



Employment Application Form

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

PLEASE PRINT

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Social Security # _____ Date of Birth _____

Position Desired: _____ When can you start? _____

Are you looking for full-time employment? Yes No Desired hourly wage \$ _____

What days are you available to work? _____ Hours _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

(You may be required to provide documentation.)

Did you work for the Town before? Yes No If Yes, Where? _____ Position _____

How did you hear of this opening? _____

Have you ever been convicted of any criminal offense (misdemeanor or Felony)? Yes No If yes, please describe conditions.

Attach additional information if necessary.

<u>Education:</u>	<u>School Name and Location</u>	<u>Year</u>	<u>Major</u>	<u>Degree</u>
High School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
Other Training _____	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Attach additional information if necessary.

Provide two references (not related to you)

<u>Name</u>	<u>Address</u>	<u>Telephone:</u>	<u>How do they know you?</u>
_____	_____	_____	_____
_____	_____	_____	_____

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the Supervisor, has any authority to alter the foregoing.

Signature _____ Date _____

Return completed application to:

TOWN OF RYE, Supervisor's Office 222 Grace Church Street, Suite 302 Port Chester, NY Telephone (914) 939-9075