**APPLICATION FOR EMPLOYMENT**

**VILLAGE OF WAVERLY**

**32 ITHACA STREET**

**WAVERLY, NY 14892**

**Position applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.S.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Last) (First) (MI)

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Street)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone# ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(City) (State) (Zip)

**Special Questions**

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER

HAS **CHECKED A BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE

INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR

DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY

PERMISSIBLE REASONS.

Height \_\_\_\_\_\_feet \_\_\_\_\_ inches  Are you prevented from lawfully becoming employed in the U.S.?\_\_\_Yes \_\_\_No

 Weight \_\_\_\_\_\_lbs.  Date of Birth\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you been convicted of a felony or misdemeanor within the last 5 years?\*\* Yes\_\_\_\_\_ No\_\_\_\_\_ Describe:\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*The age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40

But less than 70 years of age.

\*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have

applied.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | NAME AND LOCATION OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
| GRAMMAR SCHOOL |  |  |  |  |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| TRADE, BUSINESS  OR OTHER SCHOOL |  |  |  |  |

**MILITARY SERVICE**

Have you served in the Armed Forces? \_\_\_\_\_\_\_\_\_\_ Branch?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Rank at discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE**  **MONTH AND YEAR** | **NAME AND ADDRESS OF EMPLOYER** | **SALARY** | **POSITION** | **REASON FOR LEAVING** |
| FROM  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  TO |  |  |  |  |
| FROM  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TO |  |  |  |  |
| FROM  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TO |  |  |  |  |
| FROM  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TO |  |  |  |  |

Have you any objections to inquiry regarding your character and qualifications from your former employers or present employer? \_\_\_\_\_\_\_\_\_\_. If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST A YEAR.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **PHONE#** | **YEARS**  **ACQUAINTED** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

**DECLARATION:** I declare that the statements made in this application have been examined by me and to the

best of my knowledge and belief are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Applicant)