

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 **11/28/2014**. A LIST OF ALL LOCAL CIVIL SERVICE AGENCIES CAN BE FOUND AT: [WWW.CS.NY.GOV/JOBSEEKER/LOCAL.CFM](http://WWW.CS.NY.GOV/JOBSEEKER/LOCAL.CFM).

**APPLICANT INFORMATION**

Date Filed: \_\_\_\_\_ School District  
Employee Name: \_\_\_\_\_ Name: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ SSN(Last Four): xxx-xx-\_\_\_\_\_

**EXAMINATION INFORMATION**

Promotion Exam  
Number: 7x-xxx  
Promotion Exam  
Title: \_\_\_\_\_  
Civil Service  
Agency Name: \_\_\_\_\_

**I understand that in order to be eligible for the above promotion examination, I also need to apply for and meet the qualifications for (circle appropriate one):**

- 25-909 – Director of Facilities I**    **statewide open-competitive examination**
- 25-910 – Director of Facilities II**    **statewide open-competitive examination**
- 25-911 – Director of Facilities III**    **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 Office of Commission Operations & Municipal Assistance (OCOMA), New York State Department of Civil Service.**

*For additional information on the Director of Facilities Examination and to view the announcements for the Statewide Examinations please visit the New York State Department of Civil Service website at [www.cs.ny.gov](http://www.cs.ny.gov)*