

AMENDED APPLICATION FOR CIVIL SERVICE EXAMINATION OR EMPLOYMENT

Oneida County Office Building, Department of Personnel, 800 Park Avenue Utica, NY 13501

POSITION TITLE

EXAM NUMBER

SOCIAL SECURITY #: _____

Name

Permanent Legal Address

Home Phone

(_____) _____

Area Code

Referring to your **PERMANENT LEGAL ADDRESS**, complete all items which apply to where you live.

NAME

Years

Months

What School District do you live in and for how long? _____

What City do you live in and for how long? _____

What Village do you live in and for how long? _____

What Town do you live in and for how long? _____

What County do you live in and for how long? _____

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this amendment, (including any attached papers), and on my original application for the above listed exam number, are true under the penalties of perjury. **FAXES NOT ACCEPTED.**
