

NIAGARA COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

YOU MUST READ PAGE 4 FOR COMPLETE INSTRUCTIONS BEFORE FILLING OUT THIS FORM.

THIS APPLICATION IS PART OF YOUR EXAMINATION.

**ANSWER ALL QUESTIONS FULLY AND CAREFULLY.
PRINT IN INK OR USE TYPEWRITER. ATTACH
ADDITIONAL SHEETS IF NECESSARY IN ORDER TO
GIVE COMPLETE AND DETAILED INFORMATION.
SIGN EACH ADDITIONAL SHEET**

**NUMBER & EXACT TITLE OF EXAMINATION OR TITLE OF
POSITION APPLYING FOR**

EXM NUMBER	TITLE	DATE OF EXAM

NOTE: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH EXAMINATION YOU WISH TO TAKE. When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application is cause for your disapproval.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION
(PLEASE PRINT)**

1.

Last First M.I.

Street Address (include P.O. Box & Apt. Number for complete mailing address)

City, Town or Village State Zip

Phone (including area code – list those where you can be reached 8am – 4pm)

Home: _____ Other: _____

2.
Social Security # _____ - _____ - _____

3. Are you under 18 years of age? Yes No
If yes, or if minimum and/or maximum age limits established for the position applied for, enter your date of birth here. Example: **Police Officer, Bus Driver, etc.**
Mo _____ Day _____ Year _____

4. SPECIAL ARRANGEMENTS (Optional – See Instruction on page 4.)
 Religious Accommodation Other

5. A. Are you a U.S. Citizen? Yes No
(Non-citizens are required to produce 1-151 Alien Registration Card at time of appointment)

B. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? Yes No

6. Check the 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 any employment rather than face dismissal? Yes No

C. Did you ever receive discharge from the Armed Forces of the United States which was other than “Honorable” or which was issued under other than honorable circumstances? Yes No

D. Have you ever been convicted of any crime (felony or misdemeanor)? Yes No

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? Yes No

F. Are you now under charges for any crime? Yes No

If you answered “YES” to any questions 6A – 6F, **give specifics under “Remarks” on page 3.** Your failure to answer any of these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities.

Check/MO #: _____	Amount of check : _____
Received by: _____	Appl. Amount: _____

7. A. Have you ever served in the Armed Forces of the United States? (The “Armed Forces of the United States” means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a **full-time active duty basis other than active duty for training purposes.**) Yes No

IF NO GO TO QUESTION 8

EXTRA CREDITS FOR WAR TIME VETERANS – YOUR ANSWERS MUST BE “YES” TO BE ELIGIBLE FOR ADDITIONAL CREDITS. DO NOT COMPLETE 7B – 7G OF THIS SECTION UNLESS YOU:

- 1. Wish to claim War Time Veterans Credits, AND**
- 2. Have NOT used veterans credits for appointments to a position in NY State or Local Government.**

B. I am now serving, or have served, on active duty basis other than active duty for training purposes during one or more of the following Time of War periods. Yes No

In the Armed Forces:

- Aug. 2, 1990 to the date when the Persian Gulf hostilities ends;
- Dec. 7, 1941 to Dec. 31, 1946; June 27, 1950 to Jan. 31, 1955; Feb. 28, 1961 to May 7, 1975.

or in the U.S. Public Health Service:

- July 29, 1945 to Dec. 31, 1946; or June 27, 1950 to July 3, 1952

or earned the armed forces, navy, or marine corps expeditionary medal for service in:

- (Lebanon) June 1, 1983 to Dec. 1, 1987;
- (Grenada) Oct. 23, 1983 to Nov. 21, 1983;
- (Panama) Dec. 20, 1989 to Jan. 31, 1990.

C. I expect to receive or have already received, a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. Yes No

D. I am a United States citizen or an alien lawfully admitted for permanent residence. Yes No

E. I am a New York State resident. Yes No

F. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes No

To claim additional credits as a Disabled Veteran, you must also answer YES to this question:

G. I am currently receiving payments from the U.S. Dept. of Veterans Affairs for a service connected disability rated at 10% or more incurred during a “Time of War” period listed above. Yes No

8. Have you been a Niagara County Resident for at least one (1) month? Yes No

I AM PRESENTLY A LEGAL RESIDENT OF:

City of: _____
Village of: _____
Town of: _____
School District of: _____
County of: _____

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including all signed attached papers) are true under the penalties of perjury. False statements made herein are punishable as a Class A Misdemeanor under Section 210.45 of the Penal Law.

