

Date Received

AM

Time \_\_\_\_\_ PM

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 \_\_\_\_\_

**2. SOCIAL SECURITY NUMBER** SEX: M F

XXX-XX-\_\_\_\_\_

Yes  No **3. Are you 18 years of age or older:****4. SERVICE IN ARMED FORCES**A. Have you ever served in the armed forces of the U.S.? Yes  No B. If "Yes" have you ever received a discharge from such forces which was other than honorable? (A)  (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 \_\_\_\_\_

F. Are you a Volunteer Firefighter? Yes  No If yes; are you an Exempt Volunteer Firefighter? Yes  No G. 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)

**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 \_\_\_\_\_

Issued 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 the date of this application.**

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.

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 Date of Issue:

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

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

11. Recommended (check as appropriate):  Yes  No

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

**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