For office use only – leave this space blank

Meeting _____

Approved _____ Disapproved _____

City of Buffalo

Department of Human Resources
Division of Civil Service
65 Niagara Square, 1001 City Hall
Buffalo, NY 14202-3370

OPEN COMPETITIVE APPLICATION

Fees
C ☐
M.O. ☐
WAIVED ☐

For office use only – leave this space blank

Type of Appt. _____

Med. Exam _____

Investigation _____

_____

This application is part of your examination. Before completing this form, carefully read all directions on the instruction and information sheet and/or examination announcement. Print in ink. Attach additional sheets, if necessary, in order to give complete and detailed information concerning education and work experience. Failure to complete this application in its entirety may result in disqualification. **Only original applications will be accepted.**

1. Exam Title

2. Exam Number

3. Last Name

4. First Name

M. I.

5. Street Address

6. City

7. State

8. Zip Code

9. Social Security Number

10. Date of Birth: (MM-DD-YYYY)

11. Are you under 18 years of age?

YES ☐ NO ☐

12. Home Phone:

13. Daytime Phone:

14. **Check below if you are requesting special arrangements:**

☐ **Religious Accommodations** (for religious observance or practice and cannot be tested on Saturdays)

☐ **Disabled Person** (describe type of assistance needed in the space provided below)

15. **Service in the Armed Forces**

"The Armed Forces of the United States" is defined as the Army, Navy, Marines, Air Force, Coast Guard, and the National Guard when in the service of the United States. Such service must have been on a full time active duty basis, other than for training purposes.

A. **I am currently serving on active duty** in the Armed Forces and wish to apply for veterans credit. I understand that veterans credits shall be granted **on a conditional basis** at time of establishment of the eligible list. I understand I must be restricted from certification using these credits until I have received an honorable discharge or was released under honorable conditions and I present appropriate documentary proof of service during time of war.

Yes ☐ No ☐

B. I received an honorable discharge or was released under honorable conditions from the Armed Forces of the United States for service in time of war and **wish to claim veterans credits.**

Yes ☐ No ☐

I am claiming additional veterans credits as follows:

☐ **YES as a non-disabled war veteran.**

☐ **YES as a disabled war veteran** _____%
(Disabled veteran forms must be filed with application)

☐ **YES currently serving.**

Date of entry to active duty _____

Date of Discharge or contemplated discharge _____

FORM DD-214 MUST BE ATTACHED WHEN YOU SUBMIT YOUR APPLICATION WHEN CLAIMING VETERANS CREDITS.

C. 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?

Yes ☐ No ☐

☐ I am claiming additional points available to <u>CHILDREN</u> of Firefighters and Police Officers killed in the line of duty. (Sec. 85-a Civil Service Law).

☐ I am claiming additional points available to <u>SIBLINGS</u> of Firefighters and Police Officers killed in the line of duty as a result of the September 11th World Trade Center Attack (Sec. 85-b Civil Service Law).

*** If you are claiming credit, contact the Civil Service Office at the above address for further information and required documentation.**

The City of Buffalo is an Equal Opportunity Employer.

16. (A) Are you a U. S. Citizen? Yes ☐ No ☐

(B) Do you have the legal right to reside and accept employment in the U. S.? Yes ☐ No ☐

Fill in your Alien Registration Number (if applicable) _____

(Non-citizens may be required to produce an I-151 or I-551 alien registration card at the time of appointment)

17. RESIDENCE

How long have you resided continuously in the City of Buffalo immediately preceding this application? _____ years.

Beginning with your present address, state your residence for the last five (5) years and dates which you resided at each.

STREET ADDRESS:		
CITY:	FROM:	TO:

STREET ADDRESS:		
CITY:	FROM:	TO:

STREET ADDRESS:		
CITY:	FROM:	TO:

STREET ADDRESS:		
CITY:	FROM:	TO:

STREET ADDRESS:		
CITY:	FROM:	TO:

(For questions 18 -22) Note the required qualifications on the examination announcement. Make sure you answer all questions which pertain to the requirements listed on the announcement for the examination for which you are filing.

18. EDUCATION

Have you graduated from High School? YES ☐ NO ☐ If YES, list name and location of High School below:

Name of School:		Year Graduated:
Street Address:	City:	State

Have you obtained a High School Equivalency or GED? YES ☐ NO ☐ If YES, list Government Authority below.

Government Authority:	Number:	Date of Issue:

If the qualifications on the exam announcement require specific courses, list the courses taken, and if applicable, credits received and semester hours completed. Submit transcript, if required.

