



**Sylvia Gadson**  
President

**Crystal Collins**  
Secretary

**Municipal Civil Service Commission**

City of Mount Vernon  
One Roosevelt Square, Room 103  
Mount Vernon, NY 10550  
914-665-2357 or 914-665-2359  
www.cmvny.com

**Arnold P. Keith, Jr.**  
Commissioner

**Joan O'Meara-Conroy**  
Commissioner

**CROSSFILER FORM**

For candidates who have applied for Civil Service Examinations in multiple jurisdictions when examinations are scheduled on the **SAME DATE**.

**Local/Local Cross filers:** If you applied for other local government examinations as well as a City of Mount Vernon exam, write to **each** civil service agency no later than four (4) weeks before the date of the examinations to make arrangements for the test site at which you wish to take your examinations.

**Local/State/NYC Cross filers:** If you have applied for both State and local government examinations, you must notify the City of Mount Vernon as per above of your intent to take both a State and a local government examination. When taking both a State and a local government examination you will be required to take all your examinations at a State examination center. You will be advised by letter when and where to report for your examinations. **There is no reciprocity with New York City, and you must make a choice between the two jurisdictions.**

**PLEASE PRINT**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**FOR EXAM DATE:** \_\_\_\_\_, list all **OTHER** exam numbers, titles and agencies for which you have also applied. You must notify each of the following.

| EXAM # | EXAM TITLE | GOVERNMENT AGENCY |
|--------|------------|-------------------|
|        |            |                   |
|        |            |                   |
|        |            |                   |

I choose to take the above examinations with \_\_\_\_\_ Government Agency.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_