

**CITY OF OSWEGO**  
**CROSS FILER NOTIFICATION**

DATE OF EXAM(S): \_\_\_\_\_

CANDIDATE'S NAME: \_

CANDIDATE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

I WISH TO TAKE ALL EXAMS AT \_\_\_\_\_ SITE.

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If you have applied for both STATE and LOCAL government examinations, you must notify the City of Oswego Personnel Department of your intent to take both a STATE and LOCAL government examination. When taking both a STATE and LOCAL examination you will be required to take all your examinations at the STATE examination center. You will be advised by letter when and where to report for your examinations.

**LIST ALL EXAM NUMBERS, TITLES AND THE CIVIL SERVICE AGENCY FOR WHICH CANDIDATE HAS APPLIED:**

<u>EXAM NUMBER</u>	<u>TITLE</u>	<u>CIVIL SERVICE AGENCY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

DAYTIME PHONE NUMBER: \_\_\_\_\_

Please complete this form and return it with your application if you answered YES to filing for examinations with other civil service commissions that are being held on the same date.