

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 Parised 2/1/2016

| | 11005 1011504 2/1/ | 2010 | |
|--|---|---|-------------------|
| Position applying for: | | Municipality: | |
| Name: | | | |
| Last | First | Middle Initial | |
| | e to a change of name, use of an ass yes, please provide any such addition | sumed name, or nickname necessary to al names. | enable a check on |
| Mailing Address: | | | |
| Street (or PO B | ox) City | State | Zip Code |
| Residence Address: Street (P.O. Box | will not be accepted, must use current home add | ress) City State Zip Cod | e County |
| Have you been a resident of Niaga | ra County for the past one (1) month? | ☐ Yes ☐ No | |
| Home Telephone Number: | Other | Telephone Number: | |
| Email address: | Socia | l Security Number (complete): | |
| Have you served in the U.S. Armed | d Forces on active duty? Yes N | o Dates of active service: From | То |
| Are you a citizen of the United Sta | tes? Yes No If no, do y | ou have a legal right to work in the U.S.? | ☐ Yes ☐ No |
| Do you have a valid NY State Driv | ver's License? Yes No I | f yes, what class? | |
| | | epresent an automatic bar to employ isibilities of the position for which y | |
| Did you ever resign from any empl Were you ever convicted of any vi- Do you currently have any crimina Did you ever receive discharge fro | olation of law other than a minor traffi | Yest Yest | No |
| Provide an explanation to any of | the above for which you marked "Y | es." | |
| | | | |
| | | | |
| | | | |
| | For Office Use | Only | |
| Qualified: Yes No | Conditional: | | |
| Reviewed by: | Date: | | |
| Comments: | | | |

| Do you have a lic | fication - Subi | | and the second of the second of the second | | and the second s | |
|---|---|--|--|--|--|---|
| is this license/cer | ense, certification | mit a copy of th a, or other authorize ent? Yes | ation to practice a tr | ation with your appl ade or profession? \(\sime\) Y | ication Tes No | |
| Name of trade or | profession: | | | _ License/Certificate N | Number: | |
| | | | | | to: | |
| High School I Have you receive | Education ed a High School I | Diploma? Yes | ☐ No Check the | highest grade completed | d □8 □9 □10 □ | 11 |
| If yes, provide na | me & location of | the high school or | issuing governmen | t authority: | | |
| | | | | | opy or Indicate # | |
| Education ab | | ol level – Offici ation (State) Cou | | ripts must be submit Credits Completed Sem. Hrs. Qtr. Hrs. | | le Received |
| | | | | | | |
| | | | the state of the s | | | |
| | | | | | | |
| Training Other training yo | ou received (i.e. w | The second secon | | | e training hours received. | |
| | | | | | Hours | |
| Course/Program | | | | | nours | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Work Histor | y – List your c | complete post-h | igh school work | history. Include dat | tes, all employers, & r | eason for |
| | | heets if necessar | | | | |
| reaving. Atta | | and the second second second | | | | |
| | d for Niagara Co | untv? TYes | No Date: | Department: | | |
| Have ever worke | | | No Date: | Department: | Reason for Leaving | |
| Have ever worke | ed for Niagara Cor End Date(M/D/Y) | | No Date: | Department: | Reason for Leaving | |
| Have ever worke | | | No Date: | Department: | Reason for Leaving | |
| Have ever worke | | | No Date: | Department: | Reason for Leaving | |
| Have ever worke | | | No Date: | Department: | Reason for Leaving | |
| Have ever worke | | | No Date: | Department: | Reason for Leaving | |
| Have ever worke | | | No Date: | Department: | Reason for Leaving | |
| Have ever worke | End Date(M/D/Y) | Employer | | | | |
| I declare that the by me and to the Misdemeanor wootherwise submisubmit to a phy State and nation | ne statements made best of my known der Section 210. it thereto, that in sical examination nal criminal history | le in this application owledge and belief 45 of the Penal La accordance with and urinalysis testory background in | on (including staten are true and corr w and may result i existing pre-employ it as a condition for eyestigation, which | nents made in my accomect. Any false statemen n termination of employ ment physical and drug employment. Applican will include a fingerpri | npanying papers) have been ts made are punishable as ment. I further understan g testing policy, I may be tts may also be required to nt check, to determine sui | s a Class A id, and will required to undergo a |
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