

EXHIBIT M:

**APPLICANT
DATA COLLECTION SHEET**

Please print the information requested.
The data will be used to set you up in
the Online Assessment System
(OASYS).

Last Name

First Name

MI

eMail Address *(for employees who will self-schedule the exam)*

District

Facility

Employee Mailing Address

City

State

Zip Code /
Postal Code

Telephone #

Candidate ID #
EIN
<i>Enter your Employee Identification Number. (For example, EIN01122334)</i>