

CITY OF LOCKPORT
 ONE LOCKS PLAZA, LOCKPORT NEW YORK 14094

THE CITY OF LOCKPORT IS AN EQUAL OPPORTUNITY EMPLOYER AND AFFIRMS THE RIGHT OF EVERY PERSON TO PARTICIPATE IN EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, MARITAL STATUS, NATIONAL ORIGIN, DISABILITY OR OTHER CHARACTERISTICS PROTECTED BY LAW

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Title of Position Applying For _____ Examination Number _____

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.

1. NAME, MAILING ADDRESS and PHONE (Please Print)
 Last: _____ First: _____ M.I.: _____

Street Address: _____

City or Post Office Box: _____

Phone Numbers: Area Code _____
 Home: () _____
 Business: () _____

2. SOCIAL SECURITY NUMBER:

3. ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

If not, or if maximum or minimum age limits are established for the position you are applying for, enter your date of birth here:

Month: _____ Day: _____ Year: _____

4. VETERANS CREDITS (See Instruction E)
 If, for this examination, you wish to claim additional credit as an honorably discharged veteran, check the appropriate box below and answer questions 9 A - F.

- DISABLED WAR VETERAN
 NON-DISABLED WAR VETERAN

5. Fill in the names of the City or Village, Town, County, State, School District of which you are an actual permanent resident. Show for how long you have continuously lived in each immediately preceding the date of this application.

	NAME	YEARS	MONTHS
City or Village of:	_____	_____	_____
Town of:	_____	_____	_____
County of:	_____	_____	_____
State of:	_____	_____	_____
School Dist of:	_____	_____	_____

6. SPECIAL ARRANGEMENTS (Optional - See Instruction D)
 RELIGIOUS OBSERVER HANDICAPPED PERSON

7. Are you lawfully entitled to work in the U.S.?: YES NO

- 8. Check the appropriate box to the right of each question:**
- Have you ever been dismissed or discharged 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
 - Did you ever receive a 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
 - Have you ever been convicted of any crime (felony or misdemeanor)? YES NO
 - Are you now under charges for any crime? YES NO

If you answered "YES" to any of the questions 8 A-E above you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

FOR CIVIL SERVICE USE ONLY

Date Received: _____ Approved
 Conditional
 By: _____ Disapproved

None of the circumstances answered in question 8 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(s) for which you are applying.

9. Answer questions 9 A-F only if you are claiming additional credits as disabled or non-disabled veteran for the examination(s) indicated on this application. Be sure that you read instruction E relating to "Veterans Credits" and have claimed these credits in Question 4.

- 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 basis other than active duty for training purposes.) YES NO
- If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? YES NO
- 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
- Were you a resident of the United States during any of the following periods?
 - World War I, from the sixth day of April, 1917, to and including the eleventh day of November, 1918.
 - World War II, from the seventh day of December, 1941, to and including the thirty-first day of December, 1946.
 - Hostilities participated in the military forces of the United States, from the twenty-seventh day of June, 1950, to and including the thirty-first day of January, 1955
 - Hostilities participated in the military forces of the United States, from the twenty-second day of December, 1961, to the seventh day of May, 1975.
 - Hostilities participated in the military forces in Lebanon, from the first day of June, 1983 to the first day of December 1987, as established by the receipt of the Armed Forces expeditionary medal, the Navy expeditionary medal or the Marine Corps expeditionary medal.
 - Hostilities participated in the military forces in Grenada, from the twenty-third day of October, 1983 to the twenty-first day of November 1983, as established by the receipt of the Armed Forces expeditionary medal, the Navy expeditionary medal or the Marine Corps expeditionary medal.
 - Hostilities participated in by the military forces of the United States in Panama, from the twentieth day of December, 1989 to the thirty-first day of January, 1990, as established by the receipt of the Armed Forces expeditionary medal, the Navy expeditionary medal or the Marine Corps expeditionary medal.
 - Hostilities participated in by the military forces of the United States in the Persian Gulf, from the second day of August 1990 to the end of such hostilities. YES NO
- Are you currently a resident of New York State? YES NO
- 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?

