

Personnel and Civil Service

Ronald E. Dougherty County Office Building 56 Main Street Owego, NY 13827



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Linda Parke Personnel Officer

CANDIDATE CHANGE OF INFORMATION FORM

Revised 06/10/19

The following form **must be** completed by any person who has applied for employment or examination with Tioga County or is serving on a County eligible list, and has changed their place of residence. **This department will not accept any other change of residence address information if it has not been provided to us on this form.** Please be aware of the following stipulations:

- Our Department will record your changes **on the day this form is received** in our office.
- You may be required to provide documentation to verify your new residence (copy of utility bill in your name, DMV license, lease agreement, etc).
- **When preference in certification is given to residents of a municipality pursuant to subdivision 4a of section 23 of the Civil Service Law, an eligible must have been, at the time of certification and for at least four months prior thereto, a resident of such municipality in order to be included in a certification as a resident of such municipality.** If your residence address change places you among the top three eligible and willing to accept appointment, then you will be certified for any future openings. Eligible lists that have been certified prior to the date of your form *will not* be rescinded due to your change of address.
- **If the information below is found to be invalid, your name may be removed from the eligible list(s) in accordance with Tioga County Civil Service Rule IX and/or Civil Service Law Section 50.4.**
- For appointments in which preference is given to an eligible living within a certain jurisdiction – if you are appointed to a position due to the below address change, you may be displaced from the position if you have falsely reported your change of residence.
- If you are employed by a municipal agency within Tioga County, notice of your change will be sent to your employer.

Name of Candidate (Please Print):

Exam Titles and Numbers:

Last four numbers of SSN:

Candidate's Name Change (if applicable):

Candidate's Previous Residence Address: _____

Candidate's New Residence Address: _____

Village: _____

Town: _____

School District: _____

County: _____

Contact phone number(s):

Email Address:

I AFFIRM THAT THE STATEMENTS MADE ON THIS FORM INCLUDING ANY ATTACHED PAPERS ARE TRUE. FALSIFICATION OF THIS FORM OR RELATED DOCUMENTATION MAY RESULT IN DISQUALIFICATION AND REMOVAL FROM AN ELIGIBLE LIST IN ACCORDANCE WITH TIOGA COUNTY CIVIL SERVICE RULE IX AND / OR CIVIL SERVICE LAW SECTION 50.4.

Signature of Applicant/Eligible

Date
