

Village of Tannersville

Employment Application Form

Notice to applicants:

We rely on the accuracy of the information you put on your employment application. We also expect that you and your references give accurate and true information during the hiring process and employment. If we find that any information is misleading, false or was left out on purpose, we may reject an applicant from further consideration. All applicants will have a background check, and be checked against the sex offender registry. All applicants will be required to have a pre-employment drug and alcohol screening. Positions requiring driving will have their driving history checked.

NOTICE TO DAY CAMP APPLICANTS: The Village of Tannersville's summer youth camp will run from Approximately July 5, 2017, to August 30, 2017, 12:00 pm to 4:30pm Monday through Friday, with staff reporting approximately at 11:45am and ending at 4:45pm. Successful applicants will be available for the entire duration of camp. Training will take place prior to start of camp if needed (first aid/CPR, etc.) Counselor ages are 16+. Director and Assistant Director must be at least 21 years old. In the event of a pre-planned occasion (basketball camp, leaving for college, etc.), please provide us those dates in advance. In addition to the requirements above, all camp staff must provide proof that they are current on their immunizations. All applicants under 18 will be required to provide working papers.

VILLAGE OF TANNERSVILLE

APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Non-Discrimination Policy: The Village of Tannersville is committed to the principle of equal opportunity in education and employment. The Village does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

GENERAL INFORMATION

Date _____

Position(s) Applied For (1) _____

(2) _____

Referral Source Newspaper Friend Relative Employment Agency
 Internet Search Professional Journal Walk-in Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Home Telephone (____) _____

Cell Phone (____) _____ E-mail address _____

If under 18, can you provide a work permit? Yes No Date of Birth: _____

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Are you a United States citizen? Yes No If no, do you have a valid work permit? Yes No
(Proof of citizenship or immigration status may be required upon employment)

Employment desired: Full-Time Part-Time Shift Work Temporary Overtime

When are you available for work? _____

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

COMPUTER SKILLS (Only for positions which require computer skills)

Check off those computer skills with which you are proficient (any version).

PC User
 Macintosh User
 Windows
 Microsoft Word
 Microsoft Access
 Microsoft Excel
 Microsoft Publisher
 Web Page Design/ Maintenance
 E-mail
 Internet
 Other. Please list _____

DRIVER'S LICENSE (Only for positions which require driving)

Do you have a driver's license? Yes No

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years Yes No How many? _____

MILITARY

Are you a veteran of the United States military service? Yes No If yes, what branch? _____

If yes, Date Entered _____ Date Discharged _____

If yes, please describe any special skills or training acquired while in the service:

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

Most Recent Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

REFERENCES

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION AND DRUG/ALCOHOL SCREENING

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the Village's designated health practitioner. I also understand that I will be required to undergo a pre-employment and post-employment drug and alcohol screening.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize the Village of Tannersville, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

PLEASE SIGN HERE: _____ **Date** _____

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Thank you for applying to the Village of Tannersville.

APPLICANT DATA RECORD

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Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Positions(s) applied for:

Referral Source Newspaper Friend Relative Employment Agency HigherEdJobs.com
 Internet Search Professional Journal Walk-in Other _____

Name _____
Last First Middle Maiden

Address _____
Number Street City State Zip

Telephone (____) _____

Affirmative Action Survey	Check one	Check one	Check any that apply
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran

Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

Disabled individual Disabled Veteran Vietnam Era Veteran

Signature: _____ Date _____