NOTE: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in disapproval.

ALL STATEMENTS SUBJECT TO VERIFICATION

AFFIRMATION ON PAGE 4 MUST BE COMPLETED

Do not write in this column
 0

Do not write in this space Training and Experience	
Rated By:	
Checked By:	

10. EDUCATION: If credit is claimed for a partially completed college curriculum or correspondence course, attach a list of courses and credit or semester hours completed. Indicate how many credit hours or courses are required for graduation. If required to indicate specific course work, do so on an attached sheet. Do NOT send transcript unless required by announcement.

Have you graduated from High School? YES NO If Yes, Name and Location of school:

If you have a high school equivalency diploma, indicate issuing Governmental Authority:								Number	
	Name of School and City in which it is located:	Day or Night	Full or Part Time	No. of Years Credited	Were you Graduated	Type of Course or Major Subject	Number of College Credits Received	Type of Degree Received	Date Degree Received or expected
College, University, Professional or Technical School									
Other Schools or Special Courses									

11. LICENSES: If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement of the examination(s) for which you are applying, complete the following question: If not currently licensed, check this box:

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or Start of:
Specialty	Date License First Issued	Registered From (month/year) To (month/year)	

12. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State ? YES NO

13. DESCRIPTION OF EXPERIENCE: Beginning with the most recent, describe under the headings below in detail ALL employment 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. If the examination announcement states 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. 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 your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment. (If more space is needed, attach 8 1/2" x 11" sheets of paper.) Under "Duties" for each employment describe the nature of the 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.

LENGTH OF EMPLOYMENT MO. YR. MO. YR. From / To /	FIRM NAME	ADDRESS	CITY & STATE
EARNINGS (circle one) \$/wk /mo /yr	DESCRIPTION OF DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISORS TITLE			
Number of Hrs Worked Per Wk. (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO. YR. MO. YR. From / To /	FIRM NAME	ADDRESS	CITY & STATE
EARNINGS (circle one) \$/wk /mo /yr	DESCRIPTION OF DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISORS TITLE			
Number of Hrs Worked Per Wk. (exclusive of overtime)			

LENGTH OF EMPLOYMENT MO. YR. MO. YR. From / To /	FIRM NAME	ADDRESS	CITY & STATE
EARNINGS (circle one) \$ /wk /mo /yr	DESCRIPTION OF DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISORS TITLE			
Number of Hrs Worked Per Wk. (exclusive of overtime)			
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EARNINGS (circle one) \$ /wk /mo /yr	DESCRIPTION OF DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
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EARNINGS (circle one) \$ /wk /mo /yr	DESCRIPTION OF DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
SUPERVISORS TITLE			
Number of Hrs Worked Per Wk. (exclusive of overtime)			
14. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO If so, are you presently in default of any such loans? (This information is required under Section 50-b of the Civil Service Law, the name and address of any applicant who answers either or both of such questions in the affirmative, shall be transmitted to the New Your State Higher Education Services Corporation, prior to the date on which any examination is administered.)			

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

MAIL OR DELIVER TO:
LOCKPORT CIVIL SERVICE OFFICE
ONE LOCKS PLAZA
LOCKPORT NEW YORK 14094

INSTRUCTIONS AND INFORMATION

A. **ANNOUNCEMENT OF EXAMINATION**
Before filling out your examination, read carefully the announcement for this examination.

B. **ADMISSION TO EXAMINATION**
Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of the score.

C. **CHANGE OF ADDRESS**
Notify this agency immediately of any change of address. When writing, give the number and title of examination.

D. **SPECIAL ARRANGEMENTS**
If you need special arrangements because you are a Religious Observer (for religious reasons cannot be tested on date of examination(s), or a Handicapped Person (require special arrangements in order to participate in the examination(s), you must EITHER:

a. Check the appropriate box in 5 and indicate the special arrangements you require in the REMARKS section below.

