Mechanicville Civil Service Commission Meeting Agenda October 12, 2022 4:00 p.m.

- 1) Roll Call
- 2) Approval of minutes of September 7, 2022
- 3) Communications
- 4) MSD 426-A Report of Personnel Changes

City of Mechanicville

- a) Matthew Coreno was appointed Working Supervisor (Permanent Promotion) (NC) effective 9/14/22
- b) James Herkel resigned as Code Enforcement Officer effective 9/9/22
- c) Kyle Woodard was appointed Code Enforcement Officer (Provisional) 9/14/22

Library

- a) Erika Oest-Harris was appointed Cleaner (L) effective 7/1/22
- b) Erika Oest-Harris was appointed Library Clerk (Provisional) effective 9/7/22

School District

- a) Kenneth Cooper was appointed as Engagement Coordinator (Provisional) effective 9/6/22.
- b) David Petrie was appointed Safety Liaison (Provisional) effective 9/6/22
- c) Lucas Castillo was appointed Cleaner (L) effective 7/11/22
- d) Deborah Stalker was appointed Bus Driver (NC) effective 9/6/22
- e) Katrina Miller was appointed Teacher Aide (NC) effective 9/6/22
- f) Hannah Sowle was appointed Teacher Aide (NC) effective 9/6/22
- g) Deborah Merchant was appointed Teacher Aide (NC) effective 9/6/22
- h) Molly Wroblewski was appointed Teacher Aide (NC) effective 9/6/22
- i) Kaylee Maynard was appointed Teacher Aide (NC) 9/6/22
- j) Rachael Waldron was appointed Teacher Aide (NC) 9/6/22
- k) Hailey Agars was appointed Teacher Aide (NC) 9/6/22
- l) Mandy Guerrero-Garmley was appointed Nurse (NC) effective 9/6/22
- 5.) Old Business Police Officer Examination was held 9/17/22

- 6.) New Business Approval of Police Sergeant List of Eligibles
- 7.) Appearances
- 8.) Next Meeting November 2, 2022
- 9.) Adjournment

	c: 5/	<u> </u>	
	City County	Town 🗌	Village Or District
Department:	DPW		
Name And Title	of Last Employee In Position:		
Name of Employ	88: 00 111		
Ivanie of Employ	" Matthew Core	20	Social Security Number:
Address:	(3,.,, .30 (0) (1)	70	
mu on u	11/2		
Title of Position:	Working Supervisor		Salary: 31.80
Non-Veteran		Veteran Exe	mpt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change		Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	☐ Temporary	From To	State Length of Employment
	For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	☐ Provisional Promotion		Attach Nomination
	☐ Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	Labor Class		Attach Application
Terminations	Resignation		Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
0.4	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification New Position	9/14/22	Give Facts Under Remarks
	Change in Salary		Submit Form
	Change in Name		Indicate New Salary
	Other		Give Facts Under Remarks
Remarks:			Give Facts Under Remarks
From	Jempson I. D	00000 - 1 1	1. 6
Appointing Office		ermanent u	vorling Superisor
	" Michael Butle	r	
Title: May	x Acting DPW	Commissioner	. 7
Address: 3/	1) m - 1 d - 1	AA 1	
<i>ن کا ک</i> Certificate valid ui	N. Main Street	Mechanico	
This ce	ertifies that the above employment is in a	ccordance with Law and R	Date:
- · ·	Subject to any limital	tion or condition specified i	above.
Meck	culd But Di	\supset	Date:
	MEC	HANICVII I F CIVII	10-4-4055
	ン SE内 Manual	HANICVILLE CIVIL VICE COMMISSION	

From: City	County [Town [Villaga On District 🔲
Department		TOWN L	Village Or District
DU	ulding Codes		
Name And Title of L	ast Employee In Position:		
Name of Employee:	Jim Herkel		Social Security Number:
Address:	1m Merker		•
City CD 111			
Title of Position:	ode Enforcement 1	Officer	Salary:
Non-Veteran	Veteran Disabled \	Veteran Exem	pt Volunteer Firefighter
Appointments	Check Nature Of	Effective Date	Action Necessary By
	Personnel Change		Appointing Officer
	Permanent		Return Report of Certification
	Provisional		Attach Application
	☐ Temporary	From To	State Length of Employment
	☐ For Term of Office	From To	Give Facts Under Remarks
	Permanent Promotion		Return Report of Certification
	Provisional Promotion		Attach Nomination
	☐ Non-Competitive Class		Attach Application
	Exempt Class		Submit This Form Only
	☐ Labor Class		Attach Application
Terminations	Resignation	9/9/22	Submit Signed Resignation
	Retirement		Give Effective Date
	Deceased		Indicate Date
	Removal		Attach Copy of Proceedings
	Layoff (lack of work or funds)		Give Facts Under Remarks
Other Changes	Military Leave of Absence		Give Facts Under Remarks
	Other Leave of Absence	From To	Give Facts Under Remarks
	Transfer		Give Facts Under Remarks
	Demotion		Give Facts Under Remarks
	Suspension		Give Facts Under Remarks
	Reinstatement		Give Facts Under Remarks
	Change in Classification		Give Facts Under Remarks
	New Position		Submit Form
	☐ Change in Salary		
	☐ Change in Name		Indicate New Salary Give Facts Under Remarks
	Other		Give Facts Under Remarks
Remarks:	Transaction of the Control of the Co		Give racis Olider Remarks
Appointing Officer:			
Title: Mayo	Υ		
	Main Street Med	Jan. 11 a) 1	1 1200
C4647	Main Steel Me	chaniculte, My	1 (1)8
Certificate vanu ulitii			Date:
This certif	ies that the above employment is in a Subject to any limita	accordance with Law and Ru tion or condition specified a	iles made in pursuance to Law,
By ()	010	S S S S S S S S S S S S S S S S S S S	Date:
maka	Lif Butler	MECHANICALITY	10-4-9055
	V	SERVICE COMMISS	VIL
	-	CONNINISS	ION
		RECFIVE	n
	No. At these		o i d
	value of the total of		• • •

