

Date Received _____
 _____ AM
 Time _____ PM
 By _____

MUNICIPAL CIVIL SERVICE COMMISSION
City of Niagara Falls, New York
APPLICATION FOR EXAMINATION
No. 62-822 OC Title: POLICE OFFICER

Appl. No. _____
 Approve
 Disapprove
 Conditional

A SEPARATE APPLICATION AND CHECK (PAYABLE TO CITY CONTROLLER) MUST BE FILED FOR EACH EXAM YOU WISH TO TAKE. Consult the exam announcement for the amount of the filing fee. **THERE ARE NO REFUNDS.**

Background Investigation: Applicants may be required to undergo a State and national background investigation which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

This application is part of your exam. Answer all questions fully and carefully. Attach additional sheets if needed to give complete and detailed information. **An incomplete application will result in disapproval.**

1. NAME, ADDRESS AND PHONE (please print)

Last	First	M.I.
Street Address		
City	State	Zip Code
Phone	Home	Business

2. SOCIAL SECURITY NUMBER

3. As minimum and maximum age requirements are established for this position, enter your birth date:
 Mo. _____ Day _____ Year _____
 Age at time of examination _____

4. Military Service

- A. Are you a Veteran: Yes No
- B. Are you currently serving in active duty in the armed forces of the United States: Yes No
- C. **If you are a veteran and you wish to apply for veterans credits on this examination, check this box and complete separate veteran's form**
- D. Check this box if you are unable to take the scheduled test due to active military service and are requesting a military make-up exam

5. If a religious observance or practice conflicts with you taking this examination on a Saturday, check this box

6. If you need special arrangements to participate in this exam due to a disability, check this box
 If you checked the above box, describe the type of assistance you require: _____

7. Are you a citizen of the United States? Yes No

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No
- B. Did you ever resign from employment rather than face dismissal? Yes No
- C. Have you ever received a Dishonorable Discharge from the armed forces of the United States? Yes No
- D. Have you ever been convicted of any crime (felony or misdemeanor) Yes No

If you answered "YES" to any of the Question 8 A-D above, you may give specifics on a separate sheet. If you elect not to provide specifics or if such explanation is insufficient, you may be required to submit further information. **None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits.**

10. State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including the date of this application.

NAME	YRS	MOS
City of _____ OR Village/Town of _____		
School District _____		
County of _____		
State of _____		

11. APPLICATION FEE

Check or money order # _____ in the amount of \$ _____ submitted **OR**
 If you qualify for a waiver of the exam fee, check
 this box and fill out separate Fee Waiver Form

THIS AFFIRMATION MUST BE COMPLETED. I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission, or fraud may disqualify me from appointment or lead to revocation of my appointment.

Signature of Applicant _____ Date _____

Print any other name(s) under which you have been known in order that we may verify education or former employment

FOR OFFICE STAFF ONLY:

AGE: _____ Verified by Drivers License or Birth Certificate (circle one) Military Age Deduction: _____ (Yrs) Attach DD-214
 Resident: City _____ Non-Resident _____ Notes: _____
 Documents: Dr. License _____ Diploma/GED _____ College Diploma/Transcript _____
 Vet/Dis Vet/NV (If Vet or Disabled Vet, then DD-214 and Vet Form _____)

10. EDUCATION: If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted.

- I have requested my college to send my transcripts to the City of Niagara Falls Personnel Department
 My transcripts are attached

Have you graduated from high school? YES NO If Yes, Name and Location of High School

If you have a high school equivalency diploma, indicate: issuing Government Authority Number Date of Issue

	Name of School and City in which located	Dates (Month and Year)		Day or Night	Full or Part Time	No. of Years Credited	Were You Graduated?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree	Date Degree Rec'd or Expected
		From	To								
College University											
or Technical School											
Other Schools or Special Courses (Typing, etc)											

11. LICENSES If a license, certificate or the authorization to practice a trade or profession is listed as a requirement for the examination for which you are applying, complete the following. If not currently licensed, check this box.

Name of Trade or Profession License Granted by (licensing agency) City or State of

Specialty Date License First Issued Registered From: (Mo./Yr.) To: (Mo./Yr.)

12. DRIVER'S LICENSE If required on the announcement, do you have a valid New York State Motor Vehicle License? YES NO

If yes, Type/Class of License _____ Number _____ Expiration Date: _____

13. DESCRIBE EXPERIENCE Beginning with the most recent, describe IN DETAIL all employment that is pertinent to the position applied for. **Omission and vagueness will NOT be interpreted in your favor.** If your title or duties changed materially in the course of your employment with one organization, indicate such change clearly and as separate employment. If more space is needed, attach a 8-1/2"x11" sheet of paper. Under "Duties" for each employment describe the nature of the work and the estimated percentage of time spent on each type of work. State size and kind of work force, if any supervised, and the extent of this supervision.

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) /Wk/Mo/Yr			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF SUPERVISOR			
SUPERVISOR'S TITLE			
No. of Hours worked per week (excluding overtime)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) /Wk/Mo/Yr			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (excluding overtime)			

City of Niagara Falls, New York

EQUAL EMPLOYMENT OPPORTUNITY PRE-EMPLOYMENT REPORTING

To help us comply with an agreement between the City of Niagara Falls and the Office of the Attorney General of the State of New York, we ask that you voluntarily provide the information requested on this form. This data will not become part of your application and will not be used in any hiring decisions. This information will be used only for the purpose of reporting employment data to the Attorney General of the State of New York.

THANK YOU FOR YOUR COOPERATION

Name: _____
(Please Print)

Address: _____

Position(s) Applied For: _____

Date of Application(s): _____

If Civil Service Job Posting, where: _____

Your Race:

- Caucasian (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle east.
- African-American (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This Area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Native American or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Your National Origin (Country in which you were born): _____

The City of Niagara Falls is an Equal Opportunity Employer and does not discriminate against employees or applicants for employment on the basis of age, race, creed, color, national origin, sex, sexual orientation, disability, predisposing genetic characteristics, marital status, military status or domestic violence victim status, in accordance with applicable federal, state, and local laws.

I Do Not Wish to Provide the Information Requested on this Form.

Print Name

Signature

Date