

# **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: civilservice@oneidacountyny.gov Website: oneidacountyny.gov/departments/civil-service/

### **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

Revised: 01/2025