## **CROSS-FILER FORM**

## NOTICE OF APPLICATION FOR EXAMINATIONS BY CITY, COUNTY AND STATE\* CIVIL SERVICE AGENCIES

If you have applied for one or more examinations offered by the Civil Service Commission(s) of a City in New York State, County in New York State, and/or the State of New York\* on the same date, you MUST complete this form and file it at each City or County Civil Service Commission office no later than two (2) weeks before the test date.

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	S: ATIONS FILED FOR:	OFFERED				
EXAM#	EXAM TITLE	•	CITY COUNTY STATE* OTHER(NA)			
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I wish to	have all of these examinations	administered by the (c	heck one):			
<u> </u>	City of Niagara Falls Civ	vil Service Commission	1.			
	City of	Civil Service	Commission.			
_	County of	Civil Service	_ Civil Service Commission.			
	State of New York Civil	Service Commission.				
	Other Civil Service Com	mission	·	÷		
EXAMINA ADDITION	NOTE: IF YOU HAVE API ATIONS, YOU MUST TAKE AL N TO COMPLETING THIS FOR EFORE THE TEST DATE TO MA	L TESTS AT THE NEV RM YOU MUST ALSO	W YORK STATE CALL (518) 457-	EXAMINATIO	N TEST SITE. IN	
	 e)		(Date)			