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TONAWANDA CIVIL SERVICE COMMISSION  
200 NIAGARA STREET  
TONAWANDA, NEW YORK 14150

**APPLICATION FOR  
EXAMINATION OR EMPLOYMENT**

Number
APPLICATION Approved by _____ Disapproved by _____

NUMBER AND EXACT TITLE OF EXAMINATION OR TITLE OF POSITION APPLYING FOR

Exam Number	Title	Date of Exam

NOTE: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH EXAMINATION YOU WISH TO TAKE.

You must attach a check or money order (payable to City Treasurer) for each examination. Consult the exam announcement for the correct filing fee. There are **NO** refunds.

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 Name	First	M.I.
Street Address		
City or Post Office	State	Zip Code
Phone (Include Area Code) Home:		Business:

2. SOCIAL SECURITY NUMBER

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3. Are you 18 years of age or older? YES  NO

If minimum and/or maximum age requirements are established for this position, enter your birth date:  
Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. If you wish to apply for veteran's credits on this examination, check this box and refer to page 4 of this application.

5. SPECIAL ARRANGEMENTS  
 Religious Accommodations  Handicapped Person  Active Military

6. If you need special arrangements to participate in this examination because you are a handicapped person, describe the type of assistance you require.

7. Are you a Citizen of the United States? YES  NO

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States? YES  NO   
(Non-citizens may be required to produce 1-151 or 1-551 Alien Registration Cards at time of appointment.)

8. Check appropriate box to the right of each question.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?  YES  NO
- B. Did you ever resign from any employment rather than face dismissal?  YES  NO
- C. Did you ever receive a Dishonorable Discharge from the armed forces of the United States?  YES  NO
- D. Have you ever been convicted of any crime (felony or misdemeanor)?  YES  NO
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?  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.

**None of the above circumstances 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 for which you are applying.**

9. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

NAME	Yrs.	Mos.
City of _____		
County of _____		
State of _____		

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

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION**

**THIS AFFIRMATION MUST BE COMPLETED.** I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement, omission or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Indicate any other name(s) by which you have been known that is necessary to verify former employment and/or education.  
(Please Print)

**10. EDUCATION**  
If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment.

- I have requested my college to send my transcripts to the Tonawanda Civil Service Commission  
 My transcript(s) are attached       My transcript(s) are on file with the Tonawanda Civil Service Commission

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

If you have a high school equivalency diploma, indicate: Issuing Governmental Authority      Number      Date of Issue

	Name of School and City in which located	Dates of Attendance (Month and Year)		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	Date Degree Rec'd or Expected
		From	To								
College University Professional or Technical School	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Other Schools or Special Courses	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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

Name of Trade or Profession	License	Granted by (licensing agency)	City or State of
Specialty	Date License First Issued	Registered From: (Mo./Yr.)	To: (Mo./Yr.)

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 EXPERIENCE** Beginning with the most recent, describe below in detail ALL employment that is pertinent to the position applied for. 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. Relevant volunteer (unpaid) experience will be considered if verified and fully documented. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission or vagueness will NOT be interpreted in your favor. If you have had military service which includes experience pertinent to the position, describe such experience as a separate employment. 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 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, 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.

<b>LENGTH OF EMPLOYMENT</b> MO    YR    TO    MO    YR FROM /    /    /    /    /	FIRM NAME	ADDRESS	CITY AND STATE
<b>EARNINGS (Circle One)</b> \$                      /WK/MO/YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of Hours worked per week (exclusive of overtime)			
<b>LENGTH OF EMPLOYMENT</b> MO    YR    TO    MO    YR FROM /    /    /    /    /	FIRM NAME	ADDRESS	CITY AND STATE
<b>EARNINGS (Circle One)</b> \$                      /WK/MO/YR	DESCRIBE DUTIES BELOW:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of Hours worked per week (exclusive of overtime)			

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LENGTH OF EMPLOYMENT MO YR MO YR		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /		DESCRIBE DUTIES BELOW:		
EARNINGS (Circle One) \$ /WK/MO/YR				
TYPE OF BUSINESS				
YOUR EXACT TITLE				
NAME OF YOUR SUPERVISOR				
SUPERVISOR'S TITLE				
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**ALL STATEMENTS ARE SUBJECT TO VERIFICATION**

**MAIL OR DELIVER TO: TONAWANDA CIVIL SERVICE COMMISSION,  
200 NIAGARA STREET, CITY OF TONAWANDA, NEW YORK 14150**

VETERAN'S CREDITS INSTRUCTIONS AND INFORMATION

According to Civil Service Law, additional credits in examinations are granted to successful candidates who have claimed and established status as disabled or non-disabled veterans.