Village Or District Social Security Number: Salary: \$21.50
Social Security Number: Salary: \$21.50
Social Security Number: Salary: \$21.50
Social Security Number: Salary: \$21.50
Salary: \$21.50
Exempt Volunteer Firefighter
ate Action Necessary By
Appointing Officer
Return Report of Certification
Attach Application
State Length of Employment
Give Facts Under Remarks
Return Report of Certification
Attach Nomination
Attach Application
Submit This Form Only
Attach Application
Submit Signed Resignation
Give Effective Date
Indicate Date
Attach Copy of Proceedings
Give Facts Under Remarks
Submit Form
Indicate New Salary
Give Facts Under Remarks
MECHANICVIDERCIVE
SERVICE COMMISSION
DECENTER
NEUCIVED
DATE 19/1/22 ROLL &
Total Country
112, 19, 10, 18
Date:
and Rules made in pursuance to Law,
ind Rules made in pursuance to Law, fied above. Date:

		sonnel Changes On This F	Torm.			
From: City	☐ County ☐ To	wn 🗌 Village Or D	istrict			
Department:	Mechanicville Distri	ct Public Libr	ary			
Name And Title	of Last Employee In Position:		Cleaner			
Name of Emplo	V88: -7	mmie I-isher, 1	ocial Security Number:			
Name of Emplo	brika Dect- Ita	.co. s	Jeiai Seciirity Number:			
Address.	1					
,	and thatter and		. 1			
Title of Position	Cleaner	J	Salary:			
Non-Veteran		ed Veteran Exempt V	olunteer Firefighter			
Appointments	Check Nature Of	Effective Date	Action Necessary By			
1	Personnel Change		Appointing Officer			
	Permanent		Return Report of Certification			
	Provisional	7-1-22	Attach Application			
	☐ Temporary	From To	State Length of Employment			
	Substitute	From To	Give Facts Under Remarks			
	☐ For Term of Office	From To	Give Facts Under Remarks			
	Permanent Promotion		Return Report of Certification			
	Provisional Promotion	,	Attach Nomination			
	☐ Non-Competitive Class		Attach Application			
	☐ Exempt Class		Submit This Form Only			
	X Labor Class		Attach Application			
Terminations	Resignation		Submit Signed Resignation			
	Retirement		Give Effective Date			
	Deceased		Indicate Date			
	Removal		Attach Copy of Proceedings			
	Layoff (lack of work or funds)		Give Facts Under Remarks			
Other	Military Leave of Absence		Give Facts Under Remarks			
Changes	Other Leave of Absence	From To	Give Facts Under Remarks			
}	☐ Transfer		Give Facts Under Remarks			
	Demotion		Give Facts Under Remarks			
	Suspension		Give Facts Under Remarks			
	Reinstatement		Give Facts Under Remarks			
-	Change in Classification		Give Facts Under Remarks			
	New Position		Submit Form			
	Change in Salary	<u> </u>	Indicate New Salary			
}	Change in Name	Give Facts Under Remarks				
Other Give Facts Under Remarks						
Remarks:						
Appointing Offic	- A					
	Michelle Duril					
Title: Diver	tor					
Address: 190	N. Main St. Mecha	recitle NY 12	NS			
Certificate valid	until:	· ,	Date: 7-1-22			
This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.						
By: //	. ^	- <u>r</u> y y	Date:			
	200 L Du000		7-1 33			
-4 Mrch	exect pull		MECHANICATITECHA			
	•		SEBVICE COMMISSION			

are.

Report All Personnel Changes On This Form. From: City W County [Town Village Or District Department: Name And Title of Last Employee In Position Name of Employee: Social Security Number: Address: Title of Position: brar Non-Veteran Veteran 🗌 Disabled Veteran Exempt Volunteer Firefighter Appointments **Check Nature Of Effective Date** Action Necessary By Personnel Change Appointing Officer Permanent Return Report of Certification Y Provisional 77-22 Attach Application Temporary From To State Length of Employment Substitute To From Give Facts Under Remarks For Term of Office From To Give Facts Under Remarks Permanent Promotion Return Report of Certification Provisional Promotion Attach Nomination Non-Competitive Class Attach Application Exempt Class Submit This Form Only Labor Class Attach Application Terminations Resignation Submit Signed Resignation Retirement Give Effective Date Deceased Indicate Date Removal Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Other Military Leave of Absence Give Facts Under Remarks Changes Other Leave of Absence To Give Facts Under Remarks From Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Remarks: Appointing Officer: Address: Certificate valid until: Date: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above. Date:

> MECHANICVILLE CIVIL SERVICE COMMISSION

Report All Personnel Changes On This Form.

