

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

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

Last Name	First	M.I.
Street Address		
City or Post Office	State	Zip Code
Phone (include Area Code)		

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: \_\_\_\_\_

☐ 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 School

If 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)			