

AMENDED APPLICATION FOR CIVIL SERVICE EXAMINATION OR EMPLOYMENT

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

Joseph M. Johnson – Commissioner of Personnel

Phone: (315) 798-5726 Fax: (315) 798-6490 Website: www.ocgov.net

NO E-MAILED OR FAXED AMENDMENTS WILL BE ACCEPTED

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