



Niagara County Civil Service Seasonal Employment Application

If experience is required to qualify for the position, applicants should complete the full-length civil service employment application.

NCCS Revised 2/1/2016

Position applying for: _____ Municipality: _____

Name: _____
Last First Middle Initial

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

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? _____

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:

- 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." _____

For Office Use Only

Qualified: Yes No Conditional: _____

Reviewed by: _____ Date: _____

Comments: _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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



NIAGARA COUNTY JOB POSTING

EMPLOYMENT QUESTIONNAIRE

This confidential and voluntary reply will be used to evaluate recruitment, application, interview and hiring methods. This reply will be used for statistical purposes only and will be separated from your application prior to consideration for acceptance or employment.

Age: _____ Gender: Male Female Non-Binary

Ethnic Group (check only one which identifies your group)

- No Answer
- White (not of hispanic origin) - a person having origins in any or the original peoples of Europe, North Africa, or the Middle East.
- Black (not of hispanic origin) - a person having origins in any of the black racial groups.
- Hispanic - a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander - a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native - a person having origins in any of the original peoples of North American, and who maintains cultural identification through tribal affiliation or community recognition.
- Multi-Ethnic - a person having origins in more than one of the groups listed above.

Please specify: _____

Do you qualify for any of the categories below?

- Person with a Disability - a person who has some particular impairment. This includes physical disabilities or other related disabilities.
- Disabled Veteran - disabled veteran means a veteran who is receiving at least 10% disability pay for a service related ailment or injury.
- Vietnam Era Veteran - Vietnam veteran means a person who served on active duty (not active duty for training) for a period of more than 180 days, any part of which occurred between January 1, 1963 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge.

How did you become aware of this position?

- Newspaper Advertisement Publication: _____
- Website Name of Website: _____
- Informal Network Job Posting

Other: _____