

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 11/8/2022

Position applying for:				Examination #:	
Name:				Examination date: _	
Last	First	Middle			
				ne, or nickname necessary to	enable a check on
Mailing Address:	(or PO Box)	City		Ctata	7in Codo
Street	(or PO Box)	City		State	Zip Code
Residence Address:	P.O. Box will not be accepted	ed must use current	home address) City	y State Zip Code	County
Have you been a resident of	•		<u> </u>	<u></u>	County
Home Dhone.	, w	Touls Dhomas		Call Dhana	
Home Phone:	W	ork Phone:		Cell Phone:	
Email address:			_ Social Security I	Number (complete):	=
divisions from an eligible If yes, name the agency tha Are you a citizen of the Un	uary 1, 1951, been polist as a result of add t established the eligibited States?	ermanently ap itional veteran ole list: No If	pointed or promo credits granted year	ted in the service of NY State ou on such list? Yes legal right to work in the U.S.?	☐ No ☐ 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.					
Signa	ature			Date	
For Office Use Only					
Payment #:	Amount of payment:		Qualified:	Yes No Conditional	:
Fee:	Received by:		Reviewed by:	Date:	
Online Payment: UE	Waiver: PA V	Waiver:	Comments:		

				bar to employment. Each case n for which you are applying:	
Were you ever dismissed from any employment for reasons other than lack of work or funds? Did you ever resign from any employment rather than face dismissal? Were you ever convicted of any violation of law other than a minor traffic violation? Do you currently have any criminal charges pending? Did you ever receive discharge from the U.S. Armed Forces which was "dishonorable?" 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 a	ny of the above fo	or which you marked "Yo	SS.''		
License/Certification — Do you have a license, certification per Is this license/certification per	cation, or other au	thorization to practice a tra			
Name of trade or profession:		License/Certificate Number:			
Licensing Agency:			Licensed from:	to:	
High School Education Have you received a High Sch	nool Diploma?	Yes No Check the	nighest grade completed	□8 □9 □10 □11 □12	
If yes, provide name & location	on of the high scho	ool or issuing government	authority:		
If no, have you received a Ger	neral Equivalency	Diploma (GED)? Yes	☐ No Submit a Copy	y or Indicate #	
Education above high s Name of School	chool level – C Location (State)	Official college transcr Course or Major	Credits Completed Sem. Hrs. Qtr. Hrs.	d if not already on file Type of Degree/Certificate Received	
Training Other training you received (i	.e. work training p	orograms, Armed Forces tr	aining). Please estimate t	-	
Course/Program				Hours	

-	-	omplete post-high school we neets if necessary.	ork history. Include date	es, all employers, & reason for
Have ever worked	for Niagara Cou	nty? Yes No Date:	Department:	
Start Date(M/D/Y)	End Date(M/D/Y)	Employer		Reason for Leaving
relevant to the and attach to attachments.	e position to your applicat Volunteer exp	which you are applying. At tion as needed. Be sure	Make additional copies to include your printe ted by a statement of	ge 4 for all experience that is of the Work Experience Form d name and signature on all verification from the agency ties performed.
	e your relevar	nt employment, including mil	itary experience, begini	ning with your current or most
		ime does not relieve you of	the responsibility for o	completing all sections of this
average must be	ive credit for number of ho completed	ours worked, final salary, rea	son for leaving, specifi	ess, name & title of supervisor, c job duties, your job title, etc.
• You mu	ist provide the	percentage of time spent on	each duty in order to re	ceive proper credit
Part-time and/or verifiable volunteer experience will be pro-rated according to the following scale:				
* 16	to 22 hours	r week = no credit per week = 1/2 credit re per week = full-time wo	* 8 to 15 hours per v * 23 to 29 hours per rk	

Work/Volunteer Experience Form – one or relevant to the position applying for)	employer per page (make additiona	al copies for each experience
Candidate Name:	First Middle	
Start Date: End Date: (Month/Day/Year)	Hours worked per week:	Paid Volunteer
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	er supervised: Type of Supervisio	n: (general, direct, lead worker)
Description of duties:		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
	Total amount of time	(percentages) should equal (100%)
All statements are subject to verification. Do you above? Yes No If yes, comment:	have any objection to our contacting presen	nt or past employers to verify the
Signature		Date