



Town of Schroepfel
69 County Route 57A, Phoenix, NY 13135
Phone: (315) 695-4473 Fax: (315) 695-1210

APPLICATION FOR EMPLOYMENT

Please answer all questions completely and accurately. Print in black ink or type application. Attach additional 8 ½ x 11 sheets if necessary to provide required information.

SOCIAL SECURITY NUMBER: _____

NAME AND LEGAL RESIDENCE: (Please notify Town of Schroepfel's Comptroller's office immediately of any changes)

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

MAILING ADDRESS: _____
(if different from above) STREET CITY STATE ZIP

PHONE NUMBER: (____) _____ (____) _____ (____) _____
Home Business Cell

EMAIL ADDRESS: _____

PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:

State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **(IMPORTANT)** This section will determine what resident list (if any) your name will be certified to.

I currently reside (indicate one of the three) in the: **(1) City** of _____

OR (2) Town of _____, **OR (3) Village** of _____

in the **School District** of _____ located in the **County** of _____ in the

State of _____. I have lived in the above County for (indicate) number of years _____ and months _____.

Driver's License (Complete only if the position for which you are applying requires one.) Number: _____

State: _____ Date of Expiration: _____ Class of License: _____ Endorsements: _____

Restrictions: _____

Are you 18 years of age or older? ☐ YES ☐ NO If 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**? ☐ YES ☐ NO
If YES, **NAME AND LOCATION OF HIGH SCHOOL:** _____

Or, a **High School Equivalency Diploma (GED or TASC)**? ☐ YES ☐ NO
If YES, **GED, TASC OR OTHER HSE NUMBER:** _____

Please check college degree program(s) completed: ☐ Associate ☐ Bachelor ☐ Master ☐ Doctorate

EDUCATION:					
If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.					
INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL or TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU GRADUATE	DEGREE EXPECTED
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
Address (City, State):					

PLEASE LIST MOST RELEVANT COURSE WORK IF REQUIRED FOR POSITION:					
NAME OF COURSE	DIVISION	CREDIT HRS.	NAME OF COURSE	DIVISION	CREDIT HRS.
Race & Ethnicity (Example)	Sociology (Example)	3 (Example)			

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:					
Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr) From To		Permanent Issued

EXPERIENCE: Begin with the most recent employment. You are responsible for an accurate and clear description of your experience. You may include a resume but do not substitute with a resume . Under “DUTIES,” describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision.			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	PLEASE CHECK WORK TYPE: <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

NAME: _____
 LAST FIRST MIDDLE

LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	PLEASE CHECK WORK TYPE: <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	PLEASE CHECK WORK TYPE: <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

COMPLETE ALL QUESTIONS:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever resign from any employment rather than face discharge?
<input type="checkbox"/> YES	<input type="checkbox"/> 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?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been convicted of any crime (felony or misdemeanor)? For crimes other than traffic violations, you must provide a Certificate of Conviction from the sentencing court, in or out of state, for each and every conviction. You must also provide any applicable Certificate of Relief from Disability or Certificate of Good Conduct from the Department of Corrections & Community Supervision, if you qualify for, and wish to have the same considered.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you currently charged with any crimes?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you an Exempt Volunteer Firefighter? If yes, indicate years of service: _____
If you answered (YES) to any of these questions, provide details on a separate 8 ½ x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.		

STATEMENT:
<p>I affirm under penalties of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize Town of Schroepfel to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application for employment by Town of Schroepfel does not constitute or imply a commitment or willingness to offer employment to me in this or any other position and that my application is not complete for purposes of filing and consideration, until all required documentation has been received by the Town of Schroepfel's Resources Department.</p> <p>Signature _____ Date _____</p>
<p>TOWN OF SCHROEPFEL IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER</p> <p>It is the policy of the Town of Schroepfel to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, color, religion, national origin, sex, disability, military status, sexual orientation, marital status, or criminal record.</p>