## GREENE COUNTY CIVIL SERVICE COMMISSION 411 MAIN STREET, SUITE 340 CATSKILL, NY 12414

PHONE: 518-719-3253 -- FAX: 518-719-3772 www.greenegov.com

## **CROSS FILER FORM**

The following information must be submitted with your application in order to notify the proper examination sites and forwarding of grades.

GREENE COUNTY'S EXAM TITLE & #					
Have you filed or do you intend to file applications for exams wi	th other agencies?	(	) YES	(	) NO
Do you wish to take your exam(s) in Greene County?		(	) YES	(	) NO
If no, at what exam site will you take this exam?					
List the other Civil Service Agencies where you have applied – C	OUNTY OR STATE				
AGENCY	EXAM TITLE AND #				
Important: Application for the Greene County exam qualif application must be submitted to each agency, on the agency agency. The required filing fee must accompany each applicate When taking more than one exam at an exam site, make sure the Candidate ID form and the Answer sheet at the test site County Civil Service at least 3 weeks prior to the test date prior to the test date, requests may not be granted.  If you are claiming Veteran's Credits, an application must submyour eligibility. Forms are available at the Civil Service Office.	cy's own application ion submitted to be controlled to be controlled all the apple.  Notification must If notification is re	form, onsid oropri <b>be s</b> c <b>eiv</b> e	and retu lered for a late exam submitted ed less th	rned to ppoint number of the Grant 2 v	to that tment. ers on reene weeks
Candidate Signature	Social Security #				
Please Print Name	Date				

**Legal Address of Residency (include mailing address if different)**