



## TOWN OF CLARENCE

One Town Place  
Clarence, New York 14031  
Phone: (716) 741-8930 Fax: (716) 741-4715  
Website: Clarence.ny.us

### APPLICATION FOR EMPLOYMENT

*(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 \_\_\_\_\_  
# and Street City State Zip Code

Permanent Address \_\_\_\_\_  
(If different) # and Street City State Zip Code

Phone No.: Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, may we inquire with your present employer: \_\_\_\_\_

Have you ever applied with this Town before? \_\_\_\_\_ Position? \_\_\_\_\_ When? \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No **Note:** A pre-employment physical is required.

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.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

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).**

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

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

**WORK EXPERIENCE:**

List below last four employers, starting with your present or last place of employment.

*You may include history of any verified work performed on a volunteer basis.*

Date Mo. / Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To.					
Fr.					
To.					
Fr.					
To.					
Fr.					
To.					

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

Name & Occupation	Address	Phone Number	Years Known
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 Sent To: \_\_\_\_\_