ERIE COUNTY DEPARTMENT OF PERSONNEL - CIVIL SERVICE EXAM DIVISION

Written Appeal to Disqualification Form

IF YOU WOULD LIKE TO APPEAL A DECISION OF DISQUALIFICATION FOR ADMITANCE INTO AN ERIE COUNTY CIVIL SERVICE EXAM PLEASE COMPLETE THE FOLLOWING REQUIRED INFORMATION AND **SUBMIT IN HARD COPY ONLY**

Appeals must be submitted by date and time indicated on disqualification letter

PRINT NAME_____ Phone Number _____

SOCIAL SECURITY # _____-_____-_____ Email: _____

Exam No. & Title for which you are appealing disqualification:_____

Written Appeal

Please list all qualifications you possess which you feel would qualify you to sit for the above listed Exam. (You may want to review the Exam Announcement for the minimum qualifications required) Please note: It is the responsibility of the candidate to prove that he/she meets the announced qualifications to the satisfaction of this office. Applicants appealing a disqualification should be sure to list all relevant experience, include: **dates of employment, hours worked per/week and duties for each experience listed**.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

CANDIDATES WILL BE NOTIFIED BY MAIL AND/OR BY PHONE AS TO THE OUTCOME OF THEIR APPEAL

THIS AFFIRMATION MUST BE COMPLETED. I affirm that the statements made on this form are true under the penalties of perjury. I understand that all statements made by me in connection with this form are subject to investigation and verification and that a material misstatement, omission, or fraud may disqualify me from appointment or lead to revocation of my appointment.

SIGNATURE _____DATE _____/_____/_____

For your convenience, this Form may be filled out electronically but requires an original signature for submission.