

PERSONNEL DEPARTMENT USE ONLY Receiver\_\_\_\_\_ Date\_\_\_\_\_ Time\_\_\_\_\_ AM PM  
Check/MO #\_\_\_\_\_ Amount \$\_\_\_\_\_ Comments \_\_\_\_\_  
Wvr Perf\_\_\_\_\_ Lic\_\_\_\_\_ Cert\_\_\_\_\_ Trans\_\_\_\_\_ Sen Date \_\_\_\_\_  
Approved\_\_\_\_\_ Disapproved\_\_\_\_\_ Reason\_\_\_\_\_ MCSC Date \_\_\_\_\_

**NIAGARA FALLS MUNICIPAL CIVIL SERVICE COMMISSION  
APPLICATION FOR PROMOTIONAL EXAMINATION**

TYPE OR PRINT CLEARLY IN INK all parts of this application except where otherwise indicated

1. \_\_\_\_\_

JOB/EXAM TITLE \_\_\_\_\_ EXAM # \_\_\_\_\_  
2. **NAME AND ADDRESS:** IMMEDIATE notice must be given for any change in item #2

\_\_\_\_\_ XXX-XX-\_\_\_\_\_  
LAST FIRST MIDDLE SOCIAL SECURITY #  
LEGAL ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
MAILING if different \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3. **VETERANS CREDIT**

NON-VETERAN\_\_\_\_\_ VETERAN\*\_\_\_\_\_ DISABLED VETERAN \_\_\_\_\_ USED ON PREV EXAM \_\_\_\_\_  
**\*If you are applying for Veterans Credits, check this box ☐ and complete separate Application for Veterans Credit Form**

4. **EDUCATION** Indicate highest level of education COMPLETED (Attach transcripts if required)  
High School \_\_\_\_\_ Associates \_\_\_\_\_ Bachelor \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_

5. **PRESENT EMPLOYER** \_\_\_\_\_ **DEPT** \_\_\_\_\_  
**PRESENT TITLE** \_\_\_\_\_ **DATE IN TITLE** \_\_\_\_\_  
**PRIMARY DUTIES** \_\_\_\_\_

\_\_\_\_\_  
**PREVIOUS TITLE** \_\_\_\_\_ **DATE IN TITLE** \_\_\_\_\_  
**PRIMARY DUTIES** \_\_\_\_\_

\_\_\_\_\_  
**PREVIOUS TITLE** \_\_\_\_\_ **DATE IN TITLE** \_\_\_\_\_  
**PRIMARY DUTIES** \_\_\_\_\_

6. **PREVIOUS EMPLOYMENT** (Complete only if needed to meet minimum qualifications)

Name & Address of Employer \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Title \_\_\_\_\_ Duties \_\_\_\_\_

Name & Address of Employer \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Title \_\_\_\_\_ Duties \_\_\_\_\_

7. Do you need special arrangements for this exam (religious accommodation or disabled?) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain here \_\_\_\_\_

(Continued Over)

8. Have you ever been convicted of a crime? Yes\_\_\_\_\_ No \_\_\_\_\_ (If yes, use additional sheet for explanation)

DECLARATION (This affirmation must be signed and dated) I understand that false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York. I declare that subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge, correct.

SIGNATURE \_\_\_\_\_ DATE\_\_\_\_\_

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

**THIS SECTION MUST BE COMPLETED IN FULL.**

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

NAME \_\_\_\_\_ EXAM # AND TITLE\_\_\_\_\_

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

Signature\_\_\_\_\_ Date\_\_\_\_\_