

TOWN OF SOMERS Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application		
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

Circle One

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever been employed with us before? YES NO
If Yes, give date _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: _____ full time _____ part time _____ shift work _____ temporary

Are you currently on "lay off status" and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Are there any conditions or circumstances in your background which would affect your ability to be bonded (if bondability is condition of employment)? YES NO
If Yes, please explain _____

[NOTE: If in doubt as to bondability requirements of the position sought, applicant should inquire with Town representative.]

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

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

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
	Starting	Final	
Job Title		Supervisor	
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
	Starting	Final	
Job Title		Supervisor	
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
	Starting	Final	
Job Title		Supervisor	
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
	Starting	Final	
Job Title		Supervisor	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Additional Information

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

Specialized Skills (Check skills/equipment operated)

- CRT
 - Fax
 - Commercial Drivers License (CDL)
 - PC
 - Microsoft Works
 - Calculator
 - PBX System
 - Typewriter
 - Wordperfect
- Other (list):
Production/Mobile Machinery (list):

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

References

Name _____ Phone No. (_____) _____

Address _____

Name _____ Phone No. (_____) _____

Address _____

Name _____ Phone No. (_____) _____

Address _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the 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, (1) 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 acknowledge in writing by an authorized executive of this organization or (2) the position which I am applying for is subject to the terms and conditions of a Collective Bargaining Agreement, a copy of which is on file for review in the offices of the Town Clerk/Treasurer. *(Check one)*

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. I understand that any offer of employment will be subject to the successful completion of a pre-employment physical examination by a physician selected by the Town, and a pre-employment drug screening; all at the Town's expense, and the determination by the Town's insurance carrier or underwriter that the applicant is bondable (if applicable). I understand that any offer of employment will be subject to verification of my commercial driver's license being in good standing or, in the event that I have not yet received a commercial driver's license, subject to my obtaining a commercial driver's license (if applicable).

Signature of Applicant _____ Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	YES	NO	
Remarks	_____ _____		
Name of Interviewer(s)	_____	Date of Interview	_____
Employed	YES	NO	Date of Employment _____
Job Title	_____	Hourly Rate/Salary \$	_____
Department	_____		
By:	_____	Date	_____
Name and Title	_____		

NOTES _____

