



**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

TO: Betty Fedeson, Sr. Personnel Record Clerk: 438-4073 DATE: _____

TITLE OF POSITION: _____

NUMBER OF VACANCIES TO BE FILLED: _____

CLASSIFICATION OF POSITION: (Please check one)

____ Permanent

____ Temporary – Indicate duration: _____

Indicate reason: _____

____ Contingent Permanent

PREVIOUS INCUMBENT INFORMATION:

NAME OF PERSON LEAVING POSITION: _____

REASON FOR LEAVING: _____

SALARY RANGE: _____ WORKING HOURS: _____

LOCATION OF POSITION:

DEPARTMENT/MUNICIPALITY: _____

BUILDING: _____

ADDRESS: _____

(Street address, City, Zip Code)

Signature of Appointing Authority

Telephone Number

For Use by Municipalities Only:

RESIDENT LIST: _____ Yes _____ No