



**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  
**PROMOTIONAL APPLICATION**

**For office use only - leave this space blank**

Fees  C \_\_\_\_\_

Type of Appl. \_\_\_\_\_

M.O.  \_\_\_\_\_ Med Exam \_\_\_\_\_

Investigation \_\_\_\_\_

W/AVFD  \_\_\_\_\_

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. Email address: \_\_\_\_\_

15. 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)

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.  
 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.  
 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 \_\_\_\_\_

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 CHILDREN of Firefighters and Police Officers killed in the line of duty. (Sec. 85-a Civil Service Law).

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<sup>th</sup> 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.*

Promotional App. (Rev. 10/16)

**24. DOMICILED RESIDENCE:**

Domiciled 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 show 90 days of continuous and uninterrupted domiciled residence in the City of Buffalo prior to filing application.

Please take notice that the Ordinances of the City of Buffalo mandate continuous domiciled residence in the City during your employment, except for positions specifically exempt under State Law or local Civil Service rules.

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

25. 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