Signature of Applicant Date

Indicate any other surname (last name) by which you are or have been known.
(print in **ink** or use **typewriter**)

DO NOT WRITE IN THIS SPACE

Number _____ Approved _____

Conditional _____ Disapproved _____

9A. Do you have a High School or Equivalency Diploma? YES NO If YES, Name and location of High School or Issuing Governmental Authority:

If NO, circle highest grade completed. 6 7 8 9 10 11 12 Still Attending

I have a New York State High School Equivalency Diploma, number: Copy Attached Date of Issue:

IF REQUIRED, INDICATE ADVANCED EDUCATION HERE

9B. EDUCATION if you have indicated college, you must have your institution submit OFFICIAL transcripts for verification DIRECTLY to this office.

- I have requested my college to send my transcript(s) directly to the Niagara County Civil Service Office.
- My transcript(s) are on file with the Niagara County Civil Service Office.

Name of School and location	Full or Part time	No. of years credited	Did you graduate?	Degree Expected Month/Yr	Type of Course or Major subject	# of College credits rec'd	Type of degree
College, University, Professional, or Technical School							

9C. Section 50-b of the New York State Civil Service Law:

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

IF SPECIAL COURSES ARE INDICATED, PROOF MUST BE SUBMITTED

10. Licenses if a license, certificate or other authorization to practice a trade or profession is listed, such as RPN, LPN, CNA, Lifeguards, Recreation Leaders etc a copy must be attached.

Name of Trade of Profession	License Number	Granted by (licensing agent)	City or State of
Specialty	Date license first issued	Registered from: Mo/Yr. To: Mo/Yr.	

11. Do you have a valid New York State Motor Vehicle license? Yes No Class:

12. DESCRIPTION OF EXPERIENCE Beginning with the most recent, describe below in detail ALL EMPLOYMENT THAT IS PERTINENT TO THE POSITION APPLIED FOR. If the examination announcement stated that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. Relevant volunteer (unpaid) experience will be considered if verified and fully documented. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service which includes experience pertinent to the position, describe such experience as a separate employment. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as separate employment. (If more space is needed, attach an 8 1/2 x 11 sheet(s) of paper(s)).

UNDER "DUTIES" FOR EACH EMPLOYMENT, DESCRIBE THE NATURE OF WORK PERSONALLY PERFORMED BY YOU WITH ESTIMATED PERCENTAGE OF TIME SPENT ON EACH TYPE OF WORK. STATE SIZE AND KIND OF WORKING FORCE, IF ANY, SUPERVISED BY YOU AND THE EXTENT OF SUCH SUPERVISION (DIRECT, INDIRECT;FULL-TIME, OCCASIONAL)

Length of employment Mo./Yr. Mo./Yr. From To	Firm Name / type of business	Address	City and State
Earnings (circle one) \$ wk/mo/yr			
Your Exact Title			
Name of Supervisor			
Supervisor's Title			
No. of hours worked per week Hrs.			

Length of Employment Mo. Yr. Mo. Yr. From To	Firm Name / type of business	Address	City and State
Earnings (circle one) \$ _____ wk/mo/yr			
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
No. of hours worked per wk. Hrs. _____			

Length of Employment Mo. Yr. Mo. Yr. From To	Firm Name / type of business	Address	City and State
Earnings (circle one) \$ _____ wk/mo/yr			
Your Exact Title			
Name of your Supervisor			
Supervisor's Title			
No. of hours worked per wk. Hrs. _____			

Experience will be pro-rated as follows:
 Full time is 32 or more hours per week
 Part time is pro-rated as follows:
 0 – 7 hrs/wk = 0
 8 – 15 hrs/wk = ¼
 16 – 23 hrs/wk = ½
 24 – 31 hrs/wk = ¾
 32 – 40 hrs/wk = full-time

REMARKS (for questions 6A – 6F) OR REQUEST FOR SPECIAL ARRANGEMENTS

**BE SURE TO READ THE REQUIRED QUALIFICATIONS ON THE EXAMINATION ANNOUNCEMENT.
 ALL STATEMENTS ARE SUBJECT TO VERIFICATION – YOUR EMPLOYERS MAY BE CONTACTED
 (ATTACH AND SIGN ADDITIONAL 8 ½" X 11" SHEETS IF NECESSARY.)**

- **MAIL OR DELIVER EXAM APPLICATIONS TO: NIAGARA COUNTY CIVIL SERVICE, 111 MAIN ST., SUITE G-2, LOCKPORT, NY 14094**
- **SUBMIT EMPLOYMENT APPLICATIONS DIRECTLY TO THE APPOINTING AUTHORITY**

EXAM ANNOUNCEMENTS & APPLICATION FORMS: You can obtain exam announcements and applications from our office or on the County’s web site, www.niagaracounty.com. All applications must be filed with the Niagara County Civil Service Office located at **111 Main Street – Suite G2, Lockport, New York 14094**. One application must be filed for each examination. Your application(s) must be *postmarked by the deadline posted* on the examination announcement.

