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 may include a fingerprint check) to determine suitability for appointment in accordance with NYS Dept. of Labor Article 23A.

This application is part of your examination. Answer all questions fully and carefully. Attach additional sheets if necessary in order 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       Cell        Work

2. SOCIAL SECURITY NUMBER       SEX: M F
3. Are you 18 years of age or older: Yes ☐ No ☐
   If minimum and/or maximum age requirements are established for this position, enter your birth date:
   Mo._______________  Day__________  Year___________

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

5. Written tests are held on Saturdays. If you cannot take the test on this day due to conflict with a religious observance or practice, check this box

6. If you need special arrangements to participate in this exam because you are a disabled person, 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 ☐
   If you are not a citizen of the United States, do you have the legal right to accept employment in the U.S.? Yes ☐ No ☐
   (Non-Citizens may be required to produce 1-151 or 1-551 Alien Registration Cards at time of appointment)

8. Check appropriate box to the right of each question:
   A. Have you any objections to this department making inquiry regarding your character and qualifications from:
      Your former employers? Yes ☐ No ☐
      Your present employer? Yes ☐ No ☐
   B. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes ☐ No ☐
   C. Did you ever resign from employment rather than face dismissal? Yes ☐ No ☐
   D. Have you ever received a Dishonorable Discharge from the armed forces of the United States? Yes ☐ No ☐
   E. Have you ever been convicted of any crime (felony or misdemeanor) Yes ☐ No ☐

   If you answered “YES” to any of the Question 8 A-E 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.

9. State your actual permanent legal residence and indicate 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___________________________________
   County of________________________________________
   State of__________________________________________

10. 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.
10. EDUCATION: 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

If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted. (The City does not maintain a file of old transcripts/degrees from past exams. You must submit the required documentation for each exam for which you apply.)
☐ I have requested my college to send my transcripts to the City of Niagara Falls Personnel Department
☐ My transcripts are attached

<table>
<thead>
<tr>
<th>Name of School and City in which located</th>
<th>Dates (Month and Year) From To</th>
<th>Day or Night</th>
<th>Full or Part Time</th>
<th>No. of Years Credited</th>
<th>Were You Graduated?</th>
<th>Type of Course or Major Subject</th>
<th>Number of College Credits Received</th>
<th>Type of Degree</th>
<th>Date Degree Rec'd or Expected</th>
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<tbody>
<tr>
<td>College University</td>
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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. ☐

<table>
<thead>
<tr>
<th>Name of Trade or Profession</th>
<th>License</th>
<th>Granted by (licensing agency)</th>
<th>City or State of Specialty</th>
<th>Date License First Issued</th>
<th>Registered</th>
<th>From: (Mo./Yr.) To: (Mo./Yr.)</th>
</tr>
</thead>
</table>

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: __________________

(*For office use only: If CDL, CDL license form required prior to appointment.)

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 during the course of your employment with one organization, indicate such change clearly and as separate employment. If more space is needed, ask for an additional form. A RESUME DOES NOT SUBSTITUTE FOR THIS INFORMATION AND WILL NOT BE CONSIDERED IN DETERMINING YOUR QUALIFICATIONS. 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.

<table>
<thead>
<tr>
<th>DATES EMPLOYED: MO/YR FROM: TO: No. of Hours worked per week (excluding overtime)</th>
<th>FIRM NAME</th>
<th>ADDRESS</th>
<th>CITY AND STATE</th>
<th>YOUR TITLE</th>
<th>NAME OF SUPERVISOR</th>
<th>SUPERVISOR’S TITLE</th>
<th>REASON FOR LEAVING: Duties:</th>
</tr>
</thead>
</table>

| DATES EMPLOYED: MO/YR FROM: TO: No. of Hours worked per week (excluding overtime) | FIRM NAME | ADDRESS | CITY AND STATE | YOUR TITLE | NAME OF SUPERVISOR | SUPERVISOR’S TITLE | REASON FOR LEAVING: Duties: |
GUARANTEED EDUCATION LOAN QUESTIONNAIRE
You must complete and return this supplement with your application.

Section 50-b of the NYS Civil Service Law **REQUIRES** that all applicants be asked the following questions:

1. Have you any loans made or guaranteed by the New York State Higher Education Service which are currently outstanding?  
   No □ No □

2. If so, are you presently in default on any such loan?  Yes □ No □

NAME _________________________________________________________________________________________________  (Last name, first name, middle initial)

ADDRESS/CITY/STATE/ZIP_______________________________________________________________________________

EXAM NUMBER AND TITLE______________________________________________________________________________

**THIS AFFIRMATION MUST BE COMPLETED:**  I affirm under penalties of perjury that all statements made on this application are true.

Signature_________________________________________      Date_________________________________________
To help us comply with Federal/State equal employment opportunity recordkeeping, reporting, and other legal requirements, 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 is used for employment data reporting to the Equal Employment Opportunity Commission (EEOC).

THANK YOU FOR YOUR COOPERATION

Name: _______________________________________________________________________________
(Please Print)

Address: _____________________________________________________________________________

Position Applied For: ___________________________________________________________________

How Did You Hear of this Position? _______________________________________________________

If Civil Service Job Posting, where: __________________________________________________________

Do you have a disability? □ YES □ NO  If yes, the nature: □ Hearing □ Speech □ Mental □ Visual □ Multi
□ Other (please specify) _______________________________________________

Do you need reasonable accommodations to perform the essential tasks of the job? □ Yes □ No
(If yes, please describe: _________________________________________________________________________)

Are you presently under handicapped status pursuant to Section 55-a of New York’s Civil Service Law? □ Yes □ No

Are you a volunteer Firefighter? □ YES □ NO ……… If yes, are you an exempt volunteer? □ YES □ NO

Are you a veteran? ………………………………………………………………………………..
□ YES □ NO

Are you a Vietnam-era Veteran? …………………………………………………………………
□ YES □ NO

Are you a Disabled Veteran? ……………………………………………………………………
□ YES □ NO

Your Sex: …………………………………………………………………………………….......
□ MALE □ FEMALE

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.

The City of Niagara Falls is an Equal Opportunity Employer and does not discriminate against employees or applicants for employment on the basis of race, color, religion, national origin, sex, age, disability, marital status, or sexual preference in accordance with applicable federal, state, and local laws.