NIAGARA FALLS MUNICIPAL CIVIL SERVICE COMMISSION
APPLICATION FOR PROMOTIONAL EXAMINATION

TYPE OR PRINT CLEARLY IN INK all parts of this application except where otherwise indicated.

1. __________________________________________________________________________  

2. NAME AND ADDRESS: IMMEDIATE notice must be given for any change in item #2

   LAST                        FIRST                        MIDDLE                        SOCIAL SECURITY 

   LEGAL ADDRESS ___________________________________________                HOME PHONE  ___________
   Mailing if different ___________________________________________         WORK PHONE  ___________
   CITY/TOWN ___________________________                STATE _______       ZIP ________

3. VETERANS CREDIT
   Non-veteran  veteran*  disabled veteran  used on prev exam

   *If you are applying for Veterans Credits, check this box□ and complete separate Application for Veterans Credit Form

4. EDUCATION Indicate highest level of education COMPLETED (Attach transcripts if required)
   High School  Associates  Bachelor  Masters  Doctorate
   Major ___________                Minor ___________

5. PRESENT EMPLOYER ___________________________________________                DEPT __________________
   PRESENT TITLE ___________________________________________                DATE IN TITLE _________
   PRIMARY DUTIES ___________________________________________                DATE IN TITLE _________

   PREVIOUS TITLE ___________________________________________                DATE IN TITLE _________
   PRIMARY DUTIES ___________________________________________                DATE IN TITLE _________

6. PREVIOUS EMPLOYMENT (Complete only if needed to meet minimum qualifications)
   Name & Address of Employer _____________________________________________
   Employed From  ___________ To  ___________ Hours per Week  _______
   Title ___________________________________________                Duties __________________

   Name & Address of Employer _____________________________________________
   Employed From  ___________ To  ___________ Hours per Week  _______
   Title ___________________________________________                Duties __________________

7. Do you need special arrangements for this exam (religious accommodation or disabled?) Yes___ No___ If yes, explain here ____________________________

(Continued Over)
8. Have you ever been convicted of a crime? Yes__ No ___ (If yes, use additional sheet for explanation)

DECLARATION (This affirmation must be signed and dated) I understand that false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York. I declare that subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge, correct.

SIGNATURE ___________________________ DATE ______________________