



APPLICATION FOR EMPLOYMENT

Town of Granby, 820 County Route 8, Fulton, NY 13069

Phone: (315) 598-6500 Fax: (315) 592-9270

<http://towngranby.org>

SOCIAL SECURITY NUMBER: _____

NAME AND LEGAL RESIDENCE:

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

MAILING ADDRESS:

(if different from above)

STREET CITY STATE ZIP

PHONE NUMBER: () Home () Business () Cell

EMAIL ADDRESS: _____

Are you 18 years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, you must supply a work permit.
Are you a citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.
Do you have a High School diploma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, NAME AND LOCATION OF HIGH SCHOOL: _____		
Or, a High School Equivalency Diploma (GED)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, GOVERNMENT AUTHORITY (GED) NUMBER: _____		
Please check college degree program(s) completed: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate		

EDUCATION:					
INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL or TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU Graduate	DEGREE EXPECTED
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO / YR
Address (City, State):					

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:						
Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

Driver's License (Complete only if the position for which you are applying requires one.) Number: _____ State _____

Date of Expiration: _____ Class of License: _____ Endorsements: _____ Restrictions: _____

NAME: _____

LAST

FIRST

MIDDLE

BACKGROUND INVESTIGATION: Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

COMPLETE ALL QUESTIONS:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever resign from any employment rather than face discharge?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been convicted of any crime (felony or misdemeanor)? For crimes other than traffic tickets you must provide a Certificate of Conviction from the court as soon as possible.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you now under charges for any crime?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you an Exempt Volunteer Firefighter? If yes, indicate years of service: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation?

If you answered (YES) to any of these questions, provide details on a separate 8 ½ x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.

EXPERIENCE: Begin with the most recent employment. You are responsible for an accurate and clear description of your experience. You may include a resume. Under "DUTIES" describe the nature of work which you personally performed. If you supervised, state how many people and the nature of such supervision. If more space is needed, attach 8 ½ x 11 sheets of paper.

LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

NAME: _____
 LAST FIRST MIDDLE

EXPERIENCE continued if necessary:			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

STATEMENT:
<p>I affirm under penalties of perjury that all statements made on this application, and any accompanying attachments are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize Town of Granby to contact schools/colleges and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application for employment by Town of Granby does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.</p>
<p>Signature _____ Date _____</p>