

AMENDED APPLICATION FOR CIVIL SERVICE EXAMINATION OR EMPLOYMENT

Oneida County Department of Personnel
 800 Park Avenue, Utica, NY 13501
 Phone: (315) 798-5726 Fax: (315) 798-6490
 Email: personnel@ocgov.net Website: www.ocgov.net/personnel

POSITION TITLE

EXAM NUMBER

SOCIAL SECURITY NUMBER

 Last Name First Name MI

 (Area Code) Home/Cell (Area Code) Business

 Permanent Legal Address Apt

 Mailing Address (if different) Apt

 City / Town / Village State Zip Code

 City / Town / Village State Zip Code

The following information is based on your current residence and may be used for residency preference on certifications. Any incomplete or incorrect information may result in not being included on such certification.

Date of Birth (if required): _____

School District: _____

Other Information (attach additional sheets as necessary):

City/Village: _____

Town: _____

County: _____

Dates Employed MO YR MO YR / to /	Employer	Address		City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities:				
Dates Employed MO YR MO YR / to /	Employer	Address		City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities:				

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this amendment, including any attached papers, for the above listed exam number, are true under the penalties of perjury.

 (Signature of Applicant)

 (Date)

 Indicate any other surname (last name) by which you are or have been known