

**COUNTY OF TIOGA**  
**DEPARTMENT OF PERSONNEL AND CIVIL SERVICE**

56 Main Street – Owego, New York 13827 – Tele. (607) 687-8207 – Fax: (607) 223-7074



**CANDIDATE CHANGE OF INFORMATION FORM**

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

- The Tioga County Department of Personnel will record your change of address effective **the day this form is received** in this department.
- **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 (4) months prior thereto, a resident of such municipality in order to be included in a certification as a resident of such municipality.** If your address change places you among the top three eligibles 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 Eligible lists that have been certified prior to the date of your form received by our department *will not* be rescinded due to your change of address.
- Pursuant to Tioga County Civil Service Policy, if the information below is found to be invalid, your name may be removed from the eligible list. For appointments in which preference is given to eligibles 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 residency.

**Name of Candidate (Please Print)**

**Exam Titles and Numbers Applied For**

\_\_\_\_\_

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

\_\_\_\_\_

Candidate's Name Change (*if applicable*)

\_\_\_\_\_

\_\_\_\_\_

Candidate's Previous Address: \_\_\_\_\_

\_\_\_\_\_

Candidate's New Address: \_\_\_\_\_

\_\_\_\_\_

Village: \_\_\_\_\_

Town: \_\_\_\_\_

School District: \_\_\_\_\_

County: \_\_\_\_\_

New Telephone or Contact Number(s):

E-mail Address:

\_\_\_\_\_

\_\_\_\_\_

**I AFFIRM THAT THE STATEMENTS MADE ON THIS FORM INCLUDING ANY ATTACHED PAPERS ARE TRUE UNDER THE PENALTIES OF PERJURY. FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR UNDER SECTION 210.45 OF THE PENAL LAW.**

\_\_\_\_\_  
**Signature of candidate**

\_\_\_\_\_  
**Date**