From: City [County	Town 🔲		Village Or Dis	strict 🛛
Department:					
Name And Title of Las	t Employee In Position:				
Name of Employee: K	enneth Cooper			Social Securit	y Number:
Addres-		-			
Title of Position: Enga	agement Coordinator			S	alary: \$28.99/hr
Non-Veteran 🛛	Veteran Disabled V	eteran 🗌	Exem	pt Volunteer F	irefighter 🔲
Appointments	Check Nature Of	Effecti	ve Date	A	ction Necessary By
· ·	Personnel Change				Appointing Officer
	Permanent				eport of Certification
	X Provisional	09/06/2022			pplication
	Temporary		То		ngth of Employment
	For Term of Office		To		ts Under Remarks
	Permanent Promotion	TIOM	10		eport of Certification
	Provisional Promotion				omination
	Non-Competitive Class	 	· · · · · · · · · · · · · · · · · · ·		pplication
	Exempt Class				his Form Only
	Labor Class				pplication
Terminations	Resignation				Signed Resignation
Terminations	Retirement				ective Date
	Deceased			Indicate	
	Removal				opy of Proceedings
	Layoff (lack of work or funds)				ets Under Remarks
Other Changes	Military Leave of Absence				ts Under Remarks
Other changes	Other Leave of Absence	From	То		ts Under Remarks
	Transfer	110111			ets Under Remarks
	Demotion	 			ets Under Remarks
	Suspension	<u> </u>			ets Under Remarks
	Reinstatement				ets Under Remarks
	Change in Classification				ets Under Remarks
	New Position			Submit I	
	Change in Salary				New Salary
	Change in Name				ets Under Remarks
	Other				ets Under Remarks
Remarks:					
			. 8	MECHANICE (CVILLE CIVIL COMMISSION
Appointing Officer: J	odi A. Birch		:	REC	EIVED
Title: Business Man	ager		•		
Address: 25 Knisker	n Ave. Mechanicville, N	Y 12118	LMIE		18/22
Certificate valid until					Date:
This certif	Ties that the above employment is in Subject to any limit	accordance with	h Law and R	Rules made in	pursuance to Law.
By	1 12, & C	and of Condition	on specifica		Date 17 hron
- Ulli	where				9/78022

Rose an Lindemann

Report All Personnel Changes On This Form.

From: City	☐ County ☐	Town [Y''I O Divis E		
Department:	County [Town 📋	Village Or District 🔽		
3.					
Name And Title of La	ast Employee In Position :				
Name of Employee:	Dovid Date		Social Security Number:		
Address.	David Petrie				
		ille In inch			
Title of Position: Safe			Salary: \$24.81/hour		
Non-Veteran	Veteran Disabled V	/eteran D Ever	npt Volunteer Firefighter		
Appointments	Check Nature Of	Effective Date			
••	Personnel Change	Effective Date	Action Necessary By		
			Appointing Officer		
	Permanent		Return Report of Certification		
	✓ Provisional ✓ True ✓ True	09/06/2022	Attach Application		
	Temporary	From To	State Length of Employment		
	For Term of Office	From To	Give Facts Under Remarks		
	Permanent Promotion		Return Report of Certification		
	Provisional Promotion		Attach Nomination		
	Non-Competitive Class		Attach Application		
1	Exempt Class	·	Submit This Form Only		
m	Labor Class		Attach Application		
Terminations	Resignation		Submit Signed Resignation		
	Retirement		Give Effective Date		
	Deceased		Indicate Date		
	Removal		Attach Copy of Proceedings		
041	Layoff (lack of work or funds)		Give Facts Under Remarks		
Other Changes	Military Leave of Absence		Give Facts Under Remarks		
	Other Leave of Absence	From To	Give Facts Under Remarks		
	Transfer		Give Facts Under Remarks		
	Demotion		Give Facts Under Remarks		
•	Suspension		Give Facts Under Remarks		
	Reinstatement		Give Facts Under Remarks		
	Change in Classification		Give Facts Under Remarks		
	New Position		Submit Form		
	Change in Salary		Indicate New Salary		
	Change in Name		Give Facts Under Remarks		
Remarks:	Other		Give Facts Under Remarks		
Melifai KS.			MECHANICVILLE CIVIL		
Appointing Officer: J	odi A Birch		SERVICE COMMISSION		
Title: Business Man			RECEIVED		
Address: 25 Knisker	n Ava Machaniavilla NIV	(10448 ^(D)	ATE 9/30/22		
Certificate valid until:	n Ave. Mechanicville, NY	14110	Date:		
		roondance with 1 1 n			
<u> </u>	ies that the above employment is in a Subject to any limita	iccoraance with Law and R tion or condition specified a			
Date: /30/2022					

Roseann Lindemenn

	·	_		
From: City	County 🗌	Town 🗍		Village Or District ✓
Department:				· image of District 🔯
Name And Title of I	ast Employee In Position :			
Name And The of L	ast Employee in Position :			
Name of Employee:		***************************************		Social Security
	Lucas Castillo		İ	
Address:				
Title of Position: Cle				
Non-Veteran 🗸		· · · · · · · · · · · · · · · · · · ·		Salary: \$16.98/hour
Appointments	Veteran Disabled Check Nature Of			ot Volunteer Firefighter 🗌
ppointings		Effe	ctive Date	Action Necessary By
	Personnel Change			Appointing Officer
	Permanent			Return Report of Certification
	Provisional			Attach Application
	Temporary	From	То	State Length of Employment
	For Term of Office	From	То	Give Facts Under Remarks
* •	Permanent Promotion			Return Report of Certification
	Provisional Promotion			Attach Nomination
	Non-Competitive Class			Attach Application
	Exempt Class			Submit This Form Only
	X Labor Class	07/11/2022	Probationary	
erminations	Resignation			Submit Signed Resignation
	Retirement			Give Effective Date
	Deceased			Indicate Date
	Removal			Attach Copy of Proceedings
\u	Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	Military Leave of Absence		•	Give Facts Under Remarks
	Other Leave of Absence	From	То	Give Facts Under Remarks
	Transfer			Give Facts Under Remarks
	Demotion			Give Facts Under Remarks
	Suspension			Give Facts Under Remarks
	Reinstatement	<u> </u>		Give Facts Under Remarks
	Change in Classification			Give Facts Under Remarks
	New Position			Submit Form
	Change in Salary			Indicate New Salary
	Change in Name			Give Facts Under Remarks
emarks:	U Other]		Give Facts Under Remarks
emarks;				MECHANICVILLE CIVIL
nnointing Officer				SERVICE COMMISSION
ppointing Officer: J	odi A. Birch			
^{tle:} Business Man	ager			TECEIVED
^{ddress:} 25 Knisker	n Ave Mechaniquille NV	/ 10110	A	TE 9/30/22
ertificate valid until:	n Ave. Mechanicville, NY	12110		Reselin Juden
This certifi	ies that the above employment is in a	accordance wi	th Law and Rul	[· ·
	Subject to any limita	tion or condit	ion specified abo	ove.
· Arla ()	Redal		· · · · · · · · · · · · · · · · · · ·	Date:
Juli				9/30/02

