

**CIVIL SERVICE COMMISSION  
OF THE CITY OF ROCHESTER  
30 CHURCH STREET, RM 103-A  
ROCHESTER, NEW YORK 14614  
Fax # (585) 428-6651**

**SPANISH LANGUAGE ORAL PROFICIENCY TEST WAIVER  
APPLICATION**

Candidates may apply for a waiver of the oral proficiency performance portion of a civil service examination if they have successfully completed a required Spanish language oral proficiency test with the City of Rochester or other Civil Service agency within New York State at or above the level stated in the examination announcement. The Bureau of Human Resource Management/Examination Administration unit will verify this information with the New York State Department of Civil Service or New York State Civil Service agency. Candidates will receive written notice of verification findings. The Bureau of Human Resource Management/Examination Administration will also keep a record of each successful candidate's name, level of proficiency achieved, and date(s) of oral proficiency test(s). Candidates who successfully perform at the targeted level will also be granted waiver status for lower proficiency levels, if any. Candidates must submit this form with their exam application by the application deadline as stated on the examination announcement.

**PLEASE FILL IN ALL INFORMATION REQUESTED**

I am requesting a waiver of the oral proficiency performance test for:

\_\_\_\_\_ **TITLE OF EXAMINATION** \_\_\_\_\_ **EXAMINATION NUMBER**

due to my previous oral proficiency performance test in the examination for

\_\_\_\_\_ given on \_\_\_\_\_  
**TITLE OF EXAMINATION** **DATE**

by \_\_\_\_\_  
**AGENCY/JURISDICTION**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**DATE**