

**CHANGE OF INFORMATION
FOR
CIVIL SERVICE EXAMINATION & COUNTY EMPLOYEES**

Return to: Oneida County Department of Personnel
800 Park Avenue Utica, New York 13501
Phone: 798-5726 Fax: 798-6490
E-mail: personnel @ocgov.net Web Site: www.ocgov.net

It is the responsibility of the candidate or employee to notify Civil Service of any residency changes that might effect canvassing of eligible lists, or changes of last name, or telephone numbers. Complete and return by way of mail, fax, or hand deliver this form to the above mailing address.

PRINT Name (Indicate former last name if this is a name change)

Social Security Number

(_____) _____

(_____) _____

NEW Home Phone Number

NEW Work Phone Number

NEW Street Address (Please Print)

Mailing Address (if different than street address)

- 1.** List the title(s) and examination number(s) for which this change of information should apply:
(use the back of this form if more room is needed to list examinations)

Examination Title and Number

Examination Title and Number

Examination Title and Number

Examination Title and Number

- 2.** Answer **all** the questions listed below:

How many years and months have you lived at the **new** address? _____
Years Months

What is the school district of your **new** address? _____

Name of the City or Village where your **new** address is located _____

Name of the Town where your **new** address is located _____

Name of the County where your **new** address is located _____

Name of the State where your **new** address is located _____

Affirmation and Signature: I affirm that the statements made on this form are true under penalties of perjury.

Date: _____

Signature: _____