



**NIAGARA COUNTY
CIVIL SERVICE
111 Main Street – Suite G2
Lockport, New York 14094**

(716) 438-4071
Fax (716) 438-4077

REQUEST TO RECEIVE CERTIFIED ELIGIBLE LIST

DATE: _____

TITLE OF POSITION: _____

NUMBER OF VACANCIES TO BE FILLED: _____

STATUS OF POSITION: (Please check one)

- Permanent
- Temporary – Indicate duration: _____
- Indicate reason: _____
- Contingent Permanent

PREVIOUS INCUMBENT INFORMATION:

NAME OF PERSON LEAVING POSITION: _____

POSITION # _____ **APPROVED DATE (County Only):** _____

REASON FOR LEAVING: _____

SALARY RANGE: _____ **WORKING HOURS:** _____

DEPARTMENT/MUNICIPALITY: _____

EMAIL ADDRESS: _____

PHONE #: _____

Print Name of Appointing Authority

Signature of Appointing Authority

For Use by Municipalities Only:

RESIDENT LIST: **Yes** **No**

NCCS Office Use Only:

Eligible List # _____