

Essex County Verification of **Employment Eligibility** Civil Service Law Sections 55a or 55b

Return Completed Form to: Essex County Department of Personnel and Civil Service 7551 Court Street, P.O. Box 217 Elizabethtown, NY 12932

Phone: (518) 873-3360 Fax: (518) 873-3372

Instructions

- Step 1: Essex County Personnel Officer completes the top section of the form and sends it with the appropriate job specification to the Commission for the Blind and Visually Handicapped or the New York State Education Department district office.
- Step 2: The Commission for the Blind and Visually Handicapped or the New York State Education Department conducts a review of the candidate's eligibility, qualification for the job, job duties and makes a determination on the appropriateness of the proposed employment. The Commission for the Blind and Visually Handicapped or the Education Department completes the designated portions of this form and returns it to Essex County Personnel and Civil Service Department.

Step 3:	Upon return of the evaluation, the Essex Count approval.	ty Persoi	nnel Officer makes a fina	ıl determin	nation of approval or non
1. <u>To</u>	be completed by Essex County Person	nel Offi	cer		
Candidate Name:			Social Security Number:		Phone:
Candidate Address: (Street, City, State, Zip)					
Civil Service Position Title:		Department Location:		Contact Phone:	
Auth	norized Signature:		Title:		Date:
 2. To be completed by the Commission for the Blind and Visually Handicapped or the State Education Department A. Based on a review of this candidate's records and other relevant information, it is determined that: \[\begin{array}{cccccccccccccccccccccccccccccccccccc					
C.	we find that: The candidate is qualified to perform the essential job duties of the position. The candidate is <u>not</u> qualified to perform the essential job duties of the position. Based on a review of this candidate's disability, we recommend that following listed job modifications and/or accommodations: None or As described, attach additional sheets as necessary:				
	e provide agency address and contact in cy Name and Address	<u>iformat</u>	<u>don:</u>		
Contact Name and Title:				Pho	ne:
Cont	act Signature:			Dat	e:
ESSE	X COUNTY PERSONNEL USE ONLY				
This candidate is <u>not</u> approved for 55-a or 55-b status.					
This candidate is approved for 55-a or 55-b status for the position titles as listed above.					
Perso	nnel Officer Signature			Date	P.