

ADDING NAMES TO APPLICANT POOLS FOR EXAMINATIONS ALREADY TAKEN AND PASSED

Instructions: Complete this form to have your name added for more classifications covered by examinations **you have already taken and passed**. You must possess the minimum education and experience required for the classifications you request. Please refer to the appropriate Examination Announcement (available on the Web at www.michigan.gov/mdcs) for specific information about the minimum requirements. Attach a copy of your examination result notice, if available. Please mail to the address above, by fax at (517) 241-5051, or by email mcsc-bhrs@michigan.gov.

BIOGRAPHICAL DATA		
EMPLOYEE OR APPLICANT ID NUMBER <small>(Leave blank if you do not know your ID number)</small>	AREA CODE/PHONE NO. <small>(Between 8 a.m. and 5 p.m.)</small>	
APPLICANT'S NAME (LAST, FIRST, M.I.)		
STREET ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		
CERTIFICATION: Complete the application and read carefully before submitting. <i>By submitting this application and any attachments, the applicant named above certifies to the Civil Service Commission that all information provided is true and accurate and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify applicants from consideration for employment with the state of Michigan; or if hired, may be grounds for termination. Previous employers may be contacted for employment verification.</i>		
EXAMINATION INFORMATION		
I have taken and passed the following examinations and wish to have my name added for more classifications covered by these examinations:		
<u>Examination Number</u>	<u>Examination Title</u>	<u>Date You Took the Examination</u>
<input type="checkbox"/> 2022	State Police Lieutenants	_____
<input type="checkbox"/> 4081	Corrections Nonprofessional Supervisors	_____
<input type="checkbox"/> 5029/5030	Administrative Support	_____
<input type="checkbox"/> 9031	Supervisory	_____
JOB INTERESTS — List the specific titles of the classifications you wish to have added.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
QUALIFICATIONS — Check all the boxes below that apply and attach any required documents.		
<input type="checkbox"/> I have qualifying work experience from employment with the state of Michigan.	You do not need to attach anything.	
<input type="checkbox"/> I have qualifying work experience from employment with other businesses.	Complete and attach the Employment Record section of this form.	
<input type="checkbox"/> I have completed additional qualifying education.	Attach a photocopy of your transcript. (Student copies will <u>not</u> be accepted).	

