

Town of Clarkson, New York Application for Employment

Clarkson provides equal opportunity and, therefore, does not discriminate on the basis of race, creed, color, religion, national origin, age, gender, disability, sexual orientation, marital status, criminal record, or Vietnam-era veteran's status. Reasonable accommodations may be provided on request.

BE SURE YOU READ ALL INSTRUCTIONS CAREFULLY, COMPLETE ALL PAGES OF THIS APPLICATION, AND SIGN YOUR NAME ON PAGE 4. If you need additional space, use the REMARKS block at the top of Page 4.

Personal Data *(Please print or type - you may fill out form using MS Word 2002 or above, then print and sign)*

LAST NAME				FIRST NAME				MIDDLE INITIAL	
Current Mailing/Street Address					Permanent Street Address (if different)				
City	County	State	ZIP Code	City	County	State	ZIP Code		
Current Telephone Number () -				Permanent Telephone Number () -					
E-mail Address				Cell Phone Number () -					

EMPLOYABILITY

If you are under 18 years of age, can you furnish a work permit? YES NO

Are you legally authorized to work in the United States? YES NO

Will you now or in the future require sponsorship for employment visa status (for example, H-1B visa status)? YES NO

Proof of Employment Authorization will be required upon employment.

LICENSES *Some positions require licenses*

Do you have a currently valid **MOTOR VEHICLE** operator's license? YES NO

If **YES**, enter all class(es) of license: _____

State: _____ DMV License Number: _____ Expiration Date: ____ / ____ / ____

If a **PROFESSIONAL** license is required for the position you are applying for, complete the following:

Type of license: _____ License Number: _____

Valid from: ____ / ____ / ____ to ____ / ____ / ____ State Issued by: _____

ADDITIONAL QUESTIONS

Were you ever discharged from any employment except for lack of work, funds, disability or medical condition? YES NO

Did you ever resign from any employment rather than face dismissal? YES NO

Did you ever receive a discharge from the Armed Forces of the United States which was other than *Under Honorable Conditions*? YES NO

Have you ever been convicted of a misdemeanor or a felony? YES NO

If you answered **YES** to any of these questions, provide an explanation here or in the REMARKS section on page 4. If you prefer not to provide an explanation on this form, you may submit a written explanation under separate cover to the Personnel Officer.

Your Job Interests

Type of Work or Job Title Desired (please specify)	Work Location Desired	Salary Required \$ _____ per
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Would you consider employment at another DOT location? YES NO

If YES, indicate preferred geographic areas: 1. _____ 2. _____ 3. _____

Some jobs require different work schedules. Please indicate which ones you are able to perform:

a. Shift Work YES NO

b. Overtime Work YES NO

c. A work schedule that includes Saturday and Sunday YES NO

How soon can you report to work after getting a job offer? _____

Please check all boxes below indicating the type of employment that interests you:

WORKING HOURS		STATUS		IF YOU CHECKED "TEMPORARY"		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer	<input type="checkbox"/> Winter	How many months?

Education

SCHOOL	NAME/LOCATION	CREDITS	DIPLOMA/DEGREE	COURSE OF STUDY
HIGH SCHOOL				
EQUIVALENCY PROGRAM	Issued by:		Number:	
VOCATIONAL OR TECHNICAL SCHOOLS				
COLLEGES OR UNIVERSITIES				
OTHER TRAINING OR MILITARY SCHOOLS				

SPECIAL SKILLS, TRAINING OR CERTIFICATES:

Employment Experience

Please complete all items, even if you have already provided us with a résumé. Résumé attached

List your job history starting with your current or most recent position. Include U.S. military experience, summer or part-time jobs, internships, volunteer work, etc. You must show and explain any gaps in employment.

Current Employer Name	Street Address	City, Village or Town	State	Zip Code
Employer Telephone () -	Current Salary \$ _____ per	Current Job Title:		
Starting Date: ____ / ____ / ____		Current Supervisor:		
May we contact your current employer now? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, when? _____		
Explain reason for leaving: _____				
Describe your duties and responsibilities: _____				

Employment Experience, continued

Employer Name	Street Address	City, Village or Town	State	Zip Code
Employer Telephone () -	Salary \$ per	Job Title:		
Supervisor:				
Starting Date: / /		Leaving Date: / /		
Explain reason for leaving:				
Describe your duties and responsibilities:				

Employer Name	Street Address	City, Village or Town	State	Zip Code
Employer Telephone () -	Salary \$ per	Job Title:		
Supervisor:				
Starting Date: / /		Leaving Date: / /		
Explain reason for leaving:				
Describe your duties and responsibilities:				

Employer Name	Street Address	City, Village or Town	State	Zip Code
Employer Telephone () -	Salary \$ per	Job Title:		
Supervisor:				
Starting Date: / /		Leaving Date: / /		
Explain reason for leaving:				
Describe your duties and responsibilities:				

Employer Name	Street Address	City, Village or Town	State	Zip Code
Employer Telephone () -	Salary \$ per	Job Title:		
Supervisor:				
Starting Date: / /		Leaving Date: / /		
Explain reason for leaving:				
Describe your duties and responsibilities:				

Employer Name	Street Address	City, Village or Town	State	Zip Code
Employer Telephone () -	Salary \$ per	Job Title:		
Supervisor:				
Starting Date: / /		Leaving Date: / /		
Explain reason for leaving:				
Describe your duties and responsibilities:				

NEW YORK STATE CIVIL SERVICE

Have you ever worked for the State of New York in a position not listed on this Application? YES NO

If YES: Agency _____ Dates: From / / to / /

