



**Department of
Civil Service**

Albany, NY 12239

ADMINISTRATIVE SERVICES DIVISION

Candidate Disqualification Request Form
Civil Service Law §50.4

ADM-155 (12/17 L)

Part I Candidate Information:

Candidate's Name: _____
Past Names/Aliases: _____
Mailing Address: _____

Part II Agency Information:

Agency Name: _____
Exam Number: _____ Title: _____
Candidate Score: _____ Interview Date: _____

Part III Reason for Disqualification (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 Documents Checklist:

- Exam Application (Decentralized Exams only)
- Employment Application
- Interview Notes (if any)
- Resume (only if provided)

Part V Criminal History-Based DQ Request Checklist:

(Required only for instances when DQ is sought on the 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 request and supporting documents and request that the identified individual be disqualified.

By: _____ Date: _____
Director of Human Resources Management

Email: _____ Phone: _____



**Department of
Civil Service**

Albany, NY 12239

ADMINISTRATIVE SERVICES DIVISION

Candidate Disqualification Request Form
Civil Service Law §50.4

ADM-155 (12/17 L)

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

I have reviewed the Correction Law Article 23-A analysis and supporting documentation and approve this request.

By: _____ Date: _____
Agency Counsel

Email: _____ Phone: _____

Please return the signed form with the appropriate attachments to:
NYS Department of Civil Service
Attn: Counsel's Office, Investigations Unit
Empire State Plaza, Agency Building 1
Albany NY 12239

Email: Investigations@cs.ny.gov