Niagara County Human Resources Department
Employment/Civil Service Exam Application

You must complete a separate application for each examination. You must pay online or attach a check or money order (payable to Niagara County Civil Service.) All fees are non-refundable. Attach your check or copy of your online payment for each examination. NCCS Revised 7/25/2019

Position applying for: _____ Examination #: _____

Name: _____ Examination date: _____
Last First Middle

Is additional information relative to a change of name, use of an assumed name, or nickname necessary to enable a check on your work or school record? If yes, please provide any such additional names. _____

Mailing Address: _____
Street (or PO Box) City State Zip Code

Residence Address: _____
Street (P.O. Box will not be accepted, must use current home address) City State Zip Code County

Have you been a resident of Niagara County for the past one (1) month? ☐ Yes ☐ No

Home Telephone Number: _____ Other Telephone Number: _____

Email address: _____ Social Security Number (complete): _____--_____--_____

Have you served in the U.S. Armed Forces on active duty? ☐ Yes ☐ No Dates of active service: From_____To_____
Do you wish to apply for Veteran Credits for this examination? ☐ Yes ☐ No
Wartime veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must complete the Application for Veteran Credits form and submit a copy of the discharge papers (form DD-214 Member copy 4) to our office for each examination.

Have you ever, since January 1, 1951, been permanently appointed or promoted in the service of NY State or any of its civil divisions from an eligible list as a result of additional veteran credits granted you on such list? ☐ Yes ☐ No

If yes, name the agency that established the eligible list: _____

Are you a citizen of the United States? ☐ Yes ☐ No If no, do you have a legal right to work in the U.S.? ☐ Yes ☐ No

Do you have a valid NY State Driver's License? ☐ Yes ☐ No If yes, what class? _____

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Any false statements made are punishable as a Class A Misdemeanor under Section 210.45 of the Penal Law and may result in termination of employment. I further understand, and will otherwise submit thereto, that in accordance with existing pre-employment physical and drug testing policy, I may be required to submit to a physical examination and urinalysis test as a condition for employment. Applicants may also 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.

_____ _____
Signature Date

For Office Use Only

Payment #: _____ Amount of payment: _____ Qualified: ☐ Yes ☐ No Conditional: _____

Fee: _____ Received by: _____ Reviewed by: _____ Date: _____

Online Payment: ☐ UE Waiver: ☐ PA Waiver: ☐ Comments: _____

An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying:

			Date
Were you ever dismissed from any employment for reasons other than lack of work or funds?	☐ Yes	☐ No	_____
Did you ever resign from any employment rather than face dismissal?	☐ Yes	☐ No	_____
Were you ever convicted of any violation of law other than a minor traffic violation?	☐ Yes	☐ No	_____
Do you currently have any criminal charges pending?	☐ Yes	☐ No	_____
Did you ever receive discharge from the U.S. Armed Forces which was "dishonorable?"	☐ Yes	☐ No	_____
Did you ever forfeit bail or bond posted to guarantee your appearance in court to answer a criminal charge?	☐ Yes	☐ No	_____

Provide an explanation to any of the above for which you marked "Yes." _____

_____

License/Certification – Submit a copy of the license/certification with your application

Do you have a license, certification, or other authorization to practice a trade or profession? ☐ Yes ☐ No

Is this license/certification permanent? ☐ Yes ☐ No

Name of trade or profession: _____ License/Certificate Number: _____

Licensing Agency: _____ Licensed from: _____ to: _____

High School Education

Have you received a High School Diploma? ☐ Yes ☐ No Check the highest grade completed ☐8 ☐9 ☐10 ☐11 ☐12

If yes, provide name & location of the high school or issuing government authority: _____

If no, have you received a General Equivalency Diploma (GED)? ☐ Yes ☐ No Submit a Copy or Indicate # _____

Education above high school level – Official college transcripts must be submitted if not already on file

Name of School	Location (State)	Course or Major	Credits Completed Sem. Hrs.	Credits Completed Qtr. Hrs.	Type of Degree/Certificate Received

Training

Other training you received (i.e. work training programs, Armed Forces training). Please estimate training hours received.

Course/Program	Hours

Work History – List your **complete** post-high school work history. Include dates, all employers, & reason for leaving. Attach additional sheets if necessary.

Have ever worked for Niagara County? ☐ Yes ☐ No Date: _____ Department: _____

Start Date(M/D/Y)	End Date(M/D/Y)	Employer	Reason for Leaving

Work Experience – Complete the following Work Experience Form on page 4 for all experience that is **relevant to the position to which you are applying.** Make additional copies of the Work Experience Form and attach to your application as needed. Be sure to include your printed name and signature on all attachments. Volunteer experience must be documented by a statement of verification from the agency representative regarding the number of hours volunteered per week and the activities performed.

- Describe your relevant employment, including military experience, beginning with your current or most recent employment
- **Submission of a resume does not relieve you of the responsibility for completing all sections of this application**
- To receive credit for a job, basic employment information such as address, name & title of supervisor, average number of hours worked, final salary, reason for leaving, specific job duties, your job title, etc. must be completed
- You must provide the percentage of time spent on each duty in order to receive proper credit

Part-time and/or verifiable volunteer experience will be pro-rated according to the following scale:

*** 0 to 7 hours per week = no credit**
*** 8 to 15 hours per week = 1/4 credit**
*** 16 to 22 hours per week = 1/2 credit**
*** 23 to 29 hours per week = 3/4 credit**
*** 30 hours or more per week = full-time work**

Work/Volunteer Experience Form – one employer per page (make additional copies for each experience relevant to the position applying for)

Candidate Name: _____
Last First Middle

Start Date: _____ End Date: _____ Hours worked per week: _____
(Month/Day/Year) (Month/Day/Year) (Average)

Name, address & phone number of employer: _____

_____

Reason(s) for leaving: _____

Your job title(s): _____

Immediate Supervisor's name: _____ Title: _____ Phone: _____

Did you supervise anyone? ☐ Yes ☐ No Number supervised: _____ Type of Supervision: _____
(general, direct, lead worker)

Description of duties: _____ _____%

_____ _____%

_____ _____%

_____ _____%

_____ _____%

_____ _____%

_____ _____%

_____ _____%

_____ _____%

_____ _____%

_____ _____%

_____ _____%

_____ _____%

Total amount of time (percentages) should equal (100%)

All statements are subject to verification. Do you have any objection to our contacting present or past employers to verify the above? ☐ Yes ☐ No If yes, comment: _____

_____ _____
Signature Date