the required disqualified.	est and supporting documents and	d request that the identified individual be
Ву:		Date:
Director of Huma	an Resources Management	
Email:		Phone:



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Required for instances when DQ is sought on the basis of criminal history/conviction:

I have reviewed the Correction La request.	aw Article 23-A analysis and supporting documentation an	id approve this
Ву:	Date:	
Agency Counsel		
Email:	Phone:	
NYS Depa Attn: Cou	h the appropriate attachments to: artment of Civil Service asel's Office, Investigations Unit ate Plaza, Agency Building 1	

Email: lnvestigations@cs.ny.gov