OR

b. Write to the agency no later than the last filing date for this examination. Your request must include examination number and title and the type of special arrangements required.

E. **VETERANS CREDITS**
If you are making a claim for veterans credits with this application, be sure you read the following information very carefully.

Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veterans' credits, you must check the appropriate category in question 4 and answer all questions in 9 A-F. Failure to do so accurately and completely may result in a denial of your claim.

Persons claiming credits as disabled war veterans will be contacted by this agency for additional information as necessary.

All claims and grants of veterans' credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such material misstatements or fraud.

F. **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.

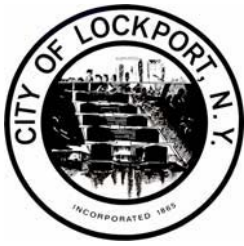
REMARKS: (Use this space to provide any additional information as necessary. If more space is required, attach additional 8 ½ x 11 sheets.)

AFFIRMATION, CONDITIONS FOR EMPLOYMENT AND AUTHORIZATION

Please read the following statements as they constitute conditions for employment::

1. I hereby affirm, under penalty of perjury, that the information that I have provided on this application is accurate and true to the best of my knowledge. I further affirm, under penalty of perjury, that I have read this completed application and I have not withheld any information or response to any questions. I understand that any misrepresentation or omission of a fact on my application or during the interview process, regardless of when such misrepresentation or omission is discovered, may result in the refusal of employment, or if employed, shall constitute cause for immediate termination.
2. I understand and agree that if I am considered for employment by the City of Lockport ("City"), the persons, schools, current and prior employers, and other organizations named in this application are authorized by me to verify the information I have provided and to provide the City with information that may be requested by it to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
3. I will be able, if hired, to certify that I am authorized to work in the United States of America and understanding that, in accordance with the immigration Reform and Control Act, I will be required to provide timely documentation of identity and employment eligibility.
4. In the event that I am employed, I agree to conform to the City's rules and regulations.

Candidate's Signature: _____ **Date:** _____



CITY OF LOCKPORT



EQUAL EMPLOYMENT OPPORTUNITY REPORTING

TO HELP US COMPLY WITH FEDERAL/STATE EQUAL EMPLOYMENT OPPORTUNITY RECORDKEEPING, REPORTING, AND OTHER LEGAL REQUIREMENTS, PLEASE COMPLETE THIS FORM AND RETURN TO:

*CITY OF LOCKPORT
AFFIRMATIVE ACTION OFFICER, CIVIL SERVICE OFFICE
ONE LOCKS PLAZA
LOCKPORT, NEW YORK 14094*

COMPLETION OF THIS FORM IS VOLUNTARY ON THE PART OF THE APPLICANT. ALL COMPLETED FORMS RETURNED TO THE CITY OF LOCKPORT, WILL BE MAINTAINED SEPARATELY FROM ANY OTHER FORMS OR EMPLOYMENT APPLICATIONS.

THANK YOU FOR YOUR COOPERATION

NAME: _____
(Please Print)

ADDRESS: _____

POSITION APPLIED FOR: _____

HOW DID YOU HEAR OF THIS POSITION?: _____

If Civil Service Job Posting, where: _____

Do you have a disability? YES NO

If yes, the nature: Hearing Speech Mental Visual Ortho Multi
 Other (please specify): _____

Do you need reasonable accommodation to perform the essential tasks of the job? YES NO

(If yes, please describe: _____)

Are you presently under handicapped status pursuant to Section 55-a of New York's Civil Service Law? YES NO

Are you a volunteer Firefighter? YES NO

If yes, are you an exempt volunteer? YES NO

Are you a veteran? YES NO

Are you a Vietnam-era Veteran? YES NO

Are you a Disabled Veteran? YES NO

Your Sex:..... MALE FEMALE

Your Race: White African-American Hispanic Asian, Pacific Islander
 Native American or Alaskan Native
Other (please specify): _____