APPLICATION FEE: Application fees vary and are posted on the examination announcement. Send a check or money order payable to: **Niagara County Civil Service** and **write the examination number(s) on your check or money order**. An application fee must be paid for each separately numbered examination. A **service charge of \$20.00** will be imposed **when a check is returned** for insufficient funds and your application will be disapproved. **No refunds of application fees will be made if your application is disapproved.**

FEE WAIVER: Fees shall be waived for candidates who certify that they are **unemployed and primarily responsible for the support of a household**, or are **receiving public assistance**. In order to request a fee waiver you must complete a **“Request for Application Fee Waiver and Certification”** form and submit it with your application by the close of business on the Application Deadline as listed on the Examination Announcement. You should read the Application Fee Waiver instructions to determine if you are eligible and what documentation you must submit to verify your eligibility. Forms are available in our office or at www.niagaracounty.com. All claims will be subject to verification and if not supported by appropriate documentation are grounds for the disapproval of the application.

MULTIPLE EXAMINATIONS SCHEDULED FOR THE SAME DAY: If you have applied for other **local and/or State** government examinations, you must make arrangements to take **all your examinations at one site**. If taking a **State exam** on the same test date, **you will appear at the State site** and participate in the exam(s) there. **You must complete the “Cross-File” form (found on our web site) and disclose all examinations you are taking on a particular test date. Submit this form to our office no later than two (2) weeks prior to the test date.** You must inform each agency at which test site you will take your examination(s).

BACKGROUND INVESTIGATION: Applicants may be required to undergo a State and national criminal history 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.

ADMISSION NOTICE: We usually review your application before the test to be sure that you qualify. Generally we will advise you if we need more information. You may be admitted to the test pending a full review of your application. If you take the test but your application is disapproved later, you will not receive a test score. If your application is disapproved, we will notify you of the reason. **If you have not received your admission notice to appear for the written examination three (3) days before the date of the exam, call 438-4071.**

CHANGE OF NAME, ADDRESS OR STATUS: Notify this office immediately of any **change of name, address or status – out of town, on vacation, in the hospital, etc.** **Indicate where you may be reached. When writing, give the number and title of the examination.**

SPECIAL ARRANGEMENTS: Applicants who require special examination and/or special seating arrangements should inform the Niagara County Civil Service Office in writing on or before the last date for filing applications.

RELIGIOUS ACCOMMODATION: Most written tests are held on Saturdays. If you cannot take the test on the announced test date due to a conflict with a religious observance or practice, check the box under “Religious Accommodation.” We will make arrangements for you to take the test on a different day (usually the following business day).

MILITARY STATUS: A special military make-up examination will be conducted for any member of the armed forces of the United States who has duly filed a timely application but who was deprived of the opportunity to compete in the scheduled exam due to active military duty. Certain conditions apply to these requests and will be reviewed by the Niagara County Personnel Officer.

EXTRA CREDITS FOR WAR TIME VETERANS: Answering questions 7A – G means that you are requesting the extra credits. Do not answer the questions if you are not a war time active duty member of the armed forces or a War Time Veteran or if you do not want to request the extra credits. If you are currently in the Armed Forces on full-time active duty (other than for training) or if you are a War Time Veteran or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have these extra credits added to your exam score, you must answer the questions now. You can waive the extra credits later if you wish. You must submit documentation, such as discharge papers (DD214), to prove that you are eligible for the extra credits. If you are claiming credits as a disabled war veteran, you must submit written documentation certified by the Veterans Administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a “Time of War”. Disabled and non-disabled veterans as defined in Section 85, New York State Civil Service Law, will have ten (10) or five (5) points for open competitive exams and five (5) or two and one-half (2 1/2) for promotional exams, respectively, added to their earned scores if successful in the examination. Effective January 1, 1998, the State Constitution was amended to permit a candidate currently in the armed forces to apply for and be ‘conditionally granted’ veteran’s credit in examinations. Any candidate who applies for such credit must provide proof of military status to receive the conditional credit. **No credit may be granted after the establishment of the list.**

ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-A

Pursuant to section 85-a of the Civil Service Law, children of firefighters and police officers killed in the line of duty shall be entitled to receive an additional ten (10) points in a competitive examination for original appointment in the same municipality in which his or her parent has served. If you are qualified to participate in this examination and are a child of a firefighter or police officer killed in the line of duty in this municipality, **please inform this office in writing of this matter when you submit your application for examination**. A candidate claiming such credit at time of application has a minimum of two (2) months from the application deadline to provide the necessary documentation to verify additional credit eligibility. However, no credit may be added after the eligible list has been established.

NIAGARA COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, COLOR, RELIGION, GENDER, CREED, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, MARITAL STATUS, VETERANS STATUS, DISABLED VETERANS STATUS, OR STATUS AS A MEMBER OF ANY OTHER PROTECTED GROUP OR ACTIVITY IN ALL ASPECTS OF EMPLOYMENT.