

Application for Employment

Village of Springville
 5 W. Main St.
 P.O. Box 17
 Springville, NY 14141
 (716)592-4936

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

Position Applied for _____

Date of Application ___/___/___

Full Time Part Time Seasonal/Temporary

Date available for work ___/___/___

Name _____
 (last) (first) (middle)

Address _____
 (street) (city) (state) (zip code)

Telephone _____ Social Security Number _____

If you are under 18, can you furnish a work permit? Yes No
 Have you ever been employed here before? Yes No
 Are you legally eligible for employment in this country?..... Yes No
 Have you been convicted of a felony in the last seven (7) years?..... Yes No
 If yes, please explain _____

Employment History			
List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. May we contact your most recent employer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
From	To	Employer	Telephone
Job Title	Address		
Supervisors Name	Summarize the nature of work performed and job responsibilities.		
Reason for Leaving	Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____		
From	To	Employer	Telephone
Job Title	Address		
Supervisors Name	Summarize the nature of work performed and job responsibilities.		
Reason for Leaving	Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____		
From	To	Employer	Telephone
Job Title	Address		
Supervisors Name	Summarize the nature of work performed and job responsibilities.		
Reason for Leaving	Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____		

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position for which you are applying. _____

Educational Background				
Name and Location	Years Completed	Did You Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

References		
Name	Telephone	Years Known

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____