



**NIAGARA COUNTY
CIVIL SERVICE
111 Main Street – Suite G2
Lockport, New York 14094**

(716) 438-4071
Fax (716) 438-4077

REQUEST TO RECEIVE CERTIFIED ELIGIBLE LIST

DATE: _____

TITLE OF POSITION: _____

NUMBER OF VACANCIES TO BE FILLED: _____

STATUS OF POSITION: (Please check one)

- Permanent
- Temporary – Indicate duration: _____
Indicate reason: _____
- Contingent Permanent

PREVIOUS INCUMBENT INFORMATION:

NAME OF PERSON LEAVING POSITION: _____
POSITION # _____ **APPROVED DATE** (County Only): _____
REASON FOR LEAVING: _____

SALARY RANGE: _____ **WORKING HOURS:** _____

LOCATION OF POSITION:

DEPARTMENT/MUNICIPALITY: _____

ADDRESS: _____
(Street address, City, Zip Code)

Signature of Appointing Authority

Telephone Number

For Use by Municipalities Only: **RESIDENT LIST:** **Yes** **No**

NCCS Office Use Only:

Cert # _____

Eligible List # _____

Page # _____