



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 12/1/2015

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? Yes No Dates of active service: From _____ To _____

Do you wish to claim veterans credits for this exam? 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		Type of Degree/Certificate Received
			Sem. Hrs.	Qtr. Hrs.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Training

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

Course/Program	Hours
_____	_____
_____	_____
_____	_____

