

<input type="checkbox"/> Date Received _____  _____ AM Time _____ PM  By _____	 <h2 style="margin: 0;">APPLICATION FOR EXAMINATION</h2> <h3 style="margin: 0;">MUNICIPAL CIVIL SERVICE COMMISSION</h3> <p style="margin: 0;">City of Niagara Falls, New York</p> <p style="margin: 0;">Number and Title of Examination Applying for:</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>Exam No <span style="border: 1px solid black; padding: 2px 20px;"></span></span> <span>Title <span style="border: 1px solid black; padding: 2px 50px;"></span></span> </div>	Appl. No. _____  Approve <input type="checkbox"/>  Disapprove <input type="checkbox"/>  Conditional <input type="checkbox"/>
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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 may include a fingerprint check) to determine suitability for appointment in accordance with NYS Dept. of Labor Article 23A.

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.
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Street Address
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City	State	Zip Code
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Phone: Home	Cell	Work
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If you prefer correspondence by email, please provide email address:

2. SOCIAL SECURITY NUMBER	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
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XXX-XX-	
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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. Have you any objections to this department making inquiry regarding your character and qualifications from:  
 Your former employers? Yes ☐ No ☐  
 Your present employer? Yes ☐ No ☐
- B. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes ☐ No ☐
- C. Did you ever resign from employment rather than face dismissal? Yes ☐ No ☐
- D. Have you ever received a Dishonorable Discharge from the armed forces of the United States? Yes ☐ No ☐
- E. Have you ever been convicted of any crime (felony or misdemeanor) Yes ☐ No ☐

If you answered "YES" to any of the Question 8 A-E 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. 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
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Print any other name(s) under which you have been known in order that we may verify education or former employment.

**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. (The City does not maintain a file of old transcripts/degrees from past exams. You must submit the required documentation for each exam for which you apply.)

☐ 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	Dates (Month and Year) From To	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. 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 Date License First Issued Registered From: (Mo./Yr.) To: (Mo./Yr.)

**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:

(\*For office use only: If CDL, CDL license form required prior to appointment.)

**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.

<b>DATES EMPLOYED:</b> MO/YR MO/YR FROM: TO:	FIRM NAME	ADDRESS	CITY AND STATE
No. of Hours worked per week (excluding overtime)	YOUR TITLE	NAME OF SUPERVISOR	SUPERVISOR'S TITLE
EARNINGS (Circle One) /Wk/Mo/Yr	REASON FOR LEAVING:		
Duties:			
<b>DATES EMPLOYED:</b> MO/YR MO/YR FROM: TO:	FIRM NAME	ADDRESS	CITY AND STATE
No. of Hours worked per week (excluding overtime)	YOUR TITLE	NAME OF SUPERVISOR	SUPERVISOR'S TITLE
EARNINGS (Circle One) /Wk/Mo/Yr	REASON FOR LEAVING:		
Duties:			

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

## GUARANTEED EDUCATION LOAN QUESTIONNAIRE

**You must complete and return this supplement with your application)**

Section 50-b of the NYS Civil Service Law **REQUIRES** that all applicants be asked the following questions:

- Have you any loans made or guaranteed by the New York State Higher Education Service which are currently outstanding?  
Yes ☐ No ☐
- If so, are you presently in default on any such loan? Yes ☐ No ☐

NAME \_\_\_\_\_  
(Last name, first name, middle initial)

ADDRESS/CITY/STATE/ZIP \_\_\_\_\_

EXAM NUMBER AND TITLE \_\_\_\_\_

**THIS AFFIRMATION MUST BE COMPLETED:** I affirm under penalties of perjury that all statements made on this application are true.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**City of Niagara Falls, New York**  
**EQUAL EMPLOYMENT OPPORTUNITY REPORTING**

To help us comply with Federal/State equal employment opportunity recordkeeping, reporting, and other legal requirements, 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 is used for employment data reporting to the Equal Employment Opportunity Commission (EEOC).

THANK YOU FOR YOUR COOPERATION

Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

How Did You Hear of this Position? \_\_\_\_\_

If Civil Service Job Posting, where: \_\_\_\_\_

Do you have a disability? ☐ YES ☐ NO If yes, the nature: ☐ Hearing ☐ Speech ☐ Mental ☐ Visual ☐ Multi  
☐ Other (please specify) \_\_\_\_\_

Do you need reasonable accommodations to perform the essential tasks of the job? ☐ Yes ☐ No  
(If yes, please describe: \_\_\_\_\_)

Are you presently under handicapped status pursuant to Section 55-a of New York's Civil Service Law? ☐ Yes ☐ No

Are you a volunteer Firefighter? ☐ YES ☐ NO ..... If yes, are you an exempt volunteer? ☐ YES ☐ NO

Are you a veteran? ..... ☐ YES ☐ NO

Are you a Vietnam-era Veteran? ..... ☐ YES ☐ NO

Are you a Disabled Veteran? ..... ☐ YES ☐ NO

Your Sex: ..... ☐ MALE ☐ FEMALE

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.

The City of Niagara Falls is an Equal Opportunity Employer and does not discriminate against employees or applicants for employment on the basis of race, color, religion, national origin, sex, age, disability, marital status, or sexual preference in accordance with applicable federal, state, and local laws.