For office use only – leave this space blank	Department of Division of 65 Niagara Squ	Fees For office use only - leave this space blank Type of Appt.  Mo. Med. Exam						
Meeting	Buffalo, NY	Y 14202-3370 Investigation						
Approved Disapproved	OPEN COMPETIT	TIVE APPLICATION NAMED						
This application is part of your examination. Before con Print in ink. Attach additional sheets, if necessary, in ord its entirety may result in disqualification. Only original	ler to give complete and detaile	ead all directions on the instruction and information sheet and/or examination announcement d information concerning education and work experience. Failure to complete this application in						
1. Exam Title		16. Service in the Armed Forces						
2. Exam Number		"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.						
3. Last Name		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						
1.5	M. I.	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						
4. First Name	M. I.	released under honorable conditions and I present appropriate documentary proof of service during time of war.  Yes No						
5. Street Address		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						
6. City 7. State	8. Zip Code	I am claiming additional veterans credits as follows:						
9. Social Security Number		YES as a non-disabled war veteran.						
		YES as a disabled war veteran% (Disabled veteran forms must be filed with application)						
10. Date of Birth: (MM-DD-YYYY) 11. Are	e you under 18 years of age?	YES currently serving.						
	YES NO	Date of entry to active duty						
12. Home Phone: 13. Daytime	e Phone	Date of Discharge or contemplated discharge						
12. Home Phone.	o Titoric.	FORM DD-214 MUST BE ATTACHED WHEN YOU SUBMIT YOUR APPLICATION WHEN CLAIMING VETERANS CREDITS.						
14. Email address:		C. Since January 1, 1951, have you used additional credits as a disabled or non-disabled						
15. Check below if you are requesting special arrange Religious Accommodations (for religious		veteran for appointment to any position in the public employment of New York State or any of its civil divisions?  Yes  No						
and cannot be tested on Saturdays)		I am claiming additional points available to <b>CHILDREN</b> of Firefighters and Police						
Disabled Person (describe type of assistant provided below)	nce needed in the space	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 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.						

17. (A) Are you a U. S. Citizen?  (B) Do you have the legal right	it to reside and accept		U. S.? Yes 🔲	No [_	]	
Fill in your Alien Registratio (Non-citizens may be required			ration card at the	time of ap	pointment)	
18. RESIDENCE  How long have you resided c  Beginning with your present ad	ontinuously in the Ci dress, state your resid	ity of Buffalo immo lence for the last fiv	ediately precedin e (5) years and da	g this app	olication? year you resided at each.	
STREET ADDRESS:	***************************************					
CITY:	FRO	OM:		TO:		
STREET ADDRESS:			•			
CITY:	FRO	OM:		TO:		
STREET ADDRESS:						
CITY:	FRO	OM:		то:		
STREET ADDRESS:						
CITY:	FRO	OM:		то:		
STREET ADDRESS:	1					
CITY:	FRO			TO:		
Have you graduated from H	igh School? YES	NO If	YES, list name a	<del></del>	on of High School below:	
Street Address:		City:	· .		State	
Have you obtained a High Schoo	l Equivalency or GE	D? YES 🔲 N	o 🔲 If YES,	list Gove	rnment Authority below.	
Government Authority:		Nuṃl	oer:	Date	e of Issue:	
If the qualifications on the exam received and semester hours com	announcement requ pleted. Submit trans	uire specific cours cript, if required.	es, list the cou	rses taker	a, and if applicable, credit	
			·· · · · · · · · · · · · · · · · · · ·			
20. FOR POLICE OFFICER CAN	DIDATES ONLY				****	
Have you been pre-certified in the Erie C		ner college) pre-employ	ment program for l	Police Office	rs?	
If so, please indicate the following:				*.		
Name of College:						
• Dates of Attendance: f  21. FOR COLLEGE, UNIVERSITY	rom Y. PROFESSIONAL 7	to FECHNICAL SCHO	)OI.			
Name of School:	, receipment in	LECANO AND DEATH	JOE	City:		
Dates of Attendance: (Month & Year) FRO	M:	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 receiv	/ed:	Date De	gree receive	ed or expected:	
Name of School:				City:		
Dates of Attendance: (Month & Year) FRO		TO:	Day or Night:		Full or Part Time:	
	you graduate?		or Major Subject:			
No. of college credits received:	Type of Degree receiv	/ea:	Date De	gree receive	ed or expected:	

22. LICENSES - I	f a license ment of tl	e, certificat ne examina	e or othe ation for	r authori which yo	zation u are aj	to practice a tra oplying, comple	ade or pi	rofession is list ollowing questi	ed as a requireme ons.	nt on	
Name of Profession:				Numb	Number: Granted		d by (Licensing Agency):				
City or State of:	Specialty:				Date License First Issued:			Current License (Mo. / Year): From: To:			
<u> </u>									OIII.		
23. DRIVER'S LIC		lew York	State Di	river's Li	.cense?	YES 🔲	ио 🔲				
Date of Expir							Cla	ss:			
pertinent to the pos If the examination a showing its volunte	ition for vannounce er nature ons or vaition for value on any em	which you ment state in the ear gueness which you unlover, in	are apply es that vo rnings bo vill NOT are appl dicate su	ying. If yo olunteer o ox. You a be inter lying, des och chang	our expexperient of the contract of the contra	erience is part- ace is acceptab onsible for sul in your favor) uch employme a separate emp	time em le as quo binitting . If you ent as a llovment	ployment, indi alifying, descri an accurate, a have any mili separate emplo Under "DUTI	cate this under ho be it the same wa dequate, and clea tary service whicl byment. If your ti ES" for each emp	L employment that is ours worked per week y as work experience or description of your i includes experience tle or duties changed loyment, describe the	
Length of		Month	Day	Year	Firm	Firm Name: Addr		Address:		City and State:	
Employment:	From:										
Hours worked per week:	То:			DUTI	ES:		<u>L</u>				
Earnings:	<u> </u>	Circle	one: WK /	′ MO / YR							
Type of Business:											
Your Exact Title:											
Name of Supervisor		· · · · · ·									
Supervisor's Title:											
Length of Employment:	From:	Month	Day	Year	Firm	Name:		Address:		City and State:	
Hours worked	То:			1	DUTI	ES:	<u>,                                      </u>				
per week: Earnings:	Circle one: WK / MO / YR			DOTES							
Type of Business:											
Your Exact Title:	· · · · · · · · · · · · · · · · · · ·										
Name of Supervisor:						**		, *			
Supervisor's Title:											
Length of		Month	Day	Year	Firm	Name:		Address:		City and State:	
Employment:	From: To:				-						
Hours worked	10.		· · · · · · · · · · · · · · · · · · ·	l	DUTIES:					1	
per week: Earnings:	Circle one: WK / MO / YR			DOTES.							
Type of Business:					<u> </u>						
Your Exact Title:	<u> </u>			<del></del>		<del></del> ,					
Name of Supervisor:	l				1						
Supervisor's Title:											
		Month	Day	Year	Firm	Name:		Address:		City and State:	
Length of Employment:	From:				]						
Hours worked	То:		L	L	DUT	i		<u> </u>		<u> </u>	
per week:	<b></b>	Circle	one W/V	/ MO / YR	1001	LJ.		<del></del>			
Earnings:		Circle	one. WA	, MO / IK				-	4		
Type of Business: Your Exact Title:			<u></u>		<b> </b>						
Name of Supervisor:	<b></b>				1				-		
Supervisor's Title:					1						
Dupervious o site.	1				1						

25. REMARKS: Use this s attach additional 8.5 x		any additional informati	on, as necessar	ry. (If more space is requ	iired,		
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				9 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
Exam Number		Title		County/State			
	,						
	<u> </u>						
THIS AFFIRMATION MUS attached papers) are true this application are subject me from appointment and	under penalties ct to investigation	of perjury. I understand on and verification and th	l that all stater	nents made by me in co misstatement or fraud n	nnection with		
SIGNATURE OF APPLICANT				DATE			
PLEASI	E PRINT ANY OTH	ER SURNAME (LAST NAME) l	BY WHICH YOU I	HAVE BEEN KNOWN			
<b>NOTE:</b> Verify that all que disqualification for the position	estions have be osition for whicl	en answered. An incomp h you are applying.	lete or illegible	e application may result	in your		
PERSONAL PRIVACY PRO' The information which you State Civil Service Law for examination(s) for which Personal Privacy Protection disapproval of this applica	are providing of the principa they have appl a Law, particular	on this application is being light purpose of determinitied. This information w	ng the eligibil vill be used ir	ity of applicants to pa n accordance with Sect	articipate in the ion 96(1) of the		

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