AM City of Niagara AM APPLICATION FC TimePM Number and Title of Ex By Title	ERVICE COMMISSION Appl. No Falls, New York Approve DR EXAMINATION Approve camination Applying for: Disapprove Conditional Output
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 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	 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? 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.
Street Address City State Zip Code	 State your actual permanent legal residence and indicate for how long you have resided there <u>continuously</u>, up to and including the date of this application. NAME YRS MOS
Phone: Home Business EMAIL: 2. 2. SOCIAL SECURITY NUMBER SEX: M F XXX-XX- 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 Dow	City of
Mo Day Year 4. Military Service A. Are you a Veteran: Yes □ No□ B. Are you <u>currently</u> 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 □	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
 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 	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.
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)	Signature of ApplicantDatePrint any other name(s) under which you have been known in order that we may verify education or former employment

Have you	graduated from high scho	ol? YES	NO 🗌	If Yes	s, Name a	nd Location	on of High Schoo	ol	
If you have	e a high school equivalen	cy diploma, indic	ate: issu	ing Gov	vernment	Authority	Number Date of	Issue	
	Name of Sch City in which located	ool and	Day or Night	Full or Part Time	No. of Years Cred- ited	Were You Gradu- ated?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree
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or Technical School									
Other Schools or Special									
Courses (Typing, etc)									
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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