

COUNTY OF SUFFOLK



DEPARTMENT OF CIVIL SERVICE/HUMAN RESOURCES

RESIDENT ELIGIBILITY VERIFICATION

A. Name: _____ Birth Name: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____

Social Security No.: _____

B. In order to be eligible for appointment as a resident, documentation **MUST** establish such residency for a period of **AT LEAST 90** days prior to the Certification date. Please be sure the documentation shows a street address and not a post office box.

Eligible List: _____ Certification of Eligibles # _____ Dated _____

FOR LAW ENFORCEMENT POSITIONS, **MUST** include Driver's License and Voter's Registration Card as well as a minimum of two other documents

FOR ALL OTHER POSITIONS, Driver's License and a minimum of two other documents. **Attach copies of proof to this form and return with the Certification of Eligibles.**

(Check all others that apply)

Voter's Registration Card

Property Tax Statement

Income Taxes

Utility Bill

Date: _____

Year: _____

Electric

Telephone

Water

Cable TV

Oil/Gas

Other (Specify): _____

C. I attest that I reside at _____
No. Street Apt. No.

in the Incorporated Village/Town of _____, County of _____,
State of New York, and have resided at such address since _____. The documents that I have provided to verify my residency are genuine and relate to me. I am aware that false statements made herein are cause of removal, under Civil Service Law, from consideration for, or subsequent loss of, a Civil Service position. I further understand that false statements made herein are punishable as a class "A" misdemeanor pursuant to Section 210.45 of the Penal Law, State of New York.

Notary Public

Applicant Signature

Date