

ONEIDA COUNTY DEPARTMENT OF PERSONNEL

Application Fee Waiver Request and Certification Form

Civil Service Law Section 50.5(b): "...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance."

NAME _____
Candidate's First and Last Name (Please Print)

_____-_____
Candidate's Social Security Number

I request that my application fee(s) for the examination(s) listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law.

Examination Title(s)	Exam No(s).	Examination Test Date

Check the box(es) below that apply to you:

I am currently unemployed **and** I am primarily responsible for support of a household
NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for application fee waiver as head of household.

I am currently:

Eligible for Medicaid

Receiving Supplemental Security Income (SSI) payments

Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance): _____
Enter Public Assistance Case Number

Certified Workforce Investment Act eligible through a State or local social service agency

Affirmation

I have read the above portion of Section 50.5(b) of the Civil Service Law relating to the waiver of application fees and certify that I am qualified to receive such waiver for the reasons indicated above. I understand that my claim for application fee waiver may be investigated by the Oneida County Department of Personnel and, if so, I hereby authorize the Oneida County Department of Social Services to release any information to determine the validity of the claim, and will hold harmless the Oneida County Department of Social Services in releasing said information for that purpose. I further understand that I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility for application fee waiver.

Candidate's Signature

Date