

TOWN OF HOOSICK
 80 CHURCH STREET
 PO BOX 17
 HOOSICK FALLS, NY 12090

RECOMMENDATION
 APPROVED BY: _____
 DISAPPROVED BY: _____

APPLICATION FOR EMPLOYMENT

TITLE OR POSITION APPLYING FOR: _____

Last Name	First Name	Middle Initial	Social Security Number
Address		Email Address	Phone Number

IMMEDIATE NOTICE SHOULD BE GIVEN IF ANY CHANGES IN ADDRESS OCCUR BEFORE OR AFTER ENTRANCE

STATE YOUR ACTUAL LEGAL PERMANENT RESIDENCE AND INDICATE HOW LONG YOU HAVE RESIDED THERE CONTINUOUSLY, UP TO AND INCLUDING THE DATE OF THIS APPLICATION:

	YEARS	MONTHS
City or Village of:		
Town of:		
County of:		
State of:		
Name of School District:		

CHECK APPROPRIATE BOX TO THE RIGHT OF EACH QUESTION:

- Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No
- Did you ever resign from employment rather than face dismissal? Yes No
- Have you ever been convicted of any crime (felony or misdemeanor)? Yes No
- Are you now under any charges for crime? Yes No
- Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any criminal charges? Yes No

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS--ATTACH A SEPARATE SHEET GIVING COMPLETE DETAILS.

Are you a United States citizen? Yes No

I AFFIRM THAT THE STATEMENTS MADE ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS) ARE TRUE UNDER THE PENALTIES OF PERJURY.

SIGNATURE OF APPLICANT

DATE

SERVICE IN ARMED FORCES

Have you ever served in the Armed Forces of the United States? Yes No

Have you ever received a Dishonorable Discharge from the Armed Forces of the United States? Yes No

Date of entry into active service: ____/____/____
MM DD YYYY

Date of discharge: ____/____/____
MM DD YYYY

Service Serial Number: _____

Have you ever received a permanent original appointment or a permanent promotion in the civil service of the state of any city or civil division thereof from an eligible list on which you were allowed additional credits as an honorably discharged veteran? Yes No

VETERAN CREDIT

Do you claim additional credits as a honorable discharged war veteran? (check one)

- Yes, as a non-disabled war veteran
- Yes, as a disabled war veteran
- No

IF YOU CLAIM VETERANS CREDITS, YOU MUST SUBMIT DISCHARGE OR SEPARATION PAPERS WITH THIS APPLICATION.

EDUCATION

Do you have a high school diploma or high school equivalency (HSE)? Yes No

	Name of Institution and Location	Years Attended	Did you graduate?	Subject Studied
High School		____/____/____ to ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HSE		Date of Certificate: ____/____/____		
College		____/____/____ to ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School		____/____/____ to ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

If yes, name of licensing agency: _____

Name of Trade or Profession	License/Certification Number	Is the license permanent?	Date of License
		<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ to ____/____/____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ to ____/____/____

EXPERIENCE

Describe any employment or occupation you have ever had which includes experience that tends to qualify you for the position, and as far as possible every other employment including service beginning with your most recent employer. **Please note:** applicants may be required to furnish satisfactory proof of experience claimed.

Employment History		
Employer:	Type of Business:	Dates Employed: __/__/__ to __/__/__
Address:	Supervisor Name:	Supervisor phone:
Your position:	Hours worked per week:	Paid position: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties:		
Reason for leaving:		

Employer:	Type of Business:	Dates Employed: __/__/__ to __/__/__
Address:	Supervisor Name:	Supervisor phone:
Your position:	Hours worked per week:	Paid position: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties:		
Reason for leaving:		

Employer:	Type of Business:	Dates Employed: __/__/__ to __/__/__
Address:	Supervisor Name:	Supervisor phone:
Your position:	Hours worked per week:	Paid position: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties:		
Reason for leaving:		

Employer:	Type of Business:	Dates Employed: __/__/__ to __/__/__
Address:	Supervisor Name:	Supervisor phone:
Your position:	Hours worked per week:	Paid position: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties:		
Reason for leaving:		

BACKGROUND INVESTIGATION

APPLICANTS MAY BE REQUIRED TO UNDERGO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND INVESTIGATION, WHICH WILL INCLUDE FINGERPRINT CHECK, TO DETERMINE SUITABILITY FOR APPOINTMENT. FAILURE TO MEET THE STANDARDS FOR THE BACKGROUND INVESTIGATION MAY RESULT IN DISQUALIFICATION.

NONE OF THE ABOVE CIRCUMSTANCES REPRESENT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED AND EVALUATED ON INDIVIDUAL MERITS IN RELATION TO THE DUTIES AND RESPONSIBILITIES OF THE POSITION(S) FOR WHICH THE CANDIDATE IS APPLYING.

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, gender, sexual orientation, national origin, marital status, military status, disability, domestic violence victim status, criminal or arrest record, or predisposing genetic characteristics. Accordingly, nothing in this application form should be viewed as expressing directly or indirectly any limitation, specification, or discrimination as outlined in the New York State Human Rights Law, or criminal record in connection with employment by the State of New York.