



# APPLICATION FOR EMPLOYMENT

Today's Date \_\_\_\_\_

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

2. Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

3. How long have you lived at above address? \_\_\_\_\_

4. E-mail \_\_\_\_\_ Are you 18 years of age or over? \_\_\_\_\_

5. Are you eligible to work in the United States? \_\_\_\_\_

"Pursuant to United States law, all applicants are required to furnish proof of lawful work status if extended a job offer."

6. Have you ever pleaded guilty to, or been convicted of, a crime?  YES  NO

If YES, please specify the crime of conviction and the year: \_\_\_\_\_

\*Note: A record of conviction does not necessarily disqualify an applicant from consideration.

7. Do you have a reliable form of transportation?  YES  NO

8. Town of Tonawanda employees often operate town vehicles; therefore, in consideration for employment with the Town, please provide us with your New York State Driver's License ID number \_\_\_\_\_  
Operator License Type \_\_\_\_\_

## JOB DESCRIPTION

9. Position(s) for which you are applying: \_\_\_\_\_

Full-time  Part-time  Seasonal  Any available

10. Available start date \_\_\_\_\_ Available dates/hours if part-time \_\_\_\_\_

11. How did you hear about the position, if applicable? \_\_\_\_\_

12. Have you filed an application or been employed here before?  YES (date) \_\_\_\_\_  NO

## EDUCATION

13. Highest education completed:  Grade School  High School (or equivalent)  College  Vocational

College attended \_\_\_\_\_ Degree \_\_\_\_\_

Graduate School attended \_\_\_\_\_ Degree \_\_\_\_\_

Business or Vocational \_\_\_\_\_

14. Apprenticed \_\_\_\_\_ Office machines operated \_\_\_\_\_

15. Summarize special skills, certifications, and qualifications acquired from employment, school, or other experience:

## EMPLOYMENT HISTORY

Please list all employment **starting** with present or most recent employer. Account for all periods, including unemployment and military service.

| Dates                 | Employer's Name & Address | 1. Job Title<br>2. Department (if applicable)<br>3. Supervisor | Major Duties | Reason for Leaving |
|-----------------------|---------------------------|----------------------------------------------------------------|--------------|--------------------|
| From _____<br>MM / YY |                           | 1. _____<br>2. _____<br>3. _____                               |              |                    |
| To _____<br>MM / YY   |                           |                                                                |              |                    |
| From _____<br>MM / YY |                           | 1. _____<br>2. _____<br>3. _____                               |              |                    |
| To _____<br>MM / YY   |                           |                                                                |              |                    |
| From _____<br>MM / YY |                           | 1. _____<br>2. _____<br>3. _____                               |              |                    |
| To _____<br>MM / YY   |                           |                                                                |              |                    |
| From _____<br>MM / YY |                           | 1. _____<br>2. _____<br>3. _____                               |              |                    |
| To _____<br>MM / YY   |                           |                                                                |              |                    |

## PERSONAL REFERENCES (Do not include relatives)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Do you know anyone who currently works for the Town?  YES  NO

If yes, please list their name(s): \_\_\_\_\_

May we contact them?  YES  NO

## APPLICANT'S STATEMENT

I certify by my signature below, that this entire information is accurate and complete. I understand that if at any time during my employment with the Town of Tonawanda it is determined I submitted false or incomplete information, this will be cause for my termination.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

| FOR OFFICE USE ONLY: Verification of Applicant |                      |                              |
|------------------------------------------------|----------------------|------------------------------|
| _____<br>APPLICANT'S SIGNATURE                 | _____<br>DATE SIGNED | _____<br>VERIFIER'S INITIALS |