

EMPLOYMENT APPLICATION



TOWN OF OGDEN

COUNTY OF MONROE STATE OF NEW YORK
269 OGDEN CENTER ROAD, SPENCERPORT, NY 14559
(585) 617-6100 (585) 352-4590 FAX

Applicant Information

Position applying for: _____ Examination # _____

Name: _____ Examination Date: _____
Last First Middle

State any other name, assumed name or nickname, by which you are/have been known _____

Mailing Address _____
Street City State Zip Code

Residence Address _____
Street (P.O. Box will not be accepted, must use current home address) City State Zip Code County

Have you been a resident of Monroe County for the past four months? Yes No

Home Telephone Number: _____ Social Security Number: _____

Work Telephone Number: _____ E-Mail Address: _____

If applying for Police Officer, Deputy Sherriff or Firefighter positions, please indicate date of birth: _____

Have you served in the Armed Forces of the USA? Yes No Dates of active service From _____ To _____

Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to claim additional examination credits as veterans or disabled veterans must submit a form VC-1 and/or form VC-4 and a copy of their discharge papers (form DD-214) with our office.

Have you ever, since January 1, 1951, been permanently appointed or promoted in the service of NY State or any of its civil divisions from an eligible list as a result of additional veterans credits granted you on such list? Yes No

If yes, name agency that established the eligible list: _____

An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying:

Have you ever been convicted of any violation of law other than a minor traffic violation?* Yes No
Do you currently have any criminal charges pending against you? Yes No
Have you ever been removed from any type of employment? Yes No

*This question refers to all crimes, violations or offenses in any jurisdiction, including Federal and military offenses, except minor traffic infractions. It also includes Juvenile Offender status convictions. You do not need to include adjudications of Juvenile Delinquency or Youthful Offender status or arrests that did not lead to a conviction.

I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. Any false statements made may result in termination of employment or removal from Civil Service eligibility. I further understand, and will otherwise submit thereto, that in accordance with the County's pre-employment drug testing policy I may be required to submit to a urinalysis test as a condition for employment. Applicants may also be required to undergo a State and notional criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Signature

Date

New York State Law prohibits discrimination on the basis of age, sex, race, creed, color, national origin, disability, genetic predisposition or carrier status, sexual orientation or marital status.

An Equal Opportunity Employer

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, do you have a legal right to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a valid New York State Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what class _____	<input type="checkbox"/>	<input type="checkbox"/>
Will you accept part-time work?	<input type="checkbox"/>	<input type="checkbox"/>	Will you accept temporary work?	<input type="checkbox"/>	<input type="checkbox"/>

License / Certification

Do you have a license, certification or other authorization to practice a trade or profession? Yes No

Is this certification permanent? Yes No

Name of trade or profession: _____ License/ Certificate Number: _____

Licensing Agency: _____ Licensed from _____ to _____

Education

Have you received a High School Diploma? Yes No If no, have you received a General Equivalency Diploma (G.E.D.)? Yes No

Check the highest grade completed 8 9 10 11 12

Education above High School level

Name of School	Location (State)	Course or Major	Credits Completed	Type of Degree/Certificate Received
			Sem. Hrs. Qtr. Hrs.	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Training

Other training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received:

Course/Program	Hours
_____	_____
_____	_____

Work Experience

Describe your employment, including military experience, beginning with your current or most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average number of hours in the workweek, reason for leaving, specific job duties, your title, etc. must be shown.

Starting Date _____		Ending Date _____
Month/Day/Year		Month/Day/Year
Name & Address of current or most recent employer _____		
Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Hours worked per week _____ Reason(s) for leaving _____		
Your Job Title _____		
Immediate Supervisor's Name _____	Title _____	Phone Number _____
Description of Duties _____		

Work Experience (continued)

Starting Date _____
Month/Day/Year

Ending Date _____
Month/Day/Year

Name & Address of employer _____

Paid Unpaid Hours worked per week _____ Reason(s) for leaving _____

Your Job Title _____

Immediate Supervisor's Name _____ Title _____ Phone Number _____

Description of Duties _____

Work Experience

Starting Date _____
Month/Day/Year

Ending Date _____
Month/Day/Year

Name & Address of employer _____

Paid Unpaid Hours worked per week _____ Reason(s) for leaving _____

Your Job Title _____

Immediate Supervisor's Name _____ Title _____ Phone Number _____

Description of Duties _____

If you have any additional work experience, please copy this page and attach additional sheets as needed. Be sure to include your name and social security number on all attachments. Volunteer experience must be documented by statement of verification from the agency representative regarding number of hours worked per week and activities performed.

I, (print name here) _____ hereby authorize the release to the Town of Ogden, any and all records that relate to my background, experience and qualifications for the position of _____ and that reflect upon my merit and fitness for public service, including but not limited to a license check, records and reports of education, personal employment, military services, credit bureaus, local, state and federal tax bureaus, welfare and unemployment services, hospitals and institutions, medical, physical and psychological histories.

I authorize an inquiry be made of my past employer(s). _____
(Initials)

I authorize an inquiry be made of my present employer(s). _____
(Initials)

Make note if you do not want your present employer(s) contacted, and why:

Signature

Date