

17. (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)

18. 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 -23) 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.

19. 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:
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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.

20. FOR POLICE OFFICER CANDIDATES ONLY

Have you been pre-certified in the Erie Community College (or other college) pre-employment program for Police Officers?

If so, please indicate the following:

- Name of College:
- Dates of Attendance: from _____ to _____

21. FOR 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:	

22. 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:

23. DRIVER'S LICENSE

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

Date of Expiration: _____ Class: _____

24. 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:							

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

For office use only – leave this space blank

Fees C
Type of Appt. _____
M.O. Med. Exam _____
Investigation _____
WAIVED

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 <input type="checkbox"/> NO <input type="checkbox"/>			
12. Home Phone:		13. Daytime Phone:	
14. Email address:			
15. Check below if you are requesting special arrangements:			
<input type="checkbox"/> Religious Accommodations (for religious observance or practice and cannot be tested on Saturdays) <input type="checkbox"/> Disabled Person (describe type of assistance needed in the space provided below)			
16. 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. 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. I am claiming additional veterans credits as follows: <input type="checkbox"/> YES as a non-disabled war veteran. <input type="checkbox"/> YES as a disabled war veteran _____% (Disabled veteran forms must be filed with application) <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> I am claiming additional points available to CHILDREN of Firefighters and Police Officers killed in the line of duty. (Sec. 85-a Civil Service Law). <input type="checkbox"/> I am claiming additional points available to SIBLINGS of Firefighters and Police Officers killed in the line of duty as a result of the September 11 th 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.

Open Comp. App. (Rev. 10/16)

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

26. 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, 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.

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