TOWN OF AMHERST

5583 Main Street Williamsville, NY 14221 (716) 631-7025 www.amherst.ny.us

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

DEDCONAT	NEOD	ATION				Date		
PERSONAL								
Name	Last		First		Middle Initial	Email		
					induc initia			
Present address _	No.	Street		City		State	Zipcode	
How many years h	ave you lived	d at this address?				_ Telephone No. ()	
D 11								
Previous address _	No.	Street	City	State	Zipcode	How long did you liv	e there?	
Iob(s) applied for	1					Rate of pay expecte	d \$	ner
Job(s) applied for	1							
	2					Rate of pay expecte	d \$	per
Exempt Volunteer	Firefighter				Active Volu	inteer Firefighter		
Exempt volunteer	i nengnter .							
Do you want to we	ork 🗌 Full-t	ime or 🗌 Part-tin	ne or 🗌 Sum	nmer	Specify da	ys and hours if part-time		
Have you worked	for us before	?]	f yes, when	?			
List ony relatives	other than a	nouse working for	110					
List any relatives	, other than s	pouse, working for	us					
If hired, on what	date will you	a be available to sta	rt work?					
Are there any ot	her experient	ces, skills, or qualif	ications whic	h you feel v	vould especiall	y fit you for work with th	e Town?	
Have you any othe	r ich or husi	noss?						
Trave you any othe	JOD OF DUSI							
Do you possess a v	valid NVS dr	iver's license?						
Do you possess a	vanu ivi 5 ul	iver 5 neense:		~				
2				Cl	ass:			

The Town of Amherst recognizes that any form of discrimination or harassment, either written, verbal or physical, based on age, religion or creed, color, disability, national origin, race, traits historically associated with race, ethnicity, sex, marital status, sexual orientation, veteran status, gender identity, domestic violence victim status, criminal history or other protected characteristics of family members or associates is unlawful under New York State and Federal Law.

Are you over 18 years of age? See No

If not, state your age ____

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

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

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	How Many Years Attended?	Graduated?	COURSE OR MAJOR
GRAMMAR OR GRADE			Yes No	
HIGH SCHOOL			Yes No	
COLLEGE			Yes No	
POST GRADUATE			Yes No	
BUSINESS OR TRADE			Yes No	
OTHER			Yes No	

MILITARY SERVICE RECORD

Have you ever served i	forces? 🗌 Yes	No	If yes, what b	ranch?			
Dates of duty: From _	Month	Date	Year	To	Date	Rank at discharge	*
What were you duties	in the Service	e (include speci	al training a	and duty station)?		
9							

* 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	Supervisor's	Reason for
From	То	of Employer	Name and Title	Leaving
Mo. Yr.	Mo. Yr.			
Position (titl				
Describe in o	detail the work	you did and number of hours worked per week.		

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

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

Dates		Name and Address	Supervisor's	Reason for
From	То	of Employer	Name and Title	Leaving
Mo. Yr.	Mo. Yr.			
Position (titl Describe in o		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.

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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 HUMAN RESOURCES 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 (not of Hispanic origin)				
	Black or African American (not Hispanic or Latino)				
	American Indian or Alaska Native				
	Asian (not Hispanic or Latino)				
	Hispanic or Latino				
	Two or More Races				
	Decline to State				
	Other (please specify)				
	(Check how you became aware of Position) _ Town of Amherst Human Resources 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