

LAST NAME:	FIRST NAME:	SOCIAL SECURITY #:	CLINTON COUNTY APPLICATION CONTINUOUS RECRUITMENT RETEST
STREET:	CITY/STATE/ZIP:	PHONE:	
SCHOOL DISTRICT:	TOWN/VILLAGE/CITY:	COUNTY:	

You may use your original application to retest for continuous recruitment exams Typist or Account Clerk/Typist four times in a two-year period (every six months).
Enclose the filing fee of \$12.50 (check or money order payable to Clinton County Treasurer).

I elect to use my original application for (circle one): **Typist (Exam #80-380)** or **Account Clerk/Typist (#80-235)** for my (circle one): **2nd**, **3rd** or **4th** retest within two years of my original exam date.

COMPLETE THE FOLLOWING:

YES NO Have you lived in Clinton County 30 continuous days up to and including the exam date?

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:

Section 50-b of the NYS Civil Service Law requires that ALL APPLICANTS for exam be asked the following:

YES NO Have you any loans guaranteed by the NYS Higher Education Services Corp. which are currently outstanding?

YES NO If YES above, are you presently in default on any such loans?

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.

SIGNATURE

DATE

FOR CIVIL SERVICE USE ONLY:

FEE: PAID WAIVED RECEIPT # _____ DATE RECEIVED: _____ RECEIVED BY: _____

APPROVED CONDITIONAL DISAPPROVED