## **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 8 ½ x 11 sheets if necessary to provide requi	accurate red infor	∍ly. P matio	rint in blad n.	ck ink or type appl	cation. Attach	additional		
SOCIAL SECURITY NUMBER:								
NAME AND LEGAL RESIDENCE:								
LAST NAME FIRST N	FIRST NAME MIDDLE INITIAL							
STREET	CITY			STA	STATE ZIP			
MAILING ADDRESS: (if different from above) STREET	CITY			STA	STATE ZIP			
PHONE NUMBER: ()				( )	( )			
EMAIL ADDRESS:	Business			5	Cell			
INDICATE TITLE OF POSITION(S) APPLYING FOR:				V//////				
Line State of the Control of the Con				o é é lé e	OFFICE/USE/ONLY:			
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OR (2) Town of		locate	ed in the Cou	unty of		in the		
Are you 18 years of age or older?	□YES [		l:	f no, you must supply	a work permit.			
Are you a citizen of the United States?	☐YES ☐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?  If YES, NAME AND LOCATION OF HIGH SO		□NO		· · · · · · · · · · · · · · · · · · ·				
Or, a High School Equivalency Diploma (GED)? If YES, GOVERNMENT AUTHORITY (GED)		□NO ::						
DUCATION:	175.		and the state of t	Lawring and the second	Marketon order			
NDICATE COLLEGE, UNIVERSITY, PROFESSIONAL or ECHNICAL SCHOOL(S) IN SPACE BELOW:	TO COMPANY TO SERVICE STREET,	DITS	TYPE OF DEGREE	MAJOR SUBJECT O COURSE	R DID YOU GRADUATE	DEGREE EXPECTED		
AME OF SCHOOL:	EAR	NED	EARNED		☐YES ☐NO	MO YR		
ddress (City, State):				L				
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NAME:	LAST	FIRS	· ·	Mí			
LICENSES/CERTIFIC					IDDLE		
LICENSES/CERTIFIC	License or		IS TO PRACT	TICE A SKILL, TR		ROFESS	
Skill, Trade or Profession Certificate Number		(Name	e of City, or Agency)	(Mo/Day/Yr)			
	-			-			
Driver's License (Com	colete only if the position f	ior which you are apply	the requires one	N Minisham		21-1-	
Driver's License (Com Date of Expiration:	Class of I	or which you are apply License:E	ing requires one indorsements:	i.) Number: [	Restrictions:	_ State:	
					5		
EXPERIENCE: Begin minimum qualifications responsible for an accuresume. Under "DUT percentage of time spe supervision. Part-time documented volunteer more space is needed, (E.g. number of hours volunteer to the supervision.)	s for the position. On curate and clear descr FIES" describe the na ent on each type of ac e experience will be r experience will only l, attach 8 ½ x 11 she worked per week, da	missions or vaguer cription of your explature of work which activity. If you super prorated unless be credited when eets of paper. She	eness will not le perience. You ch you person pervised, state sotherwise so specifically seets must connt, etc)	be interpreted in you may include a restally performed include how many people stated on the example that is a stated on the example.	our favor. You sume but do sume but do suding the esternation announcement. The material in as requesternation announcement.	ou are not sub stimated cure of su Verified ouncemer ed on this	ostitute a uch d and
LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER		ADDRESS		CITY, STATE, 2	ZIP CODE	
HOURS WORKED PER WEEK	EARNINGS PER HOUR	DUTIES:					
YOUR TITLE							
TYPE OF BUSINESS							
NAME AND TITLE OF SUPERVI	/ISOR						
REASON FOR LEAVING							
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER		ADDRESS		CITY, STATE, Z	IP CODE	
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:					
YOUR TITLE	-						
TYPE OF BUSINESS							
NAME AND TITLE OF SUPERVIS	SOR						
REASON FOR LEAVING							
LENGTH OF EMPLOYMENT Month/Year to Month/Year I	EMPLOYER .		ADDRESS		CITY, STATE, Z	IP CODE	-
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:			<u> </u>		
YOUR TITLE							
TYPE OF BUSINESS		*		9		-	
NAME AND TITLE OF SUPERVIS	SOR						
REASON FOR LEAVING							

COMPLE	TE ALL	QUESTIONS:					
□YES	□NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?					
□YES	□NO	Did you ever resign from any employment rather than face discharge?					
□YES	□NO	Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?					
□YES	□NO	Have you ever been convicted of any crime (felony or misdemeanor)? For crimes other than traffic tickets you must provide a Certificate of Conviction from the court as soon as possible.					
□YES	□NO	Are you now under charges for any crime?					
☐YES	□NO	Are you an Exempt Volunteer Firefighter?  If yes, indicate years of service:					
l lallure to ar	iswer any	S) to any of these questions, provide details on a separate 8 ½ x 11 sheet of paper attached to this application. Your of these questions or to provide details will significantly delay a determination concerning your qualifications and may tial employment opportunities.					
Applican fingerprin	ts may b	INVESTIGATION:  De required to undergo a State and national criminal history background investigation, which will include a state and national criminal history background investigation, which will include a state and a sta					
STATEME							
verification a authorize th verify work	and that a e Town o ecord an	es of perjury that all statements made on this application, and any accompanying attachments are true and complete to edge. I understand that all statements made by me in conjunction with this application are subject to investigation and a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I f Sandy Creek to contact schools/colleges and former employers cited in this application or attachments in order to d/or educational credentials. I understand that acceptance of this application for employment by the Town of Sandy litute or imply a commitment or willingness to offer employment to me in this or any other position.					
Signature _		Date					
It is the police of employmental statu	cy of the T ent withou	IE TOWN OF SANDY CREEK IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  FOWN to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions at discrimination because of age, race, color, religion, national origin, sex, disability, military status, sexual orientation, single record.					

FIRST

MIDDLE

Rev. 12/15 for Town of Sandy Creek

NAME: