



TOWN OF CLARENCE

One Town Place
Clarence, New York 14031

Phone: (716) 741-8930 Fax: (716) 741-4715
Website: Clarence.ny.us

APPLICATION FOR COMMITTEE / BOARD APPOINTMENT

(We are an Equal Opportunity Employer).

We are committed to a policy of Equal Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

Date: _____

PERSONAL BACKGROUND:

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
(If different) Street City State Zip Code

Phone No. Home: () _____ Cell: () _____ Email: _____

Committee / Board Applying for: _____

Have you ever applied with the Town of Clarence before? _____ Position? _____ When? _____

Educational Background	Name and Location of School	Circle Highest Grade Completed	Major Area of Study
High School		9 10 11 12 / GED	
College		1 2 3 4	
Trade, Business or Graduate School			

Specialized technical skills: (i.e.: computer, equipment operation, special tools or machines used):

What experience have you had working on or with committees or boards either for your job or for other community organizations? _____

In what ways do you feel that you could contribute to the committee or board you are applying for?

U.S. Military or Naval Service _____ Rank _____

If driving is a requirement of the job for which you are applying, do you have a current valid driver's license?
_____ Yes _____ No

If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license.

If a minor, can you produce the age/work certificate necessary to obtain employment?
_____ Yes _____ No

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Verification and completion of the I-9 form must be submitted no later than three business days after date of hire.

Have you ever been convicted of a felony or a crime which is related to the functions or qualifications of the position for which you are applying? (A conviction record will not necessarily be a bar to employment.)
_____ Yes _____ No

If so, please describe fully the criminal conviction(s) listing the nature of the offense(s) and your rehabilitation since the conviction(s). _____

(Note: It is your duty to inform the Town of Clarence Supervisor's Office if any information on this application has changed since your date of application with the Town. This duty is ongoing even if applicant is appointed).

REFERENCES: (Give names of three person(s) not related to you, whom you have known for at least 3 years.)

	<u>Name & Occupation</u>	<u>Address</u>	<u>Phone Number</u>	<u>Years Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

APPLICANT'S STATEMENT:

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for disqualification/dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

This application is current for six months. At the conclusion of this time, if I have not heard from the Town and still wish to be considered, it will be necessary to fill out a new application.

I understand and agree that, if appointed by the Town Board, I will abide by its rules and regulations, which I understand, are subject to change. I further understand that, if appointed, the terms of the appointment will be those presented to me by the Town Board.

Date Received

Applicant's Signature

Recipients Signature

Date

Copies give to: _____