19. COLLEGE, UNIVERSITY, PROFESSIONAL TECHNICAL SCHOOL

Name of School:				City:
Dates of Attendance: (Month & Year)	FROM:	TO:	Day or Night:	Full or Part Time:
No. of years credited:	Did you graduate?	Type of Course or Major Subject:		
No. of college credits received:	Type of Degree received:	Date Degree received or expected:		

Name of School:				City:
Dates of Attendance: (Month & Year)	FROM:	TO:	Day or Night:	Full or Part Time:
No. of years credited:	Did you graduate?	Type of Course or Major Subject:		
No. of college credits received:	Type of Degree received:	Date Degree received or expected:		

Name of School:				City:
Dates of Attendance: (Month & Year)	FROM:	TO:	Day or Night:	Full or Part Time:
No. of years credited:	Did you graduate?	Type of Course or Major Subject:		
No. of college credits received:	Type of Degree received:	Date Degree received or expected:		

20. 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 for which you are applying, complete the following questions.

Name of Profession:		Number:	Granted by (Licensing Agency):
City or State of:	Specialty:	Date License First Issued:	Current License (Mo. / Year): From: To:

21. DRIVER'S LICENSE

Do you have a valid New York State Driver's License? YES ☐ NO ☐

Date of Expiration: _____ Class: _____

22. DESCRIPTION OF EXPERIENCE: Beginning with your most recent employment, describe below in detail **ALL** employment that is pertinent to the position for which you are applying. If your experience is part-time employment, indicate this under hours worked per week. If the examination announcement states that volunteer experience is acceptable as qualifying, describe it the same way as work experience, 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 you have any military service which includes experience relevant to the position for which you are applying, describe such employment as a separate employment. If your title or duties changed during the service to any employer, indicate such changes as a separate employment. Under "DUTIES" for each employment, describe the nature of the work personally performed by you. (If more space is needed, attach an 8.5 x 11 sheet of paper).

Length of Employment:		Month	Day	Year	Firm Name:	Address:	City and State:
	From:						
	To:						
Hours worked per week:					DUTIES:		
Earnings:	Circle one: WK / MO / YR						
Type of Business:							
Your Exact Title:							
Name of Supervisor							
Supervisor's Title:							

Length of Employment:		Month	Day	Year	Firm Name:	Address:	City and State:
	From:						
	To:						
Hours worked per week:					DUTIES:		
Earnings:	Circle one: WK / MO / YR						
Type of Business:							
Your Exact Title:							
Name of Supervisor:							
Supervisor's Title:							

Length of Employment:		Month	Day	Year	Firm Name:	Address:	City and State:
	From:						
	To:						
Hours worked per week:					DUTIES:		
Earnings:	Circle one: WK / MO / YR						
Type of Business:							
Your Exact Title:							
Name of Supervisor:							
Supervisor's Title:							

Length of Employment:		Month	Day	Year	Firm Name:	Address:	City and State:
	From:						
	To:						
Hours worked per week:					DUTIES:		
Earnings:	Circle one: WK / MO / YR						
Type of Business:							
Your Exact Title:							
Name of Supervisor:							
Supervisor's Title:							

23. Section 50-b of New York State Civil Service Law requires all applicants for examination be asked the following questions:

a. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding? YES ☐ NO ☐

b. If so, are you presently in default on any such loan? YES ☐ NO ☐

If YES, you will be required to complete a supplemental form which is available in the Department of Human Resources, Civil Service Office.

REMARKS: Use this space to provide any additional information, as necessary. (If more space is required, attach additional 8.5 x 11 sheets.)

24. If you have filed or are filing an application for another city, county or state examination being held on the same day, please list below.

Exam Number	Title	County/State

THIS AFFIRMATION MUST BE COMPLETED. I affirm that all statements made on this application (including any attached papers) are true under 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 or fraud may disqualify me from appointment and/or to revocation of my appointment.

SIGNATURE OF APPLICANT DATE

PLEASE PRINT ANY OTHER SURNAME (LAST NAME) BY WHICH YOU HAVE BEEN KNOWN

NOTE: Verify that all questions have been answered. An incomplete or illegible application may result in your disqualification for the position for which you are applying.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATIONS

The information which you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination(s) for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (c), and (f). Failure to provide this information may result in disapproval of this application.

