ONEIDA COUNTY CIVIL SERVICE

Application Fee Waiver Request and Certification Form

One form must be completed for each examination

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."

Candidate's Social Security Number

Candidate's First and Last Name (Please Print)

Examination Title		Exam Number	Examination Test Date
Check t	the box(es) below that	apply to you:	
NOT	E: Individuals who c	d and I am primarily responsible an be claimed as a depender for application fee waiver as	nt on any other person's tax
☐ I am	n currently:		
	Eligible for Medicaid		
mon	Receiving Supplemental Security Income (SSI) payments (MUST submit copy of current on this award letter)		
	Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance): Enter Public Assistance Case Number		
		nvestment Act eligible through it proof of current eligibility)	
		Affirmation	
qualified to re investigated b Services to rel Services in re	eceive such waiver for the by the Oneida County Depar lease any information to deter leasing said information for	reasons indicated above. I understar timent of Personnel and, if so, I hereb rmine the validity of the claim, and will	to the waiver of application fees and certify that I amend that my claim for application fee waiver may be any authorize the Oneida County Department of Social hold harmless the Oneida County Department of Social that I may be disqualified from the listed civil services a fee waiver.

NAME: