

# APPLICATION FOR EMPLOYMENT

## Town of Sandy Creek

1992 Harwood Dr. PO Box 52, Sandy Creek, NY 13145

Phone: (315) 387- 5456 Fax: (315) 387- 2702

*Please answer all questions completely and accurately. Print in black ink or type application. Attach additional 8 1/2 x 11 sheets if necessary to provide required information.*

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**NAME AND LEGAL RESIDENCE:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
(if different from above) STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Cell

**EMAIL ADDRESS:** \_\_\_\_\_

INDICATE TITLE OF POSITION(S) APPLYING FOR:	OFFICE USE ONLY:			
			A D C	
			A D C	

**PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:**

State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **(IMPORTANT)** This section will determine what resident list (if any) your name will be certified to.

I currently reside (indicate one of the three) in the: (1) City of \_\_\_\_\_

OR (2) Town of \_\_\_\_\_, OR (3) Village of \_\_\_\_\_

in the School District of \_\_\_\_\_ located in the County of \_\_\_\_\_ in the State of \_\_\_\_\_.

I have lived in Oswego County for (indicate) number of years \_\_\_\_\_ and months \_\_\_\_\_.

Are you 18 years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, you must supply a work permit.
Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.
Do you have a High School diploma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, NAME AND LOCATION OF HIGH SCHOOL: _____		
_____		
Or, a High School Equivalency Diploma (GED)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, GOVERNMENT AUTHORITY (GED) NUMBER: _____		

EDUCATION:					
INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL or TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU GRADUATE	DEGREE EXPECTED
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO    YR /
Address (City, State): _____					

NAME: \_\_\_\_\_  
 LAST FIRST MIDDLE

**LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:**

Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

**Driver's License** (Complete only if the position for which you are applying requires one.) Number: \_\_\_\_\_ State: \_\_\_\_\_  
 Date of Expiration: \_\_\_\_\_ Class of License: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**EXPERIENCE:** Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the position. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. You may include a resume but **do not substitute a resume**. Under "**DUTIES**" describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. **Part-time experience will be prorated unless otherwise stated on the announcement.** Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. If more space is needed, attach 8 1/2 x 11 sheets of paper. Sheets must contain **all** information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc...)

LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
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REASON FOR LEAVING			

