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  M.I.

   Street Address

   City  State  Zip Code

   Phone:  Home  Business

   EMAIL:

2. SOCIAL SECURITY NUMBER

   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. __________ 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 1-151 or 1-551 Alien Registration Cards at time of appointment)

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 for how long you have resided there continuously up to and including the date of this application.

   NAME

   CITY

   COUNTY

   STATE

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
10. EDUCATION: 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

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 Date of Issue

<table>
<thead>
<tr>
<th>Name of School and City in which located</th>
<th>Day or Night</th>
<th>Full or Part Time</th>
<th>No. of Years Credited</th>
<th>Were You Graduated?</th>
<th>Type of Course or Major Subject</th>
<th>Number of College Credits Received</th>
<th>Type of Degree</th>
<th>Date Degree Rec’d or Expected</th>
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<tr>
<td>College University or Technical School</td>
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<td>Other Schools or Special Courses (Typing, etc)</td>
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11. LICENSES If a license, certificate or the authorization to practice a trade or profession is listed as a requirement for the examination 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

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<th>Date License First Issued</th>
<th>Registered</th>
<th>From: (Mo./Yr.) To: (Mo./Yr.)</th>
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12. DRIVER’S LICENSE If required on the announcement, do you have a valid New York State Motor Vehicle License? YES ☐ NO ☐

If yes, Type/Class of License _____________________ Number _________________________ Expiration Date: __________________

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.

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<tr>
<th>LENGTH OF EMPLOYMENT MO YR</th>
<th>FIRM NAME</th>
<th>ADDRESS</th>
<th>CITY AND STATE</th>
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<tr>
<td>TYPE OF BUSINESS</td>
<td>YOUR TITLE</td>
<td>NAME OF SUPERVISOR</td>
<td>SUPERVISOR’S TITLE</td>
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DUTIES:

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DUTIES:
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

***************