*LEAVE THIS SPACE BLANK* DATE RECEIVED:

TIME:	AM
	PM
BY:	 

# MUNICIPAL CIVIL SERVICE COMMISSION NIAGARA FALLS WATER BOARD APPLICATION FOR EMPLOYMENT

*LEAVE THIS SPACE BLANK* EMPLOYEE #

APPROVED BY:

DISAPPROVED BY:

#### TITLE OF POSITION APPLYING FOR

This application is part of your examination. Answer all questions fully and carefully in ink or on typewriter. Some questions can be answered with an "x" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

1. Social Security Nun	nber: XXX-XX-		Sex: 🗆 M	7. SERVICE IN ARMED FORCES:		
, , , , , ,			□ F	[A] Have you ever served in the armed forced of the U.S.?		
2. FULL NAME:				[A] 🗆 YES 🗆 NO		
Last	Firs	st	Mi	[B] If "YES", have you ever received a discharge from such		
				forces which was other than honorable?		
				[A] 🗆 YES 🗆 NO		
St	reet address or Rd			If answer is "YES", give full particulars on additional sheet		
				[C] Date of entry into active service.		
Post Office	State	Zip C		[D] date of discharge		
IMMEDIATE NOTICE SH			POST	[E] Service Serial Number:		
OFFICE ADDRESS BEFOR	RE OR AFTER EXAMINAT	ION				
3. PHONE NUMBER				8. Were you ever dismissed from any public employment for		
				disciplinary reasons? [A]   YES  NO		
4. RESIDENCE: Fill in	names of the city or villa	ige, town, co	unty, state,	If answer if "Yes", give full particulars:		
school & District # of wh						
Show for how long you h		n <u>each</u> immeo	diately			
preceding the date of the	NAME OF	YEARS	MONTHS	9. VETERANS CREDITS		
City or Village		ILAK5	MONTHS	[Applicable for Civil Service Examinations only]		
Town				[A] Do you claim additional credits in this examination as an		
County				Honorably discharged disabled veteran on the basis		
State				Of a war-incurred disability recognized and rated by the		
School District No.	1		1	U.S. Veterans Administration at 10% or more?		
Name of School District				[A] □ YES □ NO		
5. <i>CITIZENSHIP:</i> AR			D STATES?			
[A] YES, by birth.	[A	-		[B] Do you claim additional credits in this examination as an		
[B] YES, by naturalizatio	n. [E	[] 🗆		Honorably discharged [non-disabled] was veteran? [B]  □ YES  □ NO		
[C] NO, not a citizen	[0					
These questions are requ				[C] Have you ever, since January 1, 1951, been permanently		
Commission for Human I				appointed or promoted, in the service of this State or any of		
officers. If you are a national naturalization of parent of the second s				its civil divisions from an eligible list as a result of additional		
person or send proof by				credits granted you on the list?		
by registered mail.				[C] $\Box$ YES $\Box$ NO If answer is yes, name the commission that established list.		
6. Have you any obje	ctions to this departm	nent making	inquiry	10. Have you a license, certificate or other authorization to		
regarding your charac				Practice a trade or profession?        YES   NO		
[A] Your former employe	ers? [A	] 🗆 YES	□ NO	Name of trade or profession:		
[B] Your present employ	yer? [A]	□ YES	□ NO	Granted by [Licensing Agency] City or State of Licensed from: to:		
If answer is "YES" to eith	ner [A] or [B] explain.					
				11. Have you ever taken any other examinations given by this		
				commission? If "yes" give titles and dated		
				List on back of application		

### DECLARATION:

I declare, subject to the penalties of perjury, that the statements made in this application [including statements made in any accompanying papers] have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of applicant

Date

### 11. [con't from front] Titles of Examinations and Dates

TITLES	DATES	TITLES	DATES

## 12. EDUCATION: [if more space is required for explanation, attach additional sheets above this line.]

Type of school	Name of School and Location	Date of A [Month ar	ttendance nd Year]	No. of Years	Were you Gradu-				Circle highest	school year c	ompleted in
		То	From	Completed	ated?				Grammar, Ju	nior High or F	ligh School
Grammar						Day or	Full or	Type of Course	1 2	3 4	56
Junior High						Night	Part Time	or Major Subject	7 8	9 10	11 12
High School									Number of		
*If you have a	a New York State Equival	ency Diplon	na, give num	ber and year o	f issue.				College Credits Received	Degree Received	Date of Degree
College, University Professional or Technical School											
Other Schools or Special Courses											
13. <i>COLLEGE TRANSCRIPTS</i> [OMIT IF NOT APPLICABLE] [A] is transcript submitted herewith?					14. If a motor vehicle license is required for the position for which you are applying, give the following:				vhich you		
[B] is college to forward transcript?   YES  NO					Chauffe		Operator 🛛	Class:		_	

15. *EXPERIENCE:* Describe under the headings given below any employment of occupation you have ever had which includes experience that tends to qualify you for the position sought, and as far as possible, every other employment, including war service. Begin with your most recent employment and work backward consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed.

Length	n of Em	ployment		Firm Name:	Address:	City and State:		
From:	Mo.	Yr.		Type of Business:	Your Title:	Name and Title of Immediate Supervisor:		
To:	Mo.	Yr.		DUTIES: Describe the nature of	of the work personally performed b	y you, with estimated percentage of time on each		
Total:		Yrs.	Mos.	Type of work. State size and kind of working force, if any, supervised by you and intent of such supervision.				
Total h	nrs per	WEEK:	hrs.					
Reaso	n for Le	aving:						

Length of Employment				Firm Name:	Address:	City and State:		
From:	Mo.	Yr.		Type of Business:	Your Title:	Name and Title of Immediate Supervisor:		
To:	Mo.	Yr.		DUTIES: Describe the nature	of the work personally performed	by you, with estimated percentage of time on each		
Total:		Yrs.	Mos.	Type of work. State size and kind of working force, if any, supervised by you and intent of such supervision.				
Total hr	rs per \	WEEK:	hrs.					
Reason for Leaving:								
		-						

Length of Employment	Firm Name:	Address:	City and State:		
From: Mo. Yr.	Type of Business:	Your Title:	Name and Title of Immediate Supervisor:		
To: Mo. Yr. Total: Yrs. Mos.	DUTIES: Describe the nature of the work personally performed by you, with estimated percentage of time on each Type of work. State size and kind of working force, if any, supervised by you and intent of such supervision.				
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Total hrs per WEEK: hrs.					
Reason for Leaving:					