



APPLICATION FOR EMPLOYMENT
 Town of Clayton, 405 Riverside Drive, Clayton, NY 13624

The Town of Clayton is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state, or local law. Any person who needs assistance in fully participating in the application process should contact the Town of Clayton Human Resources Department.

A fully completed application is required for each position.

Your Contact Information

Name		Social Security Number		
Address	# and Street, PO Box	City	State	Zip Code
Telephone	(Daytime)	(Evening)		
Email Address				

Position For Which You Are Applying

Position Title (as advertised)	How did you hear about this position?
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Please review the functions of the position as outlined in the job description. Are you able to perform all of the essential duties of the position for which you are applying? YES NO

Have you ever been employed by the Town of Clayton? YES NO If so, when? _____
 What Department? _____

Are you able to provide documented proof of U.S. citizenship or valid work permit as required upon employment to work in the United States? YES NO

Your Educational Achievements

SCHOOL	NAME/ADDRESS/CITY/STATE	NO. OF YEARS ATTENDED	DEGREE/CERTIFICATES/RANK GRANTED
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE, BUSINESS, COURSES			
MILITARY SERVICE OR OTHER TRAINING			

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Licenses

Please list all current licenses you possess that are relevant to the position you seek. In some circumstances, a current valid license is a condition of employment.

Do you have a valid driver's license (Class D Auto)? YES NO If yes, enter expiration date_____

Do you have a valid CDL license (Class A or B)? YES NO If yes, enter expiration date_____

What other valid licenses or certificates do you hold? (Job-related)

Office Skills

Please rate your proficiency in the following skill sets:

Skill Set	Beginner	Intermediate	Advanced
Knowledge of Word Processing			
Knowledge of Spreadsheets			
Knowledge of Databases			
Automated Accounting Systems			
Bookkeeping knowledge			
Transcription ability			

Special Skills

Please list any other skills or abilities you feel are relevant

Lifeguard Supplement: ** You must be 16 years of age or older to eligible as a lifeguard.*

List all certificates and cards held, including their expiration dates. *(If hired, you will be required to provide copies of these certifications/cards)*

Certification/Card Type	Card #	Expiration Date

You are required to teach swimming lessons at the Recreation Park Pool. We prefer that you have a water safety instructor course. Do you hold a current WSI? YES NO

Will you be able to work weekends after Memorial Day and after Labor Day? YES NO

Do you understand that on days of inclement weather when the pool may be closed, you will report for work and you may be required to perform other duties at the Recreation Park facility? YES NO

Do you understand that you are required to work weekends and evenings during the summer? YES NO

Do you have previous experience as a lifeguard? YES NO If yes, where? _____

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Employment History (Please do not write "see resume.")

Please account for the last three (3) positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer.

May we have permission to contact your present employer? YES NO

PREVIOUS EMPLOYMENT			
Previous Employer #1 (Most recent employer):			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Start Date	End Date	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Previous Employer #2			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Start Date	End Date	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Previous Employer #3			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
Start Date	End Date	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
**Have you ever been forced to resign from any position? If yes, please provide details:			

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References

Please provide the names of up to four individuals who are not related to you, whom have known you for more than one (1) year.

1. _____			
Name	Address	Phone	Relationship
2. _____			
Name	Address	Phone	Relationship
3. _____			
Name	Address	Phone	Relationship
4. _____			
Name	Address	Phone	Relationship

Conflict of Interest

Please list any relationship with a current Town of Clayton employee or board member (i.e.: parent, sibling, spouse, significant other, child, etc.).

1. _____	
Name	Relationship
2. _____	
Name	Relationship
3. _____	
Name	Relationship
4. _____	
Name	Relationship

Employment of Minors

The Town of Clayton is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an employment Permit or Educational Certificate may be required, depending on the age of the minor. Are you under the age of 18? YES NO If yes, please indicate your age: _____

Medical Information

All offers of employment are conditional, where applicable, upon a physical examination and an occupational evaluation. Satisfactory ability to perform the essential functions of the position is a condition of employment.

Pre-Employment Drug Testing

All offers of employment are conditional upon the satisfactory completion of a pre-employment drug test, where required.

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Signature

Carefully read all parts of this application form before signing:

- A. I understand the acceptance of this application by the Town of Clayton does not imply that I will be employed. (*Exception to (A) is an employee filling out this application for promotional purposes only.*)
- B. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials, or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- C. I understand that any offer of employment that I receive from the Town of Clayton is contingent upon my successful completion of the pre-employment screening process, including but not limited to the Town of Clayton receiving satisfactory references, a satisfactory criminal history and Criminal Background Check if required, satisfactory verification of driver's license or certifications where required, satisfactory completion of any required post-offer pre-employment drug test or physical examination.
- D. In processing my application of employment, the Town of Clayton may verify all the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics. I hereby agree to release the Town from any and all liability arising out of the verification process.
- E. I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present (*if box is checked*) and former employers, by contacting individuals listed as business, educational, or personal references, and by contacting other individuals to provide or further clarify information about me.
- F. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability damages arising from furnishing the requested information.
- G. If employed by the Town of Clayton, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, and/or an occupational evaluation, that I may be subject to drug and/or alcohol testing, that the Town may request a Criminal Background Check on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional updated information especially if this employee has been on workers compensation and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.
- H. I understand that the Town of Clayton is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an appropriate bargaining unit contract.

My signature certifies that I have read and agree with the above statement and all statements contained in this Application for Employment.

Applicant Name (Please Print)

Applicant Signature

Date