TOWN OF INDIAN LAKE APPLICATION FOR EMPLOYMENT

PO BOX 730

INDIAN LAKE, NY 12842



PLEASE PRINT

Equal access to programs, services and employment is available to all people. Those applicants 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:				
ADDRESS:	CITY	STATE	ZIP CODE	
TELEPHONE #: ()				
IF YOU ARE UNDER 18, AND IT IS REQUIRED, CAN YOU FURNISH A WORK PERMIT?				
☐YES ☐ NO, EXPLAIN:				
HAVE YOU BEEN EMPLOYED HERE E	BEFORE?	YES NO		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?				
DATE AVAILABLE FOR WORK?	//_			
TYPE OF EMPLOYMENT DESIRED:	☐ FULL-TIME	☐ PART-TIME	☐ TEMPORARY	
	☐ SEAS	ONAL	EDUCATIONAL: CO-OP	
ARE YOU ARE FTO MEET THE ATTENI	DANCE REQUIRE	VENTS OF THE PO	OSITION? TYES TING	

EDUCATION HISTORY:

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH				
SCHOOL				
COLLEGE				
OTHER				

EMPLOYMENT HISTORY:

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

NAME OF		START				LEAVING	
EMPLOYER		DATE				DATE	
JOB TITLE			ADDF	RESS			
SUPERVISOR	?			TELE	PHONE		
& TITLE				#			
DESCRIPTIO	_						
WORK & JOB							
RESPONSIBI	LITIES						
REASON FOR	∀						
LEAVING							
NAME OF		START				LEAVING	
EMPLOYER		DATE				DATE	
JOB TITLE			ADDF	RESS			
SUPERVISOR	?			TELE	PHONE		
& TITLE				#			
DESCRIPTIO							
WORK & JOB							
RESPONSIBI	LITIES						
REASON FOR	₹						
LEAVING							

NAME OF			START		I	LEAVING	
EMPLOYER			DATE		I	DATE	
JOB TITLE				ADDRESS			
SUPERVISOR	R			TELE	PHONE		
& TITLE				#			
DESCRIPTIO							
WORK & JOE							
RESPONSIBI	ILITIES						
REASON FO	R						
LEAVING							
NAME OF			START			LEAVING	
EMPLOYER			DATE		I	DATE	
JOB TITLE				ADDRESS			
SUPERVISOR TELEPHONE							
& TITLE			#				
DESCRIPTIO	N OF						
WORK & JOE							
RESPONSIBI	ILITIES						
REASON FO	R						
LEAVING							
REFERENCES:							
NAME		TELEP	HONE#			RS KNOWI	
					RELA	ATIONSHI	D

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 hereby release from liability the employer and its 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 reasonable accommodation as required by the ADA.

I 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: