

Application for Employment

Today's Date _

Personal Information						
Name			Cell Phone #:			
(Last)	(First)	(Middle)	Email Address:			
Address						
(Street)			(City)	(State)	(Zip Code	2)
Are you 18 years of ag	e or older? Yes	No				
Are you legally eligible	to work in the Unite	d States? Yes	No			
Have you ever previou	ısly been employed b	y this Town? Yes	No	If yes, w	hen?	
Do you now or have y	ou ever had a relative	employed by this To	own? Yes	No		
If yes, who?						
Have you ever been a				hy a court	·)	
Yes No		ain		-		
	n yes, pieuse expi					
*Candidates selected condition of employm		nent who are age 18	s or older may be i	required to	o consent to a bac	kground check as a
Employment Desired						
			D	ata Availal	bla ta Marku	
Position Desired: (Pleas	se list the title of the	position as posted a	nd do not leave bl	ate Avallat ank or list	"any.")	
Status Desired: Full-ti	me Part-tim	e Desi	red Hourly Rate/B	ase Salary	":	
Are you available to w	ork:					
Weekday/daytime ho	urs? Yes No	0 We	eekday/evening h	ours? Yes _	No	
Saturday?	Yes No	o Su	nday afternoon?	Yes	No	
Are you currently emp	loyed?	Yes	No			
If so, may we contact	your present employe	er? Yes	No			
		Name and Locati	,		Degree	Subjects
Educational Informati	on	School	attended	t de la companya de	Received	Studied/Major
High School						
College or University						1
Other (Technical/Trad	e School Business					

Employment History: Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Attach additional sheets of paper if needed. *Incomplete information could disqualify you from further consideration*.

From: To: (Month/Year) (Month/Year)			
Employer's Name:			
Address:	(City) (State)	(Zip Code)	
Position/Title:	Part-time Full-time		
Briefly Describe Duties:			
Reason for Leaving:	Rate of Pay:		
Supervisor's Name/Title:			
From: To: (Month/Year) (Month/Year)			
(Month/Year) (Month/Year) Employer's Name:			
Address:			
(Street)	(City) (State)	(Zip Code)	
Position/Title:	Part-time Full-time		
Briefly Describe Duties:			
Reason for Leaving:	Rate of Pay:		
Supervisor's Name/Title:			
From: To:			
(Month/Year) (Month/Year)			
Employer's Name:			
Address: (Street)	(City) (State)	(Zip Code)	
Position/Title:	Part-time Full-time		
Briefly Describe Duties:			
	Rate of Pay:		
Supervisor's Name/Title:			

APPLICANT'S PRINTED NAME: _

Other Skills/Memberships and Affiliations
Do you have any special skills, volunteer experience and/or training that would enhance your ability to perform the position applied for? Yes No If so, please explain:
Do you hold a license or professional certification? Yes No If so, please specify:
Do you participate in any professional associations that would enhance your ability to perform the position applied for? Yes No If so, please explain:
References: Please give the names of three persons not related to you, and preferably who you have worked with/for and whom you have known at least 3 years.

<u>Name</u>	Address/Phone/Email	Company Name	Years Known

Please read carefully before signing.

The Town of Syracuse is an equal opportunity employer. The Town of Syracuse does not discriminate in employment on account of race, color, religion, sex (pregnancy, gender identity, and sexual orientation), national origin, age (40 and over), disability, genetic information as referenced in the Genetic Information Nondiscrimination Act (GINA), military service veteran status or any other protected class as defined by federal, state, and local laws. The Town of Syracuse will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes an obligation for the Town of Syracuse to hire me. If I am hired, I understand that either the Town of Syracuse or I may terminate employment at any time for any reason, with or without cause and without prior notice. I understand that no representative of the Town of Syracuse has the authority to make any assurance to the contrary. In addition, I understand that the Town of Syracuse utilizes the national E-Verify system to confirm my employment eligibility.

I attest with my signature below that I have given to the Town of Syracuse true and complete information on this application. No requested information has been concealed. I authorize the Town of Syracuse to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal.

(Signature of Applicant)

(Date)

Note: Applications for employment will be kept on file for three-years from the date of completion.