These credits are granted on the following basis:

- DISABLED VETERANS: 10 points for Open-Competitive Exams, 5 points for Promotional Exams
NON-DISABLED VETERANS: 5 points for Open-Competitive Exams, 2.5 points for Promotional Exams

These additional credits, which are combined with the final score obtained in the examination, may be granted to PASSING CANDIDATES at the time of establishment of the eligible list. Veterans' credit forms will be accepted until such time as the eligible list is established. It is the responsibility of the candidate to insure that all required forms are filed timely.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veteran, you must:

- 1. Have served on ACTIVE DUTY with the Armed Forces of the United States in time of war. War times are defined by New York State Law.
2. Have been honorably discharged or released under honorable conditions from such service.
3. Submit a legible photocopy of separation papers each time you apply for an examination (i.e. FORM DD-214 or NAVPERS-553 along with form MSD 332 VCL - available in the civil service office) from the Armed Forces of the United States. DO NOT SEND ORIGINAL.

DISABLED VETERANS

In order to be eligible for additional credits as a disabled veteran, in addition to meeting the requirements of items 1, 2 and 3 listed above, you must also complete, FOR EACH TITLE, Form MSD 332 - VC-3, (Authorization for Disability Record), in duplicate and forward BOTH copies immediately to the Regional Office of the United States Veterans Administration where your application for disability pension is on file. This form is also available in the civil service office.

The Veterans Administration will retain a copy for its files and will return a copy to this Department for processing. Disabled veterans must have war-incurred disability of at least ten percent (10%) certified by the Veterans Administration at the time of application for additional credits.

Note: Effective January 1, 1998, the State Constitution was amended to permit a candidate currently in the armed forces to apply for and be conditionally granted veteran's credit in examinations. Any candidate who applies for such credit must provide proof of military status to receive the conditional credit. No credit may be granted after the establishment of the list. It is the responsibility of the candidate to provide appropriate documentary proof indicating that the service was in time of war, as defined in Section 85 of the Civil Service Law, and that the candidate received an honorable discharge or was released under honorable conditions in order to be certified at a score including the veteran's credit.

I am currently serving on active duty in the armed forces and wish to apply for veteran's credit. [ ] YES [ ] NO

CIVIL SERVICE LAW LIMITS THE USE OF VETERANS' CREDIT TO ONE PERMANENT COMPETITIVE CLASS APPOINTMENT WITHIN NEW YORK STATE.

- 14 A. Do you claim additional credits as an honorably discharged war veteran for this examination?
1. [ ] YES, AS A NON-DISABLED VETERAN
2. [ ] YES, AS A DISABLED VETERAN
3. [ ] NO.

If you checked YES, complete 14B, C, D and E.

B. Have you attached a copy of your separation papers to this application? YES [ ] NO [ ]

C. Have you previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State? YES [ ] NO [ ]

D. With the exception of the federal service, have you ever been employed by a governmental agency other than the City of Tonawanda (e.g., Buffalo, New York State, Office of Court Administration, or another municipality within New York State)? YES [ ] NO [ ] If you checked YES, complete the following:

Government Name \_\_\_\_\_
Length of Employment From \_\_\_\_\_ To \_\_\_\_\_
Department \_\_\_\_\_
Your Official Title(s) \_\_\_\_\_

(Attach additional sheets if necessary)

E. Please print your name here:

Social Security Number \_\_\_\_\_

EXAMINATION # AND TITLE: \_\_\_\_\_

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

CITY OF TONAWANDA - AN EQUAL OPPORTUNITY EMPLOYER

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets).