



TOWN OF HENRIETTA

County of Monroe State of New York
475 Calkins Road
P.O. Box 999
Henrietta, N.Y. 14467-099

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Date \_\_\_\_\_

Form containing fields for Social Security #, Telephone #, Name, Address, City, State, and Zip Code.

Position Applying For: \_\_\_\_\_
[ ] Full Time [ ] Part Time [ ] Seasonal

Do you have a valid N.Y. State Driver's License? [ ] Yes [ ] No
Class [ ] A [ ] B [ ] D
License # \_\_\_\_\_

Proof of citizenship or immigration status will be required upon employment

U.S. Military Service:

Service Dates: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank Upon Discharge: \_\_\_\_\_

Have you ever been convicted of a crime (misdemeanor or felony) or vehicle and traffic violation? [ ] Yes [ ] No
If yes, please explain completely \_\_\_\_\_

Do you have a disability, handicap or medical condition that limits your job performance? [ ] Yes [ ] No
If yes, please explain completely \_\_\_\_\_

Have you been suspended for cause from private or public employment (excluding a temporary layoff)? [ ] Yes [ ] No
If yes, please explain completely \_\_\_\_\_

Have you been dismissed for cause from private or public employment (excluding a layoff)? [ ] Yes [ ] No
If yes, please explain completely \_\_\_\_\_

An answer of "Yes" to any of these questions does not represent an automatic bar to employment. Each situation is considered in relation to the position for which you are applying.

Education

Table with 4 columns: Type of School, Name of School and Complete Mailing Address, No. Years Completed, Major or Degree. Rows include High School, College Bus. or Trade School, Professional School, and Other.

# Application for Employment

## Previous Employment (list up to 3)

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Salary: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Last job title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Salary: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Last job title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Salary: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Last job title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

I certify that information given on this application is true and complete. I authorize inquiries, as may be necessary to arrive at an employment decision, into my personal, employment, educational, or medical history, including but not limited to my original application, attendance and performance records, school records and transcripts, records retaining to any disciplinary action or termination, and information concerning my character, integrity and capabilities. I further authorize the release of this information, including any supporting documents or materials to the Town Of Henrietta. I understand that false, misleading, or incomplete information given on this application or in any employment interview may result in disqualification from further consideration, or if employed by the Town, in discharge.

\_\_\_\_\_  
Signed By

\_\_\_\_\_  
Date