	Report All 1 ersc	mnei Chang	es On Inis I	rorm.
From: City	☐ County ☐	Town 🔲		Village Or District ☑
Department:		'''''''''''''''''''''''''''''''''''''		
Name And Title of L	ast Employee In Position :	***		
	ast Employee in Fosition :			
Name of Employee:	Deborah Stalker			Social Security Number:
Address.	Depotati Starker			11_
		,		-
Title of Position: Bus	Driver			Salary: \$21.58/hr
Non-Veteran 🛛	Veteran Disabled	Veteran 🗌	Exen	npt Volunteer Firefighter
Appointments	Check Nature Of	Effe	ctive Date	
	Personnel Change	Dire.	oure Date	Action Necessary By
				Appointing Officer
	Permanent	<u> </u>		Return Report of Certification
	Provisional			Attach Application
	Temporary	From	То	State Length of Employment
	For Term of Office	From	To	Give Facts Under Remarks
	Permanent Promotion			Return Report of Certification
	Provisional Promotion		`	Attach Nomination
	Non-Competitive Class	09/06/2022	Probationary	Attach Application
	Exempt Class			Submit This Form Only
	Labor Class			Attach Application
Terminations	Resignation			Submit Signed Resignation
	Retirement			Give Effective Date
	Deceased			Indicate Date
	Removal			Attach Copy of Proceedings
	Layoff (lack of work or funds)		· · · · · · · · · · · · · · · · · · ·	Give Facts Under Remarks
Other Changes	Military Leave of Absence	1		Give Facts Under Remarks
	Other Leave of Absence	From	To	Give Facts Under Remarks
	Transfer			Give Facts Under Remarks
	☐ Demotion			Give Facts Under Remarks
	Suspension			Give Facts Under Remarks
	Reinstatement			Give Facts Under Remarks
	Change in Classification			Give Facts Under Remarks
Ì	☐ New Position	<u> </u>		Submit Form
	Change in Salary			Indicate New Salary
	☐ Change in Name			Give Facts Under Remarks
Ì	Other			Give Facts Under Remarks
Remarks:				Give Facts Order Remarks
•				
Appointing Officer: J	ali A. Di I		······································	
Title: Business Mana	ager			
Address: 25 Knisker	n Ave. Mechanicville, NY	12118		
Certificate valid until:				Date:
This certifi	es that the above employment is in a	ccordance wi	th Law and D.	3
- A	Subject to any limita	tion or conditi	on specified a	bove.
Zali a	Buch			Date: /30/22
\overline{U}				MECHANICVILLECIVIL

Report All Personnel Changes On This Form.

	<u></u>					
From: City County Town Village Or District						
Department:						
	st Employee In Position :					
Name of Employee: K	atrina Miller		So	ocial Securit	y Number:	
Address.	* * * * * * * * * * * * * * * * * * * *	10110				
Title of Position: Teac	cher Aide			S	alary: \$14.11/hr	
Non-Veteran 🗸	Veteran Disabled V	eteran	Exempt	Volunteer F	irefighter 🗌	
Appointments	Check Nature Of		tive Date		ction Necessary By	
	Personnel Change	2,100		A	appointing Officer	
	Permanent				eport of Certification	
	Provisional				pplication	
	Temporary	From	То		gth of Employment	
	For Term of Office	From	То		ts Under Remarks	
*	Permanent Promotion				eport of Certification	
,	Provisional Promotion				omination	
	Non-Competitive Class	09/06/26	022 Probationary		pplication	
	Exempt Class	 			his Form Only	
	Labor Class				pplication	
Terminations	Resignation	<u> </u>			igned Resignation	
·	Retirement	<u> </u>			ective Date	
	Deceased	ļ		Indicate		
	Removal	ļ			opy of Proceedings	
	Layoff (lack of work or funds)		, 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		ts Under Remarks ts Under Remarks	
Other Changes	Military Leave of Absence	1 32	70-		ts Under Remarks	
	Other Leave of Absence	From	То			
	Transfer				ts Under Remarks ts Under Remarks	
	Demotion					
	Suspension	ļ			ts Under Remarks ts Under Remarks	
	Reinstatement	<u> </u>				
	Change in Classification	<u> </u>			ts Under Remarks	
<i>:</i>	New Position			Submit F	New Salary	
	Change in Salary				ets Under Remarks	
	Change in Name				ets Under Remarks	
	Other	<u> </u>		Giverac	AS Office Technik's	
Remarks:						
Appointing Officer: J	odi A. Birch					
Title: Business Man						
Address: 25 Kniske	rn Ave. Mechanicville, N	Y 12118				
ZU INIIONUI	in 7 (ve. tyrechamevine, 14	, , , , , ,			Date:	
Certificate valid until						
This certi	fies that the above employment is in Subject to any limit	accordance wation or condit	ith Law and Rul tion specified ab	les made in ove	pursuance to Law.	
By	Ruch				Date: 9/30/02	

