(For Office Use Only) DATE RECEIVED:	
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EMPLOYMENT APPLICATION FOR VILLAGE OF ALDEN, NY

Personal Identification: (Please Print)				
Name:	Telephone:			
Name:(Last, First, Midd	le)			
Current Address:				
(Stre	eet, City, State, Zip)			
Previous Address:				
	eet, City, State, Zip)			
Position applying for (be specific):				
☐ Part-time ☐ Full-time If hired, date as	vailable:			
Do you have any restrictions, personal or of ☐ Yes ☐ No	therwise, which would restrict the hours you can work?			
If yes, explain:				
• •	g employed in this country because of Visa or immigration on status or citizenship will be required upon employment.)			
Are you 18 years of age or older? ☐ Yes	□ No If not, how old?			
Do you have working papers? ☐ Yes ☐ 1	No			

EDUCATION	NAME OF SCHOOL CITY AND STATE	Highest Grade Completed (circle)	Did you graduate? (circle)	DEGREE ACHIEVED
High School		1 2 3 4	Yes No	
College(s)		1 2 3 4	Yes No	
Graduate School		1 2 3 4	Yes No	
Technical, Business, or Other		1 2 3 4	Yes No	

ALL NOTATIONS ON THE APPLICATION FOR EMPLOYMENT AND ANY DOCUMENTS CONTAINED IN THE PERSONNEL FILE SUCH AS POST-EMPLOYMENT QUESTIONAIRE, EVALUATION FORMS AND OTHERS ARE FOR RECORD KEEPING PURPOSES AND SHOULD NOT BE CONSTRUED AS A CONTRACT OF EMPLOYMENT **NOTE EMPLOYMENT APPLICATIONS ARE CONSIDERED ACTIVE FOR 30 DAYS FROM DATE OF COMPLETION ON PAGE 1 OF APPLICATION.**

REFERENCES: 3 references (Only 1 previous supervisor, no relatives) Address **Occupation** Name Phone (For Office Use Only) References Checked by: EMPLOYMENT HISTORY: (Start with your present or most recent position. Include experience in the armed forces of the U.S. Please feel free to attach additional information where appropriate, such as a resume.) Employer Type of business Address ______ Phone No. _____ Starting date _____ Starting duties _____ Starting earnings _____ Leaving date _____ Leaving duties _____ Leaving earnings ____ Reason for termination: Last immediate supervisor's name and title: Employer _____ Type of business _____ Address _____ Phone No. _____ Starting date _____ Starting duties _____ Starting earnings _____ Leaving date Leaving duties Leaving earnings Reason for termination: Last immediate supervisor's name and title: Employer _____ Type of business _____ Address Phone No. Starting date _____ Starting duties _____ Starting earnings _____ Leaving date _____ Leaving duties _____ Leaving earnings _____ Reason for termination: Last immediate supervisor's name and title:

MISCELLANEOUS:	
What special skills or qualifications do you possess	?
Any Heavy Equipment Experience (Back-Hoe/Load	der, Dump Truck, Snowplow, etc.)?
Do you have a CDL (license) or CDL Learners Perr	mit?
What office machines / Software can you operate?	
Please list any training that you have had that is jo Woper 40, Emergency Medical Training (First-Resp	•
LEGAL BACKGROUND: (Note: Village of Alden de Do you have any pending legal charges, with the exaffect your ability to maintain a regular schedule?	
☐ Yes ☐ No If yes, please provide an explanation:	:
No applicant will be excluded from consider	ration for employment due to prior arrests.
Have you ever been discharged or asked to resign by	y an employer? ☐ Yes ☐ No
If yes, please explain and state circumstances:	
APPLICANT'S AGREEMENT: I hereby represent that each answer to a question herein a information otherwise furnished is true and correct. I further full and complete disclosure of my knowledge with respect to relates. I understand that any incorrect, incomplete or false selection process will subject me to disqualification from correct former employers to give any information regarding my eminformation they may have concerning me. I understand this or implied contract of employment and, if hired, I have the time.	er represent that such answers and information constitute as the question or subject to which the answer or information see statements or information furnished by me during the asideration or discharge at any time. I hereby authorize my aployment with them; and in addition, to furnish any other Application for Employment does not constitute an expression
Signature of Applicant	Date

CONSENT TO LEGAL BACKGROUND AND REFERENCE CHECK

I,, hereby authorize the Village of Alde
NY, and/or its representatives, to make investigation of my background, references, character, pa
employment, consumer reports, education, and criminal history record information which may be
any state and/or local files, including those maintained by both public and private organizations, and
all public records, for the purpose of confirming the information contained on this application and/
obtaining other information which may be material to my qualifications for employment. A telephone
facsimile (fax) or xerographic copy of this document shall be considered as valid as the origin
consent.
I hereby consent to the Village of Alden, NY; verification of all the information I have provide
on my application form. I also agree to execute as a condition of employment or a condition
continued employment any additional written authorization necessary for the Village to obtain acce
to and copies of records pertaining this information. I also hereby authorize the Village access to an
medical histories or records pertaining to me with regards to my ability to perform the job I a
applying for.
With regard to the foregoing disclosures, I hereby agree to release any person, company, or oth
entity from any and all causes of action that otherwise might arise from supplying the Village wi
information it may request pursuant to this release. I understand that any false answers or statement
or misrepresentations by omission, made by me on this application or any related document, will be
sufficient for rejection of my application or for my immediate discharge should such falsifications
misrepresentations be discovered after I am employed.
I understand that this information will remain confidential and will be utilized for employme
purposes only.

Date

Signature of Applicant/Employee

^{**} Legal Background Checks are completed by a Law-Enforcement Agency and are completely CONFIDENTIAL and becomes property of the Village of Alden, NY.

CONSENT TO DRUG TEST / SCREENING

Important Notice: This consent form complies with laws of New York carefully before signing.	State. Please read it
I,, hereby authorize the Village of representatives, to conduct drug testing as part of the pre-employ employment.	Alden, NY, and/or its ment process and/or ongoing
I understand that:	
 The drug test will be conducted in a professional manner, using naccuracy of results. The drug test will be conducted by a private medical provider undof Alden, to provide confidential drug testing services. The participation is voluntary, and I may refuse to submit to the total that refusal could impact my employment status, including hiring employment. The test results will remain confidential and are property of the Volume be shared with individuals who have a legitimate / immediate "new I may request a copy of the test results at any time, and the Village 48/hours (work-days) of request. 	der contract with the Village sest. However, I recognize status and/or termination of Village of Alden; and will only seed-to-know".
I understand that by signing below, I acknowledge that I have rea	ad and understood this consent
form and that my questions, if any, have been answered.	
Signature of Applicant/Employee	Date

Equal Opportunity Employer: The Village of Alden is an Equal Opportunity Employer. We are committed to a work environment that supports, inspires, and respects all individuals and in which personnel processes are merit based and applied without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity, marital status, age, disability, national or ethnic origin, military service, citizenship, or other protected characteristics.