

TOWN OF HAMBURG APPLICATION FOR EMPLOYMENT

Town of Hamburg
6100 South Park Avenue
Hamburg, NY 14075

1. NAME, MAILING ADDRESS AND PHONE (Please Print)

6. Position you are applying for: _____

Last Name First M.I.

Street Address

City or Post Office State Zip Code

Phone (include Area Code) Home: Business:

2. Are you 18 years of age or older? Yes No

3. Are you a citizen of the United States? Yes No

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?

Yes No

(Non-Citizens may be required to produce 1-151 or 1-551 Alien Registration Cards at time of appointment.)

4. Check appropriate box to the right of each question

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No

B. Did you ever resign from employment rather than face dismissal? Yes No

C. Have you ever received a Dishonorable Discharge from the armed forces of the United States? Yes No

D. Have you ever been convicted of any crime (felony or misdemeanor)? Yes No

E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charges? Yes No

If you answered "YES" to any of the Question 4 A-E above, you may give specifics by attaching additional sheets to this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

5. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

NAME	Yrs.	Mos.
School District _____		
Village of _____		
Town of _____		
County of _____		
State of _____		

_____ FULL TIME

_____ PART TIME

_____ SEASONAL/TEMPORARY

(Check all that Apply)

_____ Date when you will be available to start work?

7. Department(s) you are applying for (check those that apply)

_____ Recreation

_____ Buildings and Grounds

_____ Highway

_____ Senior Services

_____ Police

_____ Other (specify) _____

8. Are you on a current Civil Service List? Yes No

If Yes, give details (e.g. Title, list # ,etc.) _____

9. Can you satisfy the job requirements or essential functions of the position for which you are applying?

Yes No

Note: When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in disapproval

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

THIS AFFIRMATION MUST BE COMPLETED. I affirm that the statements made on this application (including any attached papers) are true under the 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, omission, or fraud may disqualify me from appointment or lead to revocation of my appointment.

Signature of Applicant

Date

Indicate any other name(s) under which you have been known that is necessary to verify former employment and/or education.

(Please Print)

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.

10. EDUCATION

If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment

Have you graduated from high school? YES NO If Yes, Name and Location of High School

If you have a high school equivalency diploma, indicate: issuing Government Authority Number Date of Issue

	Name of School and City in which located	Dates of Attendance (Month and Year)		Day or Night	Full or Part Time	No. of Years Credited	Did You Graduate?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree	Date Degree Rec'd or Expected
		From	To								
College University or Technical School	-----										

Other Schools or Special Courses	-----										

11. LICENSES If a license, certificate or the authorization to practice a trade or profession is a requirement for the job for which you are applying, complete the following questions: If not currently licensed, check this box

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date License First Issued	Registered From: (Mo./Yr.) To: (Mo./Yr.)	

12. If required for the job for which you are applying, do you have a valid license to operate a motor vehicle in New York State? YES NO

13. DESCRIBE EXPERIENCE: Beginning with the most recent, describe below in detail ALL employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission or vagueness will NOT be interpreted in your favor. If you have a military service, describe such experience as separate employment. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as separate employment. (If more space is needed, attach additional 8 1/2" x 11" sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ WK/MO/YR	DESCRIBE DUTIES BELOW:		
YOUR EXACT TITLE			
YOUR SUPERVISOR's Name/Title			
No. of Hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT MO YR MO YR FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ WK/MO/YR	DESCRIBE DUTIES BELOW:		
YOUR EXACT TITLE			
YOUR SUPERVISOR's Name/Title			
No. of Hours worked per week (exclusive of overtime)			