



**CORRECTIONS OFFICER CANDIDATES
 SUPPLEMENTAL APPLICATION**

(Attach this form securely to your Civil Service Application)

POSITION OR EXAM TITLE: _____ EXAM NUMBER: _____

APPLICANT'S NAME: _____ SOC. SEC. NO.: _____ - _____ - _____
 Last Name First Name M.I.

1. **CITIZENSHIP:** Are you a United States Citizen? YES NO

(Candidate must be a United States Citizen at time of appointment.)

2. **DATE OF BIRTH:** _____ / _____ / _____

(Candidate must be at least 20 years old on or before the date of the examination.)

3. **CROSS-FILING:** If you are cross-filing with other jurisdictions (taking more than one exam on the same day), give specifics below. It is your responsibility to ensure that you have filed an application with each individual agency, and that all agencies are made aware of the test site at which you prefer to take the exams.

Exam Number	Exam Title	Jurisdiction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I would like to take all exams at the following test site: _____

I do hereby certify that the statements made on this form are true under the penalties of perjury.

X _____
 SIGNATURE OF APPLICANT DATE SIGNED