

APPLICATION FOR EMPLOYMENT

Town of Clayton, 405 Riverside Drive, Clayton, New York 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 applied for.

Your Contact Information

<i>Name</i>		<i>Date</i>		
<i>Address</i>	<i># and Street, PO Box</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Telephone (Daytime)</i>		<i>(Evening)</i>		
<i>Email Address</i>				

Position You Are Applying For

<i>Position title as advertised</i>	<i>How did you hear about this position?</i>
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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

<i>Have you ever been employed by the Town of Clayton? Department?</i>	<i>When?</i>	<i>What</i>
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Are you able to provide documented proof of U.S. citizenship or valid work permit as required upon employment to work in the United State?(Circle one) **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. A current valid license is a condition of employment where required.

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 _____

Do you have a valid Hydraulic license? YES _____ NO _____ If yes, enter expiration date _____

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

Office Skills

	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

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

Please account for the last four 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		
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	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

1. _____

Name	Address	Phone	Relationship
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2. _____

Name	Address	Phone	Relationship
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3. _____

Name	Address	Phone	Relationship
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4. _____

Name	Address	Phone	Relationship
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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 upon a physical examination, and an occupational evaluation, where required. 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. