

Date Received _____

Time _____ AM
_____ PM

By _____



APPLICATION FOR EXAMINATION MUNICIPAL CIVIL SERVICE COMMISSION

City of Niagara Falls, New York

Number and Title of Examination Applying for:

Exam No. _____

Title _____

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 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 _____

If you prefer correspondence by email, please provide email address: _____

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 I-151 or I-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.

DATES EMPLOYED: MO/YR MO/YR		FIRM NAME	ADDRESS	CITY AND STATE
FROM:	TO:			
No. of Hours worked per week (excluding overtime)		Duties:		
YOUR TITLE				
EARNINGS (Circle One) /Wk/Mo/Yr				
NAME OF SUPERVISOR				
SUPERVISOR'S TITLE				
REASON FOR LEAVING:				
DATES EMPLOYED: MO/YR MO/YR		FIRM NAME	ADDRESS	CITY AND STATE
FROM:	TO:			
No. of hours worked per week (excluding overtime)		Duties:		
YOUR TITLE				
EARNINGS (Circle One) /Wk/Mo/Yr				
NAME OF SUPERVISOR				
SUPERVISOR'S TITLE				
REASON FOR LEAVING:				
DATES EMPLOYED: MO/YR MO/YR		FIRM NAME	ADDRESS	CITY AND STATE
FROM:	TO:			
No. of Hours worked per week (excluding overtime)		Duties:		
YOUR TITLE				
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DATES EMPLOYED: MO/YR MO/YR		FIRM NAME	ADDRESS	CITY AND STATE
FROM:	TO:			
No. of hours worked per week (excluding overtime)		Duties:		
YOUR TITLE				
EARNINGS (Circle One) /Wk/Mo/Yr				
NAME OF SUPERVISOR				
SUPERVISOR'S TITLE				
REASON FOR LEAVING:				

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

City of Niagara Falls, New York
EQUAL EMPLOYMENT OPPORTUNITY REPORTING

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.