

EMPLOYMENT APPLICATION



TOWN OF OGDEN

COUNTY OF MONROE STATE OF NEW YORK
269 OGDEN CENTER ROAD, SPENCERPORT, NY 14559
(585) 617-6100 (585) 352-4590 FAX

Applicant Information

Position applying for: _____ Examination # _____

Name: _____ Examination Date: _____
Last First Middle

State any other name, assumed name or nickname, by which you are/have been known _____

Mailing Address _____
Street City State Zip Code

Residence Address _____
Street (P.O. Box will not be accepted, must use current home address) City State Zip Code County

Have you been a resident of Monroe County for the past four months? Yes No

Home Telephone Number: _____ Social Security Number: _____

Work Telephone Number: _____ E-Mail Address: _____
(Optional)

If applying for Police Officer, Deputy Sherriff or Firefighter position, please indicate date of birth: _____

Have you served in the Armed Forces of the USA? Yes No Dates of active service From _____ To _____

Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must submit a form VC-1 and/or form VC-4 and a copy of their discharge papers (form DD-214) with our office.

Have you ever, since January 1, 1951, been permanently appointed or promoted in the service of the NY State or any of its civil divisions from an eligible list as a result of additional veterans credits granted you on such list? Yes No

If yes, name agency that established the eligible list: _____

An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying:

Were you ever convicted of any violation of law other than a minor traffic violation? Yes No
Were you ever removed from any type of employment? Yes No

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Any false statements made may result in termination of employment. I further understand, and will otherwise submit thereto, that in accordance with the County's pre-employment drug testing policy I may be required to submit to a urinalysis test as a condition for employment.

Signature

Date

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you an exempt volunteer firefighter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, do you have a legal right to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	Will you accept part-time work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid New York State Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>	Will you accept temporary work?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what class _____					

License / Certification

Do you have a license, certification or other authorization to practice a trade or profession? Yes No

Is this certification permanent? Yes No

Name of trade or profession: _____ License/ Certificate Number: _____

Licensing Agency: _____ Licensed from _____ to _____

Education

Have you received a High School Diploma? Yes No If no, have you received a General Equivalency Diploma (G.E.D.)? Yes No

Check the highest grade completed 8 9 10 11 12

Education above High School level

Name of School	Location (State)	Course or Major	Credits Completed	Degree/Certificate Received
			Sem. Hrs. Qtr. Hrs.	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Training

Other training you received (i.e., work training programs, Armed Forces training). Please estimate hours received.

Course/Program _____	Hours
_____	_____
_____	_____

Work Experience

Describe your employment, including your military experience, beginning with your current or recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of a supervisor, average number of hours in the workweek, final salary, reason for leaving, specific job duties, your title, etc. must be shown.

Starting Date _____ Ending Date _____
Month/Day/Year Month/Day/Year

Name & Address of current or most recent employer _____

Salary _____ Hours worked per week _____ Reason(s) for leaving _____

Your Job Title _____

Immediate Supervisor's Name _____ Title _____ Phone Number _____

Description of Duties _____

Work Experience

Starting Date _____
Month/Day/Year

Ending Date _____
Month/Day/Year

Name & Address of current or most recent employer _____

Salary _____ Hours worked per week _____ Reason(s) for leaving _____

Your Job Title _____

Immediate Supervisor's Name _____ Title _____ Phone Number _____

Description of Duties _____

Work Experience

Starting Date _____
Month/Day/Year

Ending Date _____
Month/Day/Year

Name & Address of current or most recent employer _____

Salary _____ Hours worked per week _____ Reason(s) for leaving _____

Your Job Title _____

Immediate Supervisor's Name _____ Title _____ Phone Number _____

Description of Duties _____

If you have any additional work experience, please copy this page and attach additional sheets as needed. Be sure to include your name and social security number on all attachments. Volunteer experience must be documented by statement of verification from the agency representative regarding number of hours worked per week and activities performed.

I, (print name here) _____ hereby authorize the release to the Town of Ogden, any and all records that relate to my background, experience and qualifications for the position of _____ and that reflect upon my merit and fitness for public service, including but not limited to a license check, records and reports of education, personal employment, military services, credit bureaus, local, state and federal tax bureaus, welfare and unemployment services, hospitals and institutions, medical, physical and psychological histories.

I authorize an inquiry be made of my past employer(s). _____
(Initials)

I authorize an inquiry be made of my present employer(s). _____
(Initials)

Make note if you do not want your present employer(s) contacted, and why:

Signature

Date