# APPLICATION FOR EMPLOYMENT

**TOWN OF INDIAN LAKE**
**PO BOX 730**
**D.O.B.**_____  **INDIAN LAKE NY**
**12842**
**Please print**

Equal access to programs, services and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application___/___/___

Name_____
         Last                          First                        Middle

Address_____
         Street                        City              State              Zip Code

Telephone # ( )_____ Cell ( )_____Social Security #_____

If you are under 18, and it is required, can you furnish a work permit?_____ ☐Yes ☐ No

If no, please explain_____

Have you ever been employed here before?_____ ☐Yes ☐ No

Are you legally eligible for employment in this Country? _____ ☐Yes ☐No

Date available for work_____ /___/_____

Type of employment desired - ☐Full Time ☐Part Time ☐Temporary ☐Seasonal ☐Educational – Co-Op

Are you able to meet the attendance requirements of the position?_____ ☐Yes ☐No

Have you been convicted of a crime in the last (7) years?_____ ☐Yes ☐No

If yes, please explain_____

Conviction will not necessarily be a bar to employment, each instance and explanation will be considered in relation to the position for which you are applying.

Drivers license number if driving is essential job Function_____ State_____

## Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

                                                              Telephone #
From_____To_____ Employer_____ ( )_____
Job title_____Address_____
Supervisor and Title_____
Summarize the nature of work performed and job responsibilities

_____
_____

                                                              Telephone #
From_____To_____ Employer_____ ( )_____
Job title_____Address_____
Supervisor and Title_____
Summarize the nature of work performed and job responsibilities

_____
_____

                                                              Telephone #
From_____To_____ Employer_____ ( )_____
Job title_____Address_____
Supervisor and Title_____
Summarize the nature of work performed and job responsibilities

_____
_____
                                                              Telephone #

From_____To_____ Employer_____ ( )_____
Job title_____Address_____
Supervisor and Title_____
Summarize the nature of work performed and job responsibilities

_____
_____

## Skills and Qualifications
Summarize and training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are
applying._____

_____
_____

## Educational Background if job related

| Name and Location | Years completed | Did you graduate? | Course of Study |
|---|---|---|---|
| High School_____ / _____ / _____ / _____ | | | |

College_____ Major_____Degree_____

Other_____

## References

| Name | Telephone # | Years known |
|---|---|---|
| _____ ( )_____ / _____ |
| _____ ( )_____ / _____ |
| _____ ( )_____ / _____ |

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I herby release from liability the employer and it's representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

This application is current for only 60 days. At the conclusion of this time if I have not heard from the employer and still wish to be considered for employment it will be necessary to fill out a new application.

If hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice except as may be required by law. This application does not consummate an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer other than an authorized officer has the authority to make any assurance to the contrary. I further understand that any assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.
I present and warrant that I have read and fully understand that foregoing and seek employment under these conditions.

Signature of
Applicant_____Date_____/_____/_____