ALBANY COUNTY DEPARTMENT OF CIVIL SERVICE
112 STATE ST, ROOM 900
ALBANY, NY 12207
PHONE: 518-447-7770 CSINFO@ALBANYCOUNTYNY.GOV

CROSS-FILE APPLICATION

Instructions:

1. **Only candidates who have filed applications for examinations in different civil service agencies (agencies in addition to the County of Albany) scheduled for the same examination date must complete and return this form.** ***This form should not be used if the candidate is only taking multiple Albany County Civil Service examinations.***
2. **A separate application must be completed for each examination, along with the appropriate filing fee, even if the examination is for the same position in multiple civil service agencies (for example, Police Officer). The applications should be filed individually with each civil service agency where the examination is posted. Each application must include the examination number assigned by the civil service agency.**
3. **The Cross-File Application must be returned to the Albany County Civil Service no later than fourteen days prior to the date of the scheduled examination(s).**

Name (Last, First):	SSN:
E-mail Address:	Phone Number:

Examination Date:_____

List all examinations held on the given date above including those with Albany County Civil Service. If you are *also* applying to take a NYS Civil Service examination on the given date, you **MUST** take all of the examinations you list below at the NYS test site as assigned to you by NYS Civil Service.

Examination Name	Exam #	Civil Service Agency
		Albany County

List the civil service agency where you would like to take the above examinations: _____

(Must be "NYS Test Site" if one or more of the examinations listed above is a State examination.)

It is the candidate's responsibility to make examination preparations with each civil service agency to which they have applied for examinations scheduled on the same date. Candidates taking multiple examinations on the same day must bring the appearance letters for each civil service agency to the examination site on the date of the examination.

_____ _____

Applicant Signature Date

Email this application to csinfo@albanycountyny.gov mail to the address above.