Randan Internet HANICVILLE CIVIL
SERVICE COMMISSION
ECEIVED

From: City		County	Town 🗌		Village Or District 🔽	
Department:						
Name And Title of Las	st E	mployee In Position :				
Name of Employee:	Hai	nnah Sowle			Social Security Number	
Address:		Паі	ווווטטוון וז			
Title of Position: Teacher Aide Salary: \$14.11/hr						
Non-Veteran 🗸		Veteran Disabled V	eteran 🗌	Exen	npt Volunteer Firefighter 🗌	
Appointments		Check Nature Of	Eff	ective Date	Action Necessary By	
		Personnel Change			Appointing Officer	
	┢┯	Permanent			Return Report of Certification	
	┝┾	Provisional			Attach Application	
	┝	Temporary	From	To	State Length of Employment	
	┝┾	For Term of Office	From	To	Give Facts Under Remarks	
	┝┾	Permanent Promotion	FIOIN	10	Return Report of Certification	
	┝╞	Provisional Promotion			Attach Nomination	
	┝	Non-Competitive Class	09/06/2022	Probationary	Attach Politication	
	┝	Exempt Class	09/00/2022	Piobalionary	Submit This Form Only	
	누	Labor Class	 		Attach Application	
	누				Submit Signed Resignation	
Terminations	╠	Resignation		·	Give Effective Date	
•	누	Retirement	ļ	• • • • • • • • • • • • • • • • • • • •		
	누	Deceased	ļ ———		Indicate Date	
	느느	Removal	<u> </u>		Attach Copy of Proceedings	
	ᄂ	Layoff (lack of work or funds)			Give Facts Under Remarks	
Other Changes	L	Military Leave of Absence			Give Facts Under Remarks	
	L	Other Leave of Absence	From	То	Give Facts Under Remarks	
	-	Transfer			Give Facts Under Remarks	
		Demotion	<u> </u>		Give Facts Under Remarks	
		Suspension	<u> </u>		Give Facts Under Remarks	
		Reinstatement			Give Facts Under Remarks	
		Change in Classification			Give Facts Under Remarks	
į		New Position			Submit Form	
		Change in Salary			Indicate New Salary	
		Change in Name			Give Facts Under Remarks	
		Other			Give Facts Under Remarks	
Remarks:					Rose an Indeman	
Appointing Officer: J	od	i A. Birch			SERVICE COMMISSION	
Title: Business Man	_				RECEIVED	
Address: 25 Knisker	rn /	Ave. Mechanicville, N	12118	r)A'	F 9/30/22	
Certificate valid until	:				Date:	
This certij	lies	that the above employment is in Subject to any/limite	accordance ation or con	with Law and dition specified	Rules made in pursuance to Law,	
By: MILL C	, ,	Buch			Date: 9/30/2 7	

