APPLICATION FOR EMPLOYMENT

TOWN OF RICHLAND
1 BRIDGE STREET
PULASKI, NY 13142
(315) 298-5174

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Last Name	**First Name**	**Middle Initial**

Address Number	**Street**	**City**	**State**	**Zip Code**

Telephone Number	**Social Security Number (voluntary)**

Position applied for_____

Best time to contact you _____ **am** **pm**

If you are under 18 years of age, can you provide required proof of your eligibility to work? (Working papers required if under 18) **Yes** **No**

Have you ever been employed with us? If so give date_____ **Yes** **No**

Do any of your friends or relatives, other than spouse, work here? **Yes** **No**

Are you currently employed? **Yes** **No**

May we contact your present employer? **Yes** **No**

EDUCATION

	Name of School	**Course of Study**	**Yrs complete**	**Diploma Degree**
Elementary				
High School				
College				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

_____

_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer **Address** **Telephone #**

_____

Job Title **Supervisor** **Reason for Leaving**

_____

Dates Employed **Work Performed** **Salary**

_____

2. Employer **Address** **Telephone #**

_____

Job Title **Supervisor** **Reason for Leaving**

_____

Dates Employed **Work Performed** **Salary**

_____

State any additional information you feel may be helpful to us in considering your application:

_____

_____

REFERENCES

1._____(____)_____
Name and Address **Phone Number**

2._____(____)_____
Name and Address **Phone Number**

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____

Signature of Applicant **Date**

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks_____

_____

Employed Yes No Date of Employment _____

Hourly Rate/Salary_____

By_____

Name and Title **Date**