

TOWN OF QUEENSBURY EMPLOYMENT APPLICATION

Position you are applying for: _____ Date: _____

The Town of Queensbury is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, age, national origin, marital status, disability or veteran status. This policy applies to all terms and conditions of employment, including but not limited to: hiring, placement, promotion, termination, layoff, transfer, leave of absence, compensation and training. Discrimination based on any of the above categories is strictly prohibited. Any employee who engages in such conduct is subject to appropriate disciplinary action in accordance with the applicable collective bargaining agreement or Civil Service Law (Section 75).

I. APPLICANT DATA

1. Name: _____

Street and/or
PO Box: _____

City, State Zip: _____

Home Phone: _____

Business
Phone: _____

Cell: _____

2. Are you under 18 years of age? Yes No
3. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No
4. Did you ever resign from employment rather than face dismissal? Yes No
5. Have you ever been convicted of a crime? Yes No

If you answered **YES** to any Question #3-5, you may give an explanation in the space below. None of the above circumstances represents an automatic bar to employment. Each applicant is considered on individual merit.

6. If you are not a citizen of the United States, do you have the legal right to accept employment in this country? Yes No

7. Minimum salary requirements?
\$ _____ per yr mo wk (check one)

II. EDUCATION

1. Have you graduated from High School? Yes No

2. If YES, Name & Location of High School: _____

3. If you have a high school equivalency diploma, indicate issuing government authority, number and date of issue:

Issued by: _____

Number: _____ Date of Issue: _____

4. Name & Location of College, University or Technical School Attended	Dates Attended <u>Mo/Yr</u>		Type of Course or Major Subject	Type of Degree Received or Expected	Date Degree Received or Expected
	From	To			

5. Other Courses or Certificates: _____

III. LICENSES

a. If required for the position, do you have a valid license to operate a motor vehicle in New York State? Yes No

b. Do you have a CDL License..... Yes No

If YES, please complete:

Class: _____ Endorsements: _____

Trade or Profession:	License Number:	Licensing Agency:	City or State:
Specialty:	Date License first issued:	Registered Dates: (From – To)	City or State:

IV. WORK AND/OR VOLUNTEER EXPERIENCE

Employment Dates		Name & Address of Employer	Job Title	Supervisor's Name & Title
Mo/Yr	Mo/Yr			
Type of Business		Reason for Leaving	Duties	

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Mo/Yr	Mo/Yr			
Type of Business		Reason for Leaving	Duties	

Use this space (and back of page if needed) to provide any additional information.

V. REFERENCES – Please list two (2) personal references and three (3) professional references.

Name	Address	Phone

1. May we contact prior employers and references? Yes No

If the answer is NO, please explain below:

VI. AFFIRMATION - This section must be completed by the applicant

I affirm that the statements made on this application and any attached documentation, are true under penalties of perjury.

Applicant's Signature _____ Date: _____

VII. TOWN OF QUEENSBURY – OFFICE USE ONLY

Interviewed by: _____ Date: _____

Hire Approved: _____ Date: _____

Conditions for hire: _____

Disapproved: _____ Date: _____