

Date Received _____
Time _____ AM
By _____ PM

MUNICIPAL CIVIL SERVICE COMMISSION

City of Niagara Falls, New York

APPLICATION FOR EXAMINATION

No. 62-399 OC

Title: FIREFIGHTER

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

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3. As minimum 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 ☐

8. If you are not a citizen of the United States, do you have the legal right to be employed in the U.S.? Yes ☐ No ☐
Non-citizens must become citizens in order to be appointed.
9. 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.**

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 _____		
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)

Resident: City _____ Non-Resident _____ Notes: _____

Documents: Dr. License _____ Diploma/GED/College Dipl/Transcript _____

Vet/Dis Vet/NV (If Vet or Disabled Vet, then DD-214 and Vet Form)

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) /Wk/Mo/Yr	Duties:		
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	Duties:		
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: _____

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.

If you do not wish to self-identify, please check this box.

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

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.

Signature

Date