

PUBLIC SAFETY ELIGIBILITY FORM



EXAM TITLE: _____

EXAM DATE: _____

MUNICIPALITY: _____

DEPARTMENT: _____

APPLICANT'S NAME (Please list in alphabetical order)	Last 4 digits of SOCIAL SECURITY #	PERMANENT TITLE ON EXAM DATE	DATE OF ENTRY TO PERMANENT TITLE	**DATE FIRST CERTIFIED TO PERMANENT TITLE (PERM OR TEMP)

**** Only complete this column if Date of Entry to Permanent Title is less than one year prior to Exam Date; if this column is to be completed, provide the date that the applicant's name first appeared on a certification for Permanent or Temporary promotion/appointment in his/her Permanent Title, regardless of whether that certification resulted in the applicant's promotion/appointment to such title.**

I HEREBY DECLARE THAT THE INFORMATION INCLUDED ON THIS FORM IS TRUE AND CORRECT AND MADE UNDER THE PENALTIES OF PERJURY.

SIGNATURE: _____ TITLE: _____ DATE: _____

*Completed form must be attached to the Neogov requisition for this examination title.

Revised 03/14/16