



# Niagara County Human Resources Department Employment/Civil Service Exam Application

NCCS Revised 5/22/2014

You must complete a separate application for each examination. You must attach a **non-refundable** check or money order (**payable to Niagara County Civil Service**) for each examination.

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 \_\_\_\_\_

**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

Check/Mo#: \_\_\_\_\_ Amount of payment: \_\_\_\_\_ Qualified:  Yes  No Conditional: \_\_\_\_\_

Fee: \_\_\_\_\_ Received by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Unemployment Waiver:  Public Assistance 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
_____	_____
_____	_____
_____	_____

**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

**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: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year) (Hourly or Annual) (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: \_\_\_\_\_ %  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_ %

**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



**STOP here and READ  
this before  
completing/printing the  
following pages**



The next pages only apply  
to those with the following:

**Special Testing Arrangements Form**

**Application for Veteran Credits**

**Cross-Filer Form**

**Application Fee Waiver**

If none of these apply to you, STOP and go no further.  
Complete and print the exam application.

If one of the above does apply to you, please complete and  
print the appropriate page for submission with your  
application.



# Niagara County Civil Service Special Testing Arrangements Form

Submit only if you require Special Testing Arrangements

**CANDIDATE NAME:** \_\_\_\_\_

**SPECIAL TESTING ARRANGEMENTS:** Exam Title \_\_\_\_\_ Exam Date \_\_\_\_\_

**RELIGIOUS ACCOMMODATION:** Most written tests are held on Saturdays. If you cannot take the test on the announced test day due to a conflict with a religious observation or practice, check the space below. We will make arrangements for you to take the test on a different day (usually the following business day).

I cannot be tested on the scheduled examination date due to a conflict with a religious observance or practice.

**SPECIAL ACCOMMODATIONS IN TESTING:** Niagara County provides reasonable accommodations for individuals with a disability during application, examination, interview and employment. If you need a reasonable accommodation, check the space below and attach a written description of the accommodation sought. Medical documentation is required.

I require special accommodation to take this examination.

**OTHER ACCOMMODATIONS NEEDED:** If you require accommodations for reasons other than religious or disability, check the box below and attach a written description of the accommodations sought.

I require other accommodations to take this examination.

**ALTERNATE TEST DATE NEEDED:** It is the policy of the Niagara County Personnel Officer to provide an alternate test date to those candidates who are unable to appear on the announced day of exam due to an emergency or a scheduling conflict beyond their control, **provided acceptable documentation is submitted.** However, this policy will be weighed against the overriding need of the Personnel Officer to maintain the security and integrity of the examination process. If you cannot take the test on the announced test day, check the space below and provide an explanation and documentation supporting your request. The [Alternate Test Date Policy](#) is posted on the Niagara County website.

I require an alternate test date.

First date available to take test: \_\_\_\_\_ (provide date and time)

Reason for request: \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Niagara County Civil Service Application for Veteran Credits

Submit only if you are applying for Veteran Credits

CANDIDATE NAME: \_\_\_\_\_

APPLICATION FOR VETERAN CREDITS: Exam Title \_\_\_\_\_ Exam Date \_\_\_\_\_

Complete this section only if you wish to claim war time veteran credits and you have not used disabled veteran credits for appointment to a position in NY State or any local government. **You must attach a copy of your discharge papers (form DD-214 Member copy 4) to this form and return to this office prior to the establishment of the eligible list.** Veteran credits cannot be granted after the eligible list is established. If eligible, you will receive:

**Open Competitive Exam:** 10 points for disabled war-time veteran 5 points for non-disabled war-time veteran  
**Promotional Exam:** 5 points for disabled war-time veteran 2.5 points for non-disabled war-time veteran

Note: If you have used credits as a non-disabled veteran and are now eligible to use disabled veteran credits, the number of credits previously used will be deducted from the number of eligible credits. Candidates should refer to Important Information for Disabled Veterans on the niagaracounty.com/employment web-page.

Article 5, section 6 of the New York State Constitution was amended to entitle veterans who have **used non-disabled** veteran credits for a civil service appointment or promotion and **who were/are subsequently certified as being a disabled** veteran by the United States Department of Veterans Affairs, to additional credits for a subsequent appointment or promotion.

This Constitutional amendment, which is effective January 1, 2014, provides additional veteran credits to veterans who:

1. **Used non-disabled** veteran credits to obtain a civil service appointment or promotion with New York State or a local government;  
**AND**
2. **Subsequent to such appointment** are determined by the United States Department of Veterans Affairs to be a qualified disabled veteran, as defined in the New York State Civil Service Law.

Such candidate shall be entitled to 10 additional credits on civil service examinations, minus the number of credits already used for the prior appointment.

Eligible lists established after January 1, 2014 will include the additional disabled veteran credits in scores of candidates who meet the above two conditions and provide the necessary documentation to establish eligibility.

