

Ontario County Department of Human Resources  
3019 County Complex Drive  
Canandaigua, NY 14424

**CHANGE OF ADDRESS FORM FOR:** (please circle choice)

- **CIVIL SERVICE EXAMINATION APPLICATION**
- **PART-TIME APPLICANT**
- **CIVIL SERVICE ELIGIBLE LIST** (see below)

EFFECTIVE DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**FOR EXAMS ONLY, PLEASE FILL IN COMPLETELY TO INSURE ACCURATE ADDRESS CHANGE**

\_\_\_\_\_ I HAVE SIGNED UP FOR THE FOLLOWING EXAMS:

\_\_\_\_\_ I HAVE TAKEN THE FOLLOWING EXAMS:

<u>EXAM TITLE</u>	<u>EXAM NUMBER</u>	<u>SCORE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

