



CITY OF FULTON DEPARTMENT OF PERSONNEL
141 South First Street, Fulton, NY 13069 | 315-593-2222

CROSS FILER NOTIFICATION

PRINT IN BLACK INK OR TYPE

ANSWER ALL QUESTIONS

Social Security Number:				-			-				
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NAME _____
Last First Middle

HOME ADDRESS _____
Number Street City State Zip

EXAM DATE _____

EXAM LOCATION _____
Where you will be physically taking the exam

All examination numbers, titles, and locations for which you have applied

Exam Number	Title	Location

E-signature: I agree that these electronic signatures and initials will be the electronic representation of my signature and initials for all purposes when I use them on this document - just the same as a pen-and-paper signature or initial. Initial: _____

Candidates name : _____
Last First Middle

DATE: _____ Signature(Full Name): _____