

TOWN OF AMHERST

5583 Main Street
Amherst, New York 14221
631-7025

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

Date _____

PERSONAL INFORMATION

Name _____ Social Security No. _____
Last First Middle Initial

Present address _____
No. Street City State Zipcode

How many years have you lived at this address? _____ Telephone No. (Area code) _____

Previous address _____ How long did you live there? _____
No. Street City State Zipcode

Job(s) applied for 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

Exempt Volunteer Firefighter _____ Active Volunteer Firefighter _____

Do you want to work Full-time or Part-time or Summer Specify days and hours if part-time _____

Have you worked for us before? _____ If yes, when? _____

List any relatives, other than spouse, working for us _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Town?

Have you any other job or business? _____

Do you possess a valid NYS driver's license?
_____ Class: _____

Have you ever been convicted of a crime? No Yes
If yes, describe in full _____

New York State and Federal Law prohibit discrimination based on age, gender, race, national origin, disability, marital status, religion or creed, color, ethnicity, sexual orientation or veteran status.

Are you over 18 years of age? Yes No

If not, state your age _____

If not, can you provide proof of age? Yes No

Are you eligible to work in the United States? Yes No

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	How Many Years Attended?	Graduated?	COURSE OR MAJOR
GRAMMAR OR GRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
POST GRADUATE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE RECORD

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge * _____
Month Date Year Month Date Year

What were you duties in the Service (include special training and duty station)? _____

* A dishonorable discharge is not an absolute bar to employment; other factors will affect a final decision.

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

(Explain periods of unemployment in space provided on reverse side)

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason for Leaving
From	To		Start	Finish		
Mo. Yr.	Mo. Yr.					
Position (title) Describe in detail the work you did and number of hours worked per week.						

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From	To		Start	Finish		
Mo. Yr.	Mo. Yr.					
Position (title) Describe in detail the work you did and number of hours worked per week.						

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact _____

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper position for you with the Town of Amherst, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with the Town of Amherst will be based only on your merit and on no other consideration.

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history through any investigative agencies.

Signature of Applicant *Date*

**TOWN OF AMHERST DEPARTMENT OF PERSONNEL
METHODS RESEARCH QUESTIONNAIRE**

The Town of Amherst is an Equal Opportunity Employer. The following information is required by State and Federal Regulations for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately. This information is maintained confidentially.

Title of Position: _____

Sex: (Circle): Male Female

Race: (Circle): White Black American Indian Asian American

Hispanic Other (please specify) _____

Decline to State

Recruitment Source: (Check how you became aware of Position)

- _____ Town of Amherst Personnel Department
- _____ School Placement Office or Counselor
- _____ New York State Employment Office
- _____ Private Employment Agencies
- _____ Social or Fraternal Organization
- _____ Newspaper
- _____ Relative or Friend
- _____ Government Employee
- _____ Radio or T.V.
- _____ Other (please specify) _____

AUTHORIZATION FOR REFERENCE RELEASE

I hereby authorize all employers for whom I have worked in the past, to furnish any information which the Town of Amherst may request concerning my past employment or activities.

I hereby release all such employers from any liability in connection therewith.

Signature

Date