

NIAGARA COUNTY APPLICATION FOR *PROMOTIONAL EXAM*

THIS APPLICATION IS PART OF YOUR EXAMINATION

**ANSWER ALL QUESTIONS FULLY AND CAREFULLY.
PRINT IN INK OR USE TYPEWRITER. ATTACH
ADDITIONAL SHEETS IF NECESSARY IN ORDER TO
GIVE COMPLETE AND DETAILED INFORMATION.
SIGN EACH ADDITIONAL SHEET.**

**NUMBER & EXACT TITLE OF EXAMINATION OR TITLE OF
POSITION APPLYING FOR**

EXM NUMBER	TITLE	DATE OF EXAM

NOTE: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH EXAMINATION YOU WISH TO TAKE. When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application is cause for your disapproval.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION
(PLEASE PRINT)**

1. _____

Last	First	M.I.
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Street Address (include P.O. Box & Apt. Number for complete mailing address)

City, Town or Village	State	Zip
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Phone (including area code – list those where you can be reached 8am – 4pm)

Home: _____ Other: _____

2. Social Security # _____ - _____ - _____

3. Are you under 18 years of age? Yes No
 If yes, or if minimum and/or maximum age limits established for the position applied for, enter your date of birth here. Example: **Police Officer, Bus Driver, etc.**
 Mo _____ Day _____ Year _____

4. SPECIAL ARRANGEMENTS (attach sheet with specific details)
 Religious Accommodation Other

5. A. Are you a U.S. Citizen? Yes No
 (Non-citizens are required to produce I-151 Alien Registration Card at time of appointment)

B. If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? Yes No

6. Check the appropriate box to the right of each question.
 A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No

B. Did you ever resign from any employment rather than face dismissal? Yes No

C. Did you ever receive discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? Yes No

D. Have you ever been convicted of any crime (felony or misdemeanor)? Yes No

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? Yes No

F. Are you now under charges for any crime? Yes No

If you answered "YES" to any questions 6A – 6F, give specifics under "Remarks" on back of this application. If such explanation is insufficient, you may be required to submit further information. None of the No. 6A – 6F circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

7. A. Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes.) Yes No

IF NO GO TO QUESTION 8

B. Did you ever serve on ACTIVE DUTY in the Armed Forces of the United States during any of the following periods? Yes No

- Dec. 7, 1941 to Dec. 31, 1946; June 27, 1950 to Jan. 31, 1955; Feb. 28, 1961 to May 7, 1975; Aug. 2, 1990 to end of hostilities (not yet determined) – Persian Gulf

The following time periods are limited to those who have received the Armed Forces Expeditionary Medal.

- June 1, 1983 to Dec. 1, 1987 – Lebanon;
- Oct. 23, 1983 to Nov. 21, 1983 – Grenada;
- Dec. 20, 1989 to Jan. 31, 1990 – Panama;

U.S. Public Health Service: July 29, 1945 to Dec. 31, 1946 or June 27, 1950 to July 3, 1952

C. VETERANS CREDITS (see instruction E on Page 4). If you answered 7B above YES, and for this examination, you wish to claim additional credit as an honorably discharged veteran, answer questions 7 C – G.

I'm a DISABLED VETERAN NON-DISABLED VETERAN

D. Did you receive a discharge which was honorable or were you released under honorable circumstances? Yes No

E. Were you a resident of New York State on the date of your INITIAL entry into the Armed Forces of the United States? Yes No

F. Are you currently a resident of New York State? Yes No

G. Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes No

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including all signed attached papers) are true under the penalties of perjury. False statements made herein are punishable as a Class A Misdemeanor under Section 210.45 of the Penal Law.

Signature of Applicant _____ Date _____

Indicate any other surname (last name) by which you are or have been known.
 (print in ink or use typewriter)

DO NOT WRITE IN THIS SPACE

Number _____ Approved _____

Conditional _____ Disapproved _____

N.C.C.S.220 REV.11/08

Check/MO #: _____	Amount of check: _____
Received by: _____	Appl. Amount: _____

BACKGROUND INVESTIGATION: Applicants may 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.

**APPLICATION COMPLETION AND DETAILING IS YOUR RESPONSIBILITY
FAILURE TO DO SO WILL CAUSE YOUR DISAPPROVAL**

8. Licenses if a license, certificate or other authorization to practice a trade or profession is listed, such as RPN, LPN, CNA, Lifeguards, Recreation Leaders etc **a copy must be attached.**

Name of Trade of Profession	License Number	Granted by (licensing agent)	City or State of
Specialty	Date license first issued	Registered from: Mo/Yr. To: Mo/Yr.	

9. Do you have a valid New York State Motor Vehicle license? Yes No Class:

10. DESCRIPTION OF EXPERIENCE Beginning with the most recent, describe below in detail **ALL EMPLOYMENT THAT IS PERTINENT TO THE POSITION APPLIED FOR.** If the examination announcement stated that volunteer or unpaid experience is acceptable as qualifying, describe it in the same way as paid work, showing its volunteer nature in the "Earnings" box. Relevant volunteer (unpaid) experience will be considered if verified and fully documented. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will **NOT** be interpreted in your favor. If you have had military service which includes experience pertinent to the position, describe such experience as a separate employment. **If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as separate employment.** (If more space is needed, attach an 8 1/2 x 11 sheet(s) of paper(s).

UNDER "DUTIES" FOR EACH EMPLOYMENT, DESCRIBE THE NATURE OF WORK PERSONALLY PERFORMED BY YOU WITH ESTIMATED PERCENTAGE OF TIME SPENT ON EACH TYPE OF WORK. STATE SIZE AND KIND OF WORKING FORCE, IF ANY, SUPERVISED BY YOU AND THE EXTENT OF SUCH SUPERVISION (DIRECT, INDIRECT; FULL-TIME, OCCASIONAL)

Length of PERMANENT status From To Mo/Yr Mo/Yr	COUNTY DEPARTMENT OR MUNICIPALITY
Earnings (circle one) \$ wk/mo/yr	
Your Exact Title	
Name of Supervisor	
Supervisor's Title	
No. of hours worked per week Hrs.	

Length of PERMANENT status From To Mo/Yr Mo/Yr	COUNTY DEPARTMENT OR MUNICIPALITY
Earnings (circle one) \$ wk/mo/yr	
Your Exact Title	
Name of Supervisor	
Supervisor's Title	
No. of hours worked per week Hrs.	

REMARKS

Experience will be pro-rated as follows:
 Full time is 32 or more hours per week
 Part time is pro-rated as follows:
 0 – 7 hrs/wk = 0
 8 – 15 hrs/wk = ¼
 16 – 23 hrs/wk = ½
 24 – 31 hrs/wk = ¾
 32 – 40 hrs/wk = full-time