

CHANGE OF NAME/ADDRESS FORM – Civil Service Exam Applicant’s

TO: Municipal Civil Service Commission
City Hall
One Roosevelt Square
Room #103
Mount Vernon, NY 10550

FROM CANDIDATE: _____(Name)

EXAM TITLE: _____

EXAM #: _____

EXAM TEST DATE: _____

RE: Change of Name and/or Address for Application updates only

Please attach to my application for Exam
New name and/or address as follows:

CANDIDATE SOCIAL SECURITY NUMBER: _____

CANDIDATE’S NAME

OLD NAME: _____

NEW NAME: _____

NEW ADDRESS: _____

(Street)

(City)

(State)

Zip)

NEW HOME PHONE: _____

(Area Code)

(Number)

Candidate Signature

Civil Service Secretary/Designee Signature

Date

Date

Should you have been found eligible to take any examinations and have passed the examinations; your application will remain on file at the Civil Service office up to period of four years, for any established list. Therefore it’s important for you to keep your information up-to-date and accurate. Please submit this form whenever you have a change in address/name and/or contact information. Please write legible and ensure the exam information is accurate (see your examination announcement for the required information).