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX ORIENTATION, MILITARY STATUS, SEX, DISABILITY, PREDISPOSING GENETIC CHARACTERISTICS, MARITAL STATUS, DOMESTIC VIOLENCE VICTIM 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 ORIENTATION, MILITARY STATUS, SEX, DISABILITY, PREDISPOSING GENETIC CHARATERISTICS, MARITAL STATUS, DOMESTIC VIOLENCE VICTIM STATUS OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

Mail or deliver this application (with examination fee, if applicable) to:

Department of Human Resources
Division of Civil Service
65 Niagara Square, 1001 City Hall
Buffalo, NY 14202-3370

City of Buffalo
Department of Human Resources/Civil Service

OPEN COMPETITIVE: INSTRUCTIONS AND INFORMATION

ANNOUNCEMENT OF EXAMINATION

- Before completing your application, read the announcement for this examination carefully. When completing your application be sure to enter, in Questions 1 & 2, the examination title and number which identifies the examination for which you are applying. The examination number is immediately following the title of the position indicated on the examination announcement.

ADMISSION TO EXAMINATION

- If it is determined that an applicant meets the qualifications for an examination he/she will receive an admission notice for the exam approximately one week before the examination date.
- **Call the Civil Service Office if you do not receive an admission notice within three days of the date of the examination. The Civil Service Office will not be responsible for candidates who do not appear for an examination because they did not receive an admission notice.**
- If time does not permit complete review of all examination applications prior to an exam, applicants may be admitted on a "conditional" basis. Candidates will be advised of the same. At the time of review, candidates who do not meet the qualifications will be disqualified. Candidates who are subsequently disqualified after taking the examination will NOT be notified of their score.

APPLICATION FEE

- An application fee is required for each examination for which you are applying. The fee amount is indicated on the exam announcement. You must submit the required fee with this application. (Only cash or money orders will be accepted, personal checks will not be accepted.) You are urged to compare your qualifications carefully with the requirements listed on the announcement since **the application fee is not refundable.**

APPLICATION FEE WAIVER

Exceptions to the filing fee will be made for the following reasons:

- Candidates currently unemployed **and** primarily responsible for support of a household
  (NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for application fee waiver as head of household)
- Eligible for Medicaid
- Receiving Supplemental Security Income (SSI) payment
- Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance)
- Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency
- A member of a union eligible for waiver through the contract

FEE WAIVERS MAY BE OBTAIND FROM THE CIVIL SERVICE OFFICE, RM. 1001 CITY HALL AND MUST BE SUBMITTED AT THE TIME OF FILING THE APPLICATION, ALONG WITH VERIFICATION OF THE ABOVE. ALL FEE WAIVERS WILL BE VERIFIED.

RESIDENCE

- City of Buffalo residence is a requirement for all positions. In the absence of clear and convincing evidence to the contrary, an applicant shall be deemed a non-resident if he or she cannot prove continuous and uninterrupted residence in the City of Buffalo for 90 days prior to filing application.

PLEASE TAKE NOTICE THAT THE ORDINANCES OF THE CITY OF BUFFALO MANDATE CONTINUOUS CITY OF BUFFALO RESIDENCE DURING YOUR EMPLOYMENT, EXCEPT FOR POSITIONS SPECIFICALLY EXEMPT UNDER STATE LAW AND THE RULES FOR THE CLASSIED CIVIL SERVICE FOR THE CITY OF BUFFALO.

CHANGE OF ADDRESS

- If at anytime after you file this application you change your address, notify the Civil Service Office immediately, **in writing**, of any change, or complete a Change of Address form which is available in the Civil Service Office. When writing, you must indicate the number and title of examination, and your Social Security Number.

SPECIAL ARRANGEMENTS:

- If you are requesting special arrangements for religious accommodations [for religious observance or practice and you cannot be tested on Saturdays] or a Disabled Person [require special arrangements in order to participate in the examination(s)], you must check the appropriate the box and describe the type of special arrangements needed in the spaces provided in Question 14 on the application.

VETERANS CREDITS

According to Civil Service Law, additional credits in examinations are granted to successful candidates who have claimed and established status as a disabled or non-disabled veteran. Any claim for additional credits for the examination(s) listed must be made with this application. In order for the Civil Service Office to determine your eligibility you must answer all items under Question 15 on the front of the application. Failure to do so, accurately and completely, may result in a denial of your claim. All claims and grants of veterans credits are tentative and must be verified through inspection of discharge papers and disability forms. All statements you make in support of your claim are subject to investigation and substantiation by the Civil Service Office. In the event of subsequent disclosure of any material misstatements or fraud in this claim, your appointment will be rescinded, and any such additional credits removed from your score on all other eligible lists upon which your name appears.

