

**TOWN OF HAMBURG****APPLICATION FOR EMPLOYMENT**

## 1. NAME, MAILING ADDRESS AND PHONE (Please Print)

Last Name	First	M.I.
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Street Address
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City or Post Office	State	Zip Code
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Phone (include Area Code)
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2. Are you 18 years of age or older?  Yes  No

3. Are you a citizen of the United States?  Yes  No  
 If you are not a citizen of the United States, do you have the legal  
 right to accept employment in the United States?

Yes  No

(Non-Citizens may be required to produce 1-151 or 1-551 Alien  
 Registration Cards at time of appointment.)

## 4. Check appropriate box to the right of each question

A. Were you ever dismissed or discharged  Yes  No  
 from any employment for reasons other  
 than lack of work or funds?

B. Did you ever resign from employment  Yes  No  
 rather than face dismissal?

C. Have you ever received a Dishonorable  Yes  No  
 Discharge from the armed forces of the  
 United States?

D. Have you ever been convicted of any  Yes  No  
 crime (felony or misdemeanor)?

E. Have you ever forfeited bail bond posted  Yes  No  
 to guarantee your appearance in court to  
 answer to any criminal charges?

If you answered "YES" to any of the Questions 4A – E above, you may  
 give specifics by attaching additional sheets to this application. If you  
 elect not to provide specifics, however, or if such explanation is  
 insufficient, you may be required to submit further information.

None of the above circumstances represents an automatic bar to  
 employment. Each case is considered and evaluated on individual  
 merits in relation to the duties and responsibilities of the position for  
 which you are applying.

5. State your actual permanent legal residence and indicate for how  
 long you have resided there continually, up to and including the date  
 of this application.

Name	Yrs	Mos
School District		
Village of		
Town of		
County of		
State of		

**Town of Hamburg****6100 South Park Avenue****Hamburg, NY 14075**

## 6. Position you are applying for: \_\_\_\_\_

\* If you are applying for a position in the Youth, Recreation and Senior Services department please know, we are not always hiring. If and when a spot becomes available, that you may be qualified for, a manager will reach out to you at that time. If you have any questions, please call our department at 716-646-5145.

Full Time  
 Part Time  
 Seasonal/Temporary  
 (Check all that Apply)

Date when you will be available to start work? \_\_\_\_\_

## 7. Department(s) you are applying for (check those that apply)

Recreation  
 Building and Grounds  
 Highway  
 Senior Services  
 Police  
 Other (specify) \_\_\_\_\_

8. Are you on a current Civil Service List?  Yes  No

If Yes, give details (e.g. Title, list #, etc.) \_\_\_\_\_

9. Can you satisfy the job requirements or essential functions of this  
 position for which you are applying?  Yes  No

Note: When filling out your application form, check to make sure that  
 all appropriate questions have been answered. An incomplete  
 application may result in disapproval.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION**

**THIS AFFIRMATION MUST BE COMPLETED.** I affirm that the  
 statements made on this application (including any attached papers)  
 are true under the penalties of perjury. I understand that all  
 statements made by me in connection with this application are  
 subject to investigation and verification and that a material  
 misstatement, omission, or fraud may disqualify me from  
 appointment or lead to revocation of my appointment.

Signature of Applicant

Date

Email Address:

Please Print

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS  
 DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE,  
 CREED, COLOR, NATIONAL ORIGIN, SEX (INCLUDING  
 PREGNANCY, SEXUAL ORIENTATION AND GENDER IDENTITY),  
 DISABILITY, MARITAL STATUS OR CRIMINAL RECORD.  
 ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD  
 BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY  
 LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE,  
 RACE, CREED, COLOR, NATIONAL ORIGIN, SEX (INCLUDING  
 PREGNANCY, SEXUAL ORIENTATION AND GENDER IDENTITY),  
 DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN  
 CONNECTION WITH EMPLOYMENT.

## 10. EDUCATION

If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment

Have you graduated from high school?  Yes  No If Yes, Name and Location of High SchoolIf you have a high school equivalency diploma, indicate: Issuing Government Authority Number Date of Issue

	Name of School and City in which Located	Dates of Attendance (Month and Year) From To	Day or Night	Full or Part Time	No. of Years Credited	Did You Graduate?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree	Date Degree Rec'd or Expected
College University or Technical School	.....									
	.....									
Other Schools or Special Courses	.....									
	.....									
	.....									

11. LICENSES If a license, certificate or the authorization to practice a trade or profession is a requirement for the job for which you are applying, complete the following questions: If not currently licensed, check this box. 

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of:
Specialty	Date License First Issued	Registered From: (Mo/Yr)	To: (Mo./Yr.)

12. If required for the job for which you are applying, do you have a valid license to operate a motor vehicle in New York State?  Yes  No

13. DESCRIBE EXPERIENCE: Beginning with the most recent, describe below in detail ALL employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omission or vagueness will NOT be interpreted in your favor. If you have military service, describe such experience as separate employment. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as separate employment. (If more space is needed, attach additional 8 1/2" x 11" sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

LENGTH OF EMPLOYMENT FROM: TO:	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS \$ (Circle One) WK/MO/YR	DESCRIBE DUTIES BELOW:		
YOUR EXACT TITLE			
YOUR SUPERVISOR's Name/Title			
No. of Hours worked per week (exclusive of overtime)			
LENGTH OF EMPLOYMENT FROM: TO:	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS \$ (Circle One) WK/MO/YR	DESCRIBE DUTIES BELOW:		
YOUR EXACT TITLE			
YOUR SUPERVISOR's Name/Title			
No. of Hours worked per week (exclusive of overtime)			