**Extra Credits for War Time Veterans** – Your answers must be “Yes” to be eligible for additional credits.

Yes  No 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, which includes the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in service of the United States pursuant to call as provided by law, on a **full-time active duty other than active duty for training purposes.**

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

- **In the Armed Forces - Aug. 2, 1990 to the date when the Persian Gulf hostilities end; Dec. 7, 1941 to Dec. 31, 1946; June 27, 1950 to Jan. 31, 1955; Feb. 28, 1961 to May 7, 1975**
- **In the U.S. Public Health Service - July 29, 1945 to Dec. 31, 1946; or June 27, 1950 to July 3, 1952**
- **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; or (Panama) Dec. 20, 1989 to Jan. 31, 1990.**

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

Yes  No I am a New York State resident.

Yes  No I wish to claim additional credits as a disabled veteran. I am currently receiving payments from the U.S. Department of Veterans Affairs for a service connected disability rated at 10% or more incurred during a time of war period listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Niagara County Civil Service Cross-Filer Form

Submit only if you have filed for multiple examinations being held on the same date

If you have applied to take a written test announced by either one or several local jurisdictions (county, town, city) scheduled to be held on the same test date as this written test, you must notify each of the local jurisdictions no later than two (2) weeks before the test date, so they can make arrangements for taking all tests at one (1) test site. All examinations for positions in state government will be held at a state examination center.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Examinations applied for:

Exam #	Exam Title	Date	Administered by: (Name agency)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I wish to participate in all the exams at the location indicated below – (Please check one)

Niagara County Civil Service     City \_\_\_\_\_ (Name of city)     Other County \_\_\_\_\_ (Name of county)

New York State Civil Service

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number (last 6 digits)

\_\_\_\_\_  
Daytime Phone Number





## Niagara County Civil Service Application Fee Waiver Instructions

Read carefully prior to submitting an Application Fee Waiver Request and Certification Form

**APPLICATION FEE WAIVER:** A waiver of the application fee will be allowed if you are unemployed and primarily responsible for the support of a household. In addition, a waiver of the application fee will be allowed if you are determined eligible for Medicaid, or receiving Supplemental Security Income payments, or Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) or are certified Job Training Partnership/Workforce Investment Act eligible through a State or local social service agency. **All claims for application fee waivers are subject to verification. If you can verify eligibility for the application fee waiver, complete an Application Fee Waiver Request and Certification Form and submit it with your application by the close of business on the application deadline as listed on the examination announcement.**

The Request for Application Fee Waiver and Certification form is available at the Niagara County Civil Service Office located at 111 Main Street – Suite G2, Lockport, New York 14094 or on the Niagara County website.

**ELIGIBILITY DOCUMENTATION REQUIRED:** If you are applying for an application fee waiver, you must submit written documentation that you are eligible for the waiver. Types of documentation that will be accepted are:

- Unemployment check stub, written letter from unemployment verifying that you are unemployed; or computer 'print-out' listing the current dates covered by unemployment to correspond with the exam filing period.
- A letter from a former employer documenting your separation from service with the effective date and reasons why you were denied for unemployment
- A copy of bills indicating that you are primarily responsible for the support of a household (i.e. mortgage statement, rental agreement, etc. in your name)
- Written letter confirming that you are receiving Supplemental Security Income (SSI) payments
- A copy of your current Public Assistance and/or Medicaid card (eligibility will also be confirmed with the Niagara County Department of Social Services)
- Written certification that you are eligible for Job Training Partnership Act/Workforce Investment Act programs

It is your responsibility to submit sufficient written documentation indicating that you are eligible for an application fee waiver. Your claim will be investigated and, if you are found to be ineligible, you may be disqualified from participation in the civil service examination.



# Niagara County Civil Service Application Fee Waiver Request and Certification Form

Submit only if you qualify for a waiver of the examination filing fee

**Civil Service Law Section 50.5(b): “...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance.”**

I request that my application fee(s) for the examination(s) listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law.

Examination Title(s)	Exam No(s).	Examination Test Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check the box(es) below that apply to you:

I am currently unemployed **and** I am primarily responsible for support of a household

**NOTE: Individuals who can be claimed as a dependent on any other person’s tax return ARE NOT eligible for an application fee waiver as head of household.**

I am currently:

- Eligible for Medicaid
- Receiving Supplemental Security Income (SSI) payments
- Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance):  
Enter Public Assistance Case Number: \_\_\_\_\_
- Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

**AFFIRMATION**

*I have read the above portion of Section 50.5(b) of the Civil Service Law relating to the waiver of application fees and certify that I am qualified to receive such waiver for the reasons indicated above. I understand that my claim for an application fee waiver may be investigated and I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility for an application fee waiver.*

\_\_\_\_\_  
Candidate’s First and Last Name (Please Print)                      Candidate’s Social Security Number (last 6 digits)

\_\_\_\_\_  
Candidate’s Signature    Date

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Type of documentation submitted

\_\_\_\_\_  
Verified By (print name & sign)    Date