



WAYNE COUNTY

Human Resource Department

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CROSS-FILE NOTIFICATION

EXAM DATE: _____

CANDIDATE NAME: _____

SOCIAL SECURITY NUMBER: _____

EXAM LOCATION REQUEST: _____

List all examination numbers, titles, and locations for which you have applied:

EXAM NUMBER	TITLE	LOCATION

Complete this form if you have applied with other municipalities to take this exam. Return to the above address no later than 14 days prior to the examination date.

NOTE: If you have applied to take both State and Local examinations, you must take the exam at the STATE site.