



Steven M. Neuhaus
County Executive

DEPARTMENT OF HUMAN RESOURCES

Civil Service Unit
255 Main Street
Goshen, New York 10924
TEL: (845) 862-7300 • FAX: (845) 378-2373
www.orangecountyny.gov

SUPPLEMENT TO APPLICATION(S) FOR EXAMINATION(S)/ADDRESS CHANGE

As preference in certification for appointment may be accorded residents of the various Towns, Villages, and School Districts of Orange County, address changes must be reported on this form and submitted to the Department of Human Resources at the above address.

NAME: _____ SS#: _____

PRIMARY ADDRESS: Enter the address of your new permanent primary (legal) residence:

STREET ADDRESS

TOWN STATE ZIP CODE

VILLAGE OF: _____ TOWN OF: _____

COUNTY OF: _____ STATE OF: _____

SCHOOL DISTRICT: _____

MAILING ADDRESS: Enter your mailing address (if different from your primary residence).

STREET ADDRESS/POST OFFICE BOX #

TOWN STATE ZIP CODE

EFFECTIVE DATE: _____ PHONE #: _____

I affirm that the above address change information is true under penalty of perjury, understand that such information is subject to investigation and verification, and consent to same.

Signature

Date

- AN EQUAL OPPORTUNITY EMPLOYER-