

Date Received _____

By _____

Classification: _____

City of Niagara Falls, New York
APPLICATION FOR EMPLOYMENT

Insert above, Title of Position Applying For

Date you can start work? _____

Available for: Full Time Part Time Temporary
 Seasonal Permanent Only

Background Investigation: Applicants will be required to undergo a background investigation to determine suitability for appointment in accordance with NYS Dept. of Labor –Article 23-A (see posting).

1. NAME, ADDRESS AND PHONE (please print)

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

XXX-XX-_____

Are you 18 years of age or older? Yes No

4. SERVICE IN ARMED FORCES

A. Have you ever served in the armed forces of the U.S.? Yes No (A)

B. If "Yes" have you ever received a discharge from such forces which was other than honorable? Yes No (B)

If answer is "Yes", give full particulars on additional sheet.

C. Date of entry into active service _____

D. Date of discharge _____

E. Service serial number _____

5. Are you a Volunteer Firefighter? Yes No

If yes; are you an Exempt Volunteer Firefighter? Yes No

6. 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)

7. LICENSES If a license, certificate or the authorization to practice a trade or profession is listed as a requirement for the position 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.)

8. Check appropriate box to the right of each question:

- 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.**

9. State your actual permanent legal residence and indicate how long you have resided there continuously, up to and including

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

10. Have you any objections to this department making inquiry regarding your character and qualifications from

(A) Your former employers? Yes No

(B) Your present employer? Yes No

If answer is "yes" to either (A) or (B) explain.

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

Federal & NYS Law forbids discrimination because of race, color, religion, national origin, sex, age, disability, marital status or sexual preference.

DO NOT
WRITE IN
THIS
COLUMN

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: _____

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

	Name of School and City in which located	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
College University									
or Technical School									
Other Schools or Special Courses (Typing, etc)									

11. References: (Such as Former Employer, Co-workers, Clergy, Neighbors, Etc.)

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

12. DRIVER'S LICENSE 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)

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.

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

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

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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