Permanent Provisional Promotion Promotional Prom		4	8	
Name of Employee: Deborah Merchant Addreen Title of Position: Teacher Aide Non-Veteran	From: City	County	Town 🔲	Village Or District 🔽
Deborah Merchant Social Security Number: Deborah Merchant Salary: \$14.11/hr	Department:			
Title of Position: Teacher Aide	Name And Title of L	ast Employee In Position:		
Title of Position: Teacher Aide Non-Veteran	Name of Employee:	Deborah Merchant		Social Security Number:
Title of Position: Teacher Aide Non-Veteran Veteran Disabled Veteran Exempt Volunteer Firefighter Action Nocessary By Check Nature Of Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Personnel Change Return Report of Certification Attach Application Return Report of Certification Attach Application Submit This Form Only Attach Application Submit Signed Resignation Return Report of Certification Return Report of Certification Attach Application Submit Signed Resignation Submit Signed Resignation Return Report of Certification Return Report Return Retu	Address			
Appointments Check Nature Of Personnel Change From To State Length of Employment Temporary From To State Length of Employment Permanent Promotion Permanent Promotion Person To Give Person Under Remarks Non-Competitive Class Oglo6/2022 Probationary Attach Nomination Attach Nomination Attach Nomination Attach Nomination Attach Application Submit This Porm Only Attach Application Resignation Resign	Title of Position: Tea			Salary: \$14.11/hr
Personnel Change Permanent Permanent Permotion To State Length of Employment For Term of Office Permanent Promotion Permanent Promotion Permanent Promotion Permanent Promotion Permanent Promotion Permanent Promotion Permotion Permanent Promotion	Non-Veteran 🛛	Veteran Disabled V	eteran . Exen	npt Volunteer Firefighter 🔲
Personnel Change Permanent Permanent Permotion To State Length of Employment For Term of Office Permanent Promotion Permanent Promotion Permanent Promotion Permanent Promotion Permanent Promotion Permanent Promotion Permotion Permanent Promotion	Appointments	Check Nature Of	Effective Date	Action Necessary By
Permanent	***FF			1
Provisional Attach Application Temporary From To State Length of Employment For Term of Office From To Give Facts Under Remarks				
Temporary From To State Length of Employment For Term of Office From To Give Facts Under Remarks Permanent Promotion Return Report of Certification Return Report of Resignation Return Report of Return Report Remarks Return Report of Return Report Remarks Return Report of Return Return Return				
For Term of Office From To Give Facts Under Remarks Permanent Promotion Return Report of Certification Attach Nomination Attach Nomination Attach Application Attach Copy of Proceedings Attac		Provisional		
Permanent Promotion	•		From To	
Provisional Promotion		For Term of Office	From To	
Non-Competitive Class O9/06/2022 Probationary Attach Application Submit This Form Only		Permanent Promotion		Return Report of Certification
Exempt Class		Provisional Promotion		Attach Nomination
Terminations Resignation Submit Signed Resignation Retirement Give Effective Date Deceased Indicate Date Removal Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Other Changes Military Leave of Absence Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Demotion Give Facts Under Remarks Change in Classification Give Facts Under Remarks Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Remarks Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Change in Name Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Give Facts Under Re			09/06/2022 Probation	ary Attach Application
Resignation		图 Exempt Class		Submit This Form Only
Retirement Deceased Indicate Date Deceased Indicate Date Removal Attach Copy of Proceedings Layoff (lack of work or funds) Give Facts Under Remarks Other Changes Military Leave of Absence Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Demotion Give Facts Under Remarks Change in Classification Give Facts Under Remarks Change in Salary Give Facts Under Remarks Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Date: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.		Labor Class		
Deceased Removal Removal Attach Copy of Proceedings Give Facts Under Remarks Other Changes Other Changes Other Leave of Absence From To Give Facts Under Remarks Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Change in Classification Give Facts Under Remarks New Position Change in Salary Change in Name Other Other Change in Name Other Give Facts Under Remarks Give Facts Under Remarks Give Facts Under Remarks Give Facts Under Remarks Indicate New Salary Give Facts Under Remarks New Facts Under Remarks Give Facts Under Remarks New Facts Under Remarks Give Facts Under Remarks New Facts Under Remarks Fremarks: Remarks: Appointing Officer: Jodi A. Birch Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: Date: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.	Terminations	Resignation		
Removal				Give Effective Date
Layoff (lack of work or funds) Give Facts Under Remarks Military Leave of Absence Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Other Give Facts Under Remarks Other Remarks Change in Name Give Facts Under Remarks Other Remarks Other Salary Give Facts Under Remarks Ot		☐ Deceased		Indicate Date
Other Changes Military Leave of Absence Give Facts Under Remarks Other Leave of Absence From To Give Facts Under Remarks Transfer Give Facts Under Remarks Demotion Give Facts Under Remarks Demotion Give Facts Under Remarks Suspension Give Facts Under Remarks Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Other Give Facts Under Remarks Other Give Facts Under Remarks Change in Name Give Facts Under Remarks Other Date: Tribic certificate valid until: Date: This certificate that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.		Removal		Attach Copy of Proceedings
Other Leave of Absence		Layoff (lack of work or funds)		Give Facts Under Remarks
Other Leave of Absence From To Give Facts Under Remarks Give Fac	Other Changes	Military Leave of Absence		Give Facts Under Remarks
Demotion Suspension Give Facts Under Remarks Change in Classification Change in Salary Change in Name Change in		Other Leave of Absence	From To	Give Facts Under Remarks
Suspension Reinstatement Change in Classification Change in Salary Change in Salary Change in Name Change in Salary Cha		Transfer		Give Facts Under Remarks
Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Remarks: Appointing Officer: Jodi A. Birch Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.		Demotion		Give Facts Under Remarks
Reinstatement Give Facts Under Remarks Change in Classification Give Facts Under Remarks New Position Submit Form Change in Salary Indicate New Salary Change in Name Give Facts Under Remarks Other Give Facts Under Remarks Remarks: Appointing Officer: Jodi A. Birch Title: Business Manager Address: Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.		Suspension		Give Facts Under Remarks
Change in Classification New Position Change in Salary Change in Salary Change in Name Cive Facts Under Remarks Give Facts Under Remarks Remarks: Remarks: Appointing Officer: Jodi A. Birch Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.				Give Facts Under Remarks
New Position Submit Form Indicate New Salary Indicate New Salary Give Facts Under Remarks Give Facts Under Remarks				
Change in Salary Change in Name Change in Name Change in Name Change in Name Cother Give Facts Under Remarks Give Facts Under Remarks Remarks: Appointing Officer: Jodi A. Birch Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: Date: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.				
Change in Name Other Give Facts Under Remarks Remarks: Appointing Officer: Jodi A. Birch Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.				Indicate New Salary
Remarks: Appointing Officer: Jodi A. Birch Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: Date: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.				
Remarks: Appointing Officer: Jodi A. Birch Title: Business Manager Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: Date: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.				Give Facts Under Remarks
Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: Date: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.	Remarks:			
Address: 25 Kniskern Ave. Mechanicville, NY 12118 Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.	Appointing Officer:	Jodi A. Birch		
Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.	Title: Business Ma	nager		
Certificate valid until: This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law, Subject to any limitation or condition specified above.	Address: 25 Kniske	ern Ave. Mechanicville, N	Y 12118	
Subject to any limitation or condition specified above.	Certificate valid unti	il:		
	This cert			
	Ву:	RISOR	<u></u>	



