

CHANGE OF INFORMATION

OPOS 30A (Rev 1/18)

CHANGE OF INFORMATION

PLEASE COMPLETE AND SUBMIT THIS FORM IF YOU HAVE A CHANGE OF EMAIL, MAILING ADDRESS, DATE OF BIRTH, PHONE NUMBER, DRIVER'S LICENSE NUMBER, NAME, OR SOCIAL SECURITY NUMBER AT ANY TIME DURING THE SELECTION PROCESS. FAILURE TO PROVIDE UPDATES COULD RESULT IN DELAYS OR REMOVAL FROM THE SELECTION PROCESS.			
CANDIDATE NAME WHEN APPLIED FOR EXAM (Last, First, MI)		EXAM ID NUMBER	DATE OF CHANGE
CLASSIFICATION (Check all that apply) <input type="checkbox"/> CORRECTIONAL OFFICER <input type="checkbox"/> YOUTH CORRECTIONAL OFFICER <input type="checkbox"/> YOUTH CORRECTIONAL COUNSELOR <input type="checkbox"/> PAROLE AGENT I <input type="checkbox"/> CASEWORK SPECIALIST <input type="checkbox"/> OTHER: _____			
INFORMATION THAT CHANGED (ONLY fill in the specific fields that have changed)			
NEW EMAIL ADDRESS		DATE OF BIRTH *	
NEW DAY PHONE (Work/Cell)	NEW EVENING PHONE (Home/Cell)	NEW DRIVER'S LICENSE NUMBER	STATE
NAME CHANGE (Last, First, MI)		SOCIAL SECURITY NUMBER **	
NEW MAILING ADDRESS (Street Number and Name)		CITY	STATE ZIP CODE
PLEASE NOTE: *To change or update your date of birth, you must also submit a copy of your birth certificate or a valid (not expired) government issued picture ID, such as a driver's license. **To change or update your social security number, you must also submit a copy of your social security card.			
CANDIDATE'S SIGNATURE			DATE SIGNED