



CLINTON COUNTY DEPARTMENT OF PERSONNEL

137 Margaret Street, Suite 212, Plattsburgh, NY 12901

Phone: 565-4676

Fax: 565-4679

REQUEST FOR REINSTATEMENT TO AN ELIGIBLE LIST

NAME: _____ DATE: _____

SOCIAL SECURITY #: _____ HOME PHONE: _____

ADDRESS: _____ CELL PHONE: _____

EMAIL: _____

Many agencies give preference to their residents. Incomplete or inaccurate information may result in you not being considered for an appointment. YOU MUST COMPLETE THE FOLLOWING ON RESIDENCY:

TOWN: _____ CITY: _____

SCHOOL: _____ COUNTY: _____

Has your permanent, legal residence been in Clinton County for 30 continuous days: Yes (or) No

If No, indicate below the county of your permanent legal residence: _____

I would like to be reinstated to the _____ eligible list for the following reason: _____

SIGNATURE

DATE

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TO BE COMPLETED BY THE PERSONNEL DEPARTMENT:

EXAM TITLE: _____ ELIGIBLE LIST #: _____

Reason for removal: _____

APPROVED FOR REINSTATEMENT BY _____
Personnel Director Date