Who is eligible to claim veterans credits on a Civil Service examination?

1. Applicants must have served **on active duty** in the Armed Forces of the United States **during war time periods** designated in NYS Civil Service Law. For more information on dates please contact the Civil Service Office.
2. Applicants **currently serving on active duty** in the Armed Forces of the United States and who wish to apply for veterans credits shall be granted **on a conditional basis** veterans credits at time of establishment of the eligible list. For more information, please contact the Civil Service Office
   Such service must be or have been on a full-time active duty basis, other than for training purposes.

- **Veterans credits are granted on the following basis:**

DISABLED VETERANS	10	points for Open-Competitive Examinations
	5	points for Promotional Examinations
NON-DISABLED VETERANS	5	points for Open-Competitive Examinations
	2.5	points for Promotional Examinations

- 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. Military discharge forms will be accepted until such time as the eligible list is established. It is the responsibility of the candidate to submit military discharge form (DD-214) when filing the application. If you are having difficulty obtaining the necessary forms, write or call the Civil Service Office **prior to examination date.**

VETERAN/NON-DISABLED VETERAN

- The terms VETERAN and NON-DISABLED VETERAN mean a member of the Armed Forces of the United States, who served therein **in time of war**, who was honorably discharged or released under honorable conditions from such service, and who is a citizen of the United States.

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.
  - 2. Have been honorably discharged or released under honorable conditions from such service.
  - 3. Submit a legible photocopy of entire separation papers (i.e. FORM DD-214 or NAVPERS-553) from the Armed Forces of the United States each time you apply for an examination. Copy must include character of service.
    DO NOT SEND ORIGINAL SEPARATION PAPERS

DISABLED VETERANS

- The term DISABLED VETERAN means a veteran who is certified by the United States Veterans Administration as entitled to receive disability payments upon the certification of such Veteran's status for a disability incurred by him **in time of war** and in existence at the time of application for the examination, and that such disability is rated at **ten percent or more**. In order to be eligible for additional credits as a disabled veteran, in addition to meeting the requirements of items 1, 2, 3 as listed above, you must be entitled to receive payments from the Veteran's Administration for a service connected disability rated at 10% or more. You must also complete for each application, a form for authorization for disability record, in duplicate. These forms will be sent to you upon review of your application. You **must** complete both forms and **return** to the Civil Service Office.

USING VETERANS CREDITS

- **1. CLAIMING AND APPLYING VETERANS CREDITS**
  Candidates can claim veterans status on their application for multiple examinations, however, candidates may only use additional points for one permanent appointment **in their lifetime.**
- **2. RESCINDING CREDITS**
  A candidate who is granted additional points as provided by law may elect to relinquish additional credits after the adoption of an eligible list. You must relinquish your credits BEFORE you receive a permanent appointment. Once additional points are relinquished for a specific title they may not be reinstated. (Forms are available in the Civil Service Office)

If you have any questions, please call the Civil Service Office.

DEPARTMENT OF HUMAN RESOURCES/CIVIL SERVICE
1001 CITY HALL, BUFFALO, NEW YORK 14202-3370 (716) 851-5900, Ext. 216

City of Buffalo

Department of Human Resources
Civil Service

Methods Research Questionnaire

The City of Buffalo is an Equal Employment Employer. The information below is required for statistical and affirmative action purposes and in no way influences employment prospects.

Completion of this questionnaire is voluntary. Failure to provide this information may, however, result in your not being considered for Affirmative Action efforts.

Exam Number:		Exam Title:	
Name:		Social Security Number:	
Address:			
City:		Zip Code:	

SEX: (Check one)

- ☐ MALE
- ☐ FEMALE

RACE: (Check one)

- ☐ Black or Afro-American
- ☐ Hispanic
- ☐ Caucasian (White)
- ☐ Other (specify) _____

RECRUITMENT SOURCE:
(Check how you became aware of the position)

- ☐ Publicly Posted Announcement
- ☐ Civil Service Office
- ☐ Radio or Television
- ☐ Local or Community Newspaper
- ☐ NYS Employment Office
- ☐ Relative or Friend
- ☐ Other (specify) _____

EDUCATIONAL BACKGROUND:

- ☐ GED or Equivalency Diploma
- ☐ Associates Degree
- ☐ High School Graduate
- ☐ Bachelor's Degree
- ☐ Some College
- ☐ Master's Degree