	Report Att 1 er sor	mer Changes	On This 1.07	<i>m</i> .	
From: City	County	Town 🔲	Vi	llage Or Di	istrict 🔽
Department:		•			
	st Employee In Position:	·	////		
Name of Employee:	lolly Wroblewski		So	ocial Securi	ty Number:
Address:					
Title of Position: Tead	cher Aide				Salary: \$14.11/hr
Non-Veteran	Veteran Disabled V	eteran 🔲	Exempt	Volunteer 1	Firefighter 🔲
Appointments	Check Nature Of	Effecti	ve Date		ction Necessary By
	Personnel Change				Appointing Officer
	Permanent .				Report of Certification
	Provisional			Attach A	Application
•	☐ Temporary	From	То		ngth of Employment
	For Term of Office	From	То	Give Fac	cts Under Remarks
	Permanent Promotion				Report of Certification
	Provisional Promotion				Vomination
•	Non-Competitive Class	09/06/202	2 Probationary		Application
	Exempt Class				This Form Only
	Labor Class				Application
Terminations	Resignation				Signed Resignation
	Retirement		<u> </u>	4 - 1 + man	fective Date
	☐ Deceased			Indicate	
	Removal				Copy of Proceedings
	Layoff (lack of work or funds)				cts Under Remarks
Other Changes	Military Leave of Absence				cts Under Remarks
	Other Leave of Absence	From 7	Го		cts Under Remarks
	Transfer				cts Under Remarks
	Demotion				cts Under Remarks
	Suspension				cts Under Remarks
	Reinstatement				cts Under Remarks
	Change in Classification				ets Under Remarks
	New Position		·	Submit I	
	Change in Salary				New Salary
,	Change in Name				cts Under Remarks
	Other	<u> </u>		Give Fac	cts Under Remarks
Remarks:					
Appointing Officer: J	odi A. Birch				•
Title: Business Man					
Address: 25 Knisker	n Ave. Mechanicville, NY	′ 12118		*	
Certificate valid until:					Date:
This certif	ies that the above employment is in Subject to any limita				pursuance to Law,
By:	Subject to any limite	uon or conaillo	n specijieu dol	, r e.	Date: 0 24
By: Pale a Buch Date: 9/30/22					



From: City	☐ County ☐ Town ☐ Village Or District ☑			
Department:				
	st Employee In Position:		·	
Name of Employee: Kaylee Maynard Social Security Number:				
Address:				
Title of Position: Teacher Aide Salary: \$14.11/hr				
Non-Veteran ✓ Veteran ☐ Disabled Veteran ☐ Exempt Volunteer Firefighter ☐				
Appointments	Check Nature Of	Effective Date	Action Necessary By	
11ppointments	Personnel Change	Effective Date		
			Appointing Officer	
	Permanent		Return Report of Certification	
	Provisional		Attach Application	
	Temporary	From To	State Length of Employment	
	For Term of Office	From To	Give Facts Under Remarks	
	Permanent Promotion		Return Report of Certification	
	Provisional Promotion		Attach Nomination	
	Non-Competitive Class	09/06/2022 Probatio		
	Exempt Class	<u> </u>	Submit This Form Only	
	Labor Class		Attach Application	
Terminations	Resignation		Submit Signed Resignation	
	Retirement		Give Effective Date	
	Deceased		Indicate Date	
	Removal		Attach Copy of Proceedings	
	Layoff (lack of work or funds)		Give Facts Under Remarks	
Other Changes	Military Leave of Absence		Give Facts Under Remarks	
	Other Leave of Absence	From To	Give Facts Under Remarks	
	Transfer		Give Facts Under Remarks	
	Demotion		Give Facts Under Remarks	
·	Suspension		Give Facts Under Remarks	
	Reinstatement		Give Facts Under Remarks	
	Change in Classification		Give Facts Under Remarks	
	New Position		Submit Form	
	Change in Salary		Indicate New Salary	
ļ	Change in Name		Give Facts Under Remarks	
	Other	<u> </u>	Give Facts Under Remarks	
Remarks:		·	Kesellan Linderson	
Appointing Officer: J	odi A. Birch		REPVICE COMMISSION	
Title: Business Man	ager		CEIVED	
Address: 25 Kniskern Ave. Mechanicville, NY 12118				
Certificate valid until:				
This certif	les that the above employment is in Subject to any limit	accordance with Law and ation or condition specified		
$\frac{1}{\mathbf{R}\mathbf{w}} = \frac{1}{\mathbf{w}}$	Subject to any timute	mon or conduction specified	Date:	
By	Burch		9/30/27	

Report All Personnel Changes On This Form,

From:	City ☐ County ☐				
Department:	ity 📙 County 🗌 Town 🗌 Village Or District 🗸				
Name And Title	of Last Employee In Position:				
Name of Employ	yee:				
	Rachael Waldron	ļ	Social Security Number:		
Address					
Title of Position	Teacher Aide				
Non-Veteran 🗸			Salary: \$14.11/hr		
Appointments	Disabled		ot Volunteer Firefighter 🔲		
	Check Nature Of	Effective Date	Action Necessary By		
	Personnel Change		Appointing Officer		
	Permanent		Return Report of Certification		
	Provisional		Attach Application		
	☐ Temporary	From To	State Length of Employment		
	☐ For Term of Office	From To	Give Facts Under Remarks		
	Permanent Promotion		Return Report of Certification		
	Provisional Promotion		Attach Nomination		
	Non-Competitive Class	09/06/2022 Probationar			
	Exempt Class	US/OS/2022 Probational	Submit This Form Only		
	Labor Class	·	Attach Application		
Terminations	Resignation		Submit Signed Resignation		
	Retirement		Give Effective Date		
•	Deceased		Indicate Date		
	Removal		Attach Copy of Proceedings		
	Layoff (lack of work or funds)		Give Facts Under Remarks		
Other Changes	Military Leave of Absence		Give Facts Under Remarks		
	Other Leave of Absence	From To	Give Facts Under Remarks		
	Transfer		Give Facts Under Remarks		
	Demotion		Give Facts Under Remarks		
	Suspension		Give Facts Under Remarks		
	Reinstatement		Give Facts Under Remarks		
	☐ Change in Classification	<u> </u>	Give Facts Under Remarks		
	☐ New Position		Submit Form		
	☐ Change in Salary		Indicate New Salary		
	Change in Name		Give Facts Under Remarks		
	Other		Give Facts Under Remarks		
emarks:			Give Pacis Onder Remarks		
		•			
ppointing Office	r: Jodi A. Birch				
^{tle:} Business M	lanager				
ddress: OF Kniel					
ddress: 25 Knis ertificate valid u	kern Ave. Mechanicville, NY	12118			
			Date:		
This ce	ertifies that the above employment is in a	ccordance with Law and Rule	es made in pursuance to Law.		
- 1	Subject to any limitat	tion or condition specified abo	ove.		
Anle	Uburch		Date: (2))]		
~/ /			TINIAG		

MECHANICVILLE CIVIL SERVICE COMMISSION RECEIVED

D. .. Am Lindeman

From: City	☐ County ☐	Town 🔲	7.7	31 O-Division F7
Department:		illage Or District 🔽		
Берагиненс.		•		
Name And Title of La	st Employee In Position:			
	• •			
Name of Employee:	lailey Agars		So	ocial Security Number:
Address:	· · · · · · · · · · · · · · · · · ·			
Title of Position: Tea	cher Aide			Salary: \$14.11/hr
Non-Veteran 🛮	Veteran Disabled V	eteran 🗍	Exempt	Volunteer Firefighter
Appointments	Check Nature Of		ive Date	Action Necessary By
	Personnel Change	Bilecti	ive Date	
	Permanent			Appointing Officer
	Provisional	<u> </u>		Return Report of Certification
		ļ.,		Attach Application
	☐ Temporary ☐ For Term of Office	From	То	State Length of Employment
•		From	То	Give Facts Under Remarks
	Permanent Promotion Provisional Promotion			Return Report of Certification
				Attach Nomination
	Non-Competitive Class	09/06/202	22 Probationary	Attach Application
•	Exempt Class Labor Class			Submit This Form Only
Terminations	Resignation	·		Attach Application
Terminations	Retirement		····	Submit Signed Resignation
	Deceased			Give Effective Date
				Indicate Date
	Removal			Attach Copy of Proceedings
O41 Cl	Layoff (lack of work or funds)			Give Facts Under Remarks
Other Changes	Military Leave of Absence			Give Facts Under Remarks
	Other Leave of Absence	From 7	Го	Give Facts Under Remarks
	Demotion			Give Facts Under Remarks
				Give Facts Under Remarks
	Suspension Reinstatement			Give Facts Under Remarks
				Give Facts Under Remarks
	Change in Classification New Position			Give Facts Under Remarks
				Submit Form
ŀ	Change in Salary		· · · · · · · · · · · · · · · · · · ·	Indicate New Salary
. ,	Change in Name Other			Give Facts Under Remarks
Remarks:	☐ Other			Give Facts Under Remarks
	•			
Appointing Officer: J	odi A. Birch			
Title: Business Man	ager		······································	
^{Address:} 25 Knisker	n Ave. Mechanicville, NY	12118		
Certificate valid until:				Date:
This certif	ies that the above employment is in a	ccordance with	Law and Rule	s made in pursuance to Law,
	Subject to any limita	tion or conditio	n specified abo	ve.
By: April a Busch Date: 13/3/22				Date: /31/22



	_				
From: City	County	Town 🗌		Village Or D	Pistrict 🔽
Department:					
Name And Title of Le	ent E-mileure I- De c'at			·	
	st Employee In Position:				
Name of Employee:	landy Guerre ர Garmley			Social Secur	ity Number
IV	landy Guerrer Garmley				
Adc					•
Title of Position: Nurs	se				Salary: \$34,38/hr
Non-Veteran 🗸	Veteran Disabled \	Veteran	Exen	npt Volunteer	
Appointments	Check Nature Of	Effec	tive Date		Action Necessary By
	Personnel Change	į į	iive Date		
					Appointing Officer
•	Permanent				Report of Certification
	Provisional				Application
	Temporary	From	То		ngth of Employment
	For Term of Office	From	То	Give Fa	cts Under Remarks
	Permanent Promotion			Return l	Report of Certification
	Provisional Promotion			Attach 1	Nomination
	Non-Competitive Class	09/06/2022	Probationary	Attach A	Application
	Exempt Class			Submit	This Form Only
	Labor Class			Attach A	Application
Terminations	Resignation			Submit	Signed Resignation
	Retirement			Give Ef	fective Date
	Deceased .			Indicate	Date
	Removal		•	Attach (Copy of Proceedings
	Layoff (lack of work or funds)		·		cts Under Remarks
Other Changes	Military Leave of Absence				cts Under Remarks
	Other Leave of Absence	From	То		cts Under Remarks
	Transfer				cts Under Remarks
	Demotion				cts Under Remarks
	Suspension	 -			cts Under Remarks
	Reinstatement				cts Under Remarks
	Change in Classification				cts Under Remarks
	New Position			Submit	
	Change in Salary	 			
	Change in Name				New Salary
	Other				cts Under Remarks
Remarks:	C Other			Give Fa	cts Under Remarks
Kemarks:					
Appointing Officer: J	adi A Disab				
		·			
Title: Business Man					
Address: 25 Knisker	n Ave. Mechanicville, NY	/ 12118			
Certificate valid until: Date:					
This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law,					
Subject to any limitation or condition specified above.					
By: APDIQ	Risol				Date: 0/31/02
9/3/108					



		7		
		Date and		
	15-Sep-22 15-Sep-25	Certifications		
	Date List Established: Expiration Date: By Commission Action	Canvass Result		
		Final Score	82	
z		Vet's Pts	0	
LE MISSIO		Sen. Credits		
MECHANICVILLE SERVICE COMMIS		Exam Score	82	
MECHANICVILLE CIVIL SERVICE COMMISSION		ADDRESS	,	
TITLE OF ELIGIBLE LIST Police Sergeant - Exam #77750	Prepared by Rose Ann Lindemann Checked by Dawnmarie Robens	NAME	Jordan McBride	
TITLE O Police Serg	Prepared by Checked by	Standing on List	ζ-	