

**APPLICATION FOR  
EMPLOYMENT**

**TOWN OF RICHLAND**

1 BRIDGE STREET  
PULASKI, NY 13142  
(315) 298-5174

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Last Name	First Name	Middle Initial
Address	Number	Street
		City
		State
		Zip Code
Telephone Number		Social Security Number (voluntary)

Position applied for \_\_\_\_\_

Best time to contact you \_\_\_\_\_ am  
\_\_\_\_\_ pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? (Working papers required if under 18)      Yes      No

Have you ever been employed with us? If so give date \_\_\_\_\_      Yes      No

Do any of your friends or relatives, other than spouse, work here?      Yes      No

Are you currently employed?      Yes      No

May we contact your present employer?      Yes      No

**EDUCATION**

	<u>Name of School</u>	<u>Course of Study</u>	<u>Yrs complete</u>	<u>Diploma Degree</u>
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may exclude organizations which indicate race color, religion, gender, national origin, disabilities or other protected status.

1. Employer Address Telephone #

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Job Title Supervisor Reason for Leaving

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Dates Employed Work Performed Salary

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2. Employer Address Telephone #

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Job Title Supervisor Reason for Leaving

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Dates Employed Work Performed Salary

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State any additional information you feel may be helpful to us in considering your application:

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REFERENCES

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name and Address Phone Number

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name and Address Phone Number

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview      Yes      No

Remarks \_\_\_\_\_

Employed      Yes      No      Date of Employment \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

By \_\_\_\_\_

Name and Title

Date