



Niagara County Civil Service Seasonal Employment Application

If experience is required to qualify for the position, applicants
should complete the full-length civil service employment application.

NCCS Revised 2/1/2016

Position applying for: _____		Municipality: _____	
Name: _____			
Last	First	Middle Initial	
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 _____			
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? _____			
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:			
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." _____			

For Office Use Only			
Qualified: ☐ Yes ☐ No Conditional: _____			
Reviewed by: _____		Date: _____	
Comments: _____			

Niagara County Human Resources Department * 111 Main Street – Suite G2 * Lockport, NY 14094

Phone: (716) 438-4071 * Exam Information: (716) 439-7281 * Web-site: www.niagaracounty.com

Niagara County policy prohibits discrimination in employment, program activities, contracting, and procurement against any person due to such person's age, marital status, disability, genetic predisposition or carrier status, race, color, creed, sexual orientation or national origin.

An Equal Opportunity Employer

License/Certification – Submit a copy of the license/certification with your applicationDo you have a license, certification, or other authorization to practice a trade or profession? ☐ Yes ☐ NoIs this license/certification permanent? ☐ Yes ☐ No

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

Licensing Agency: _____ Licensed from: _____ to: _____

High School EducationHave 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. Qtr. Hrs.	Type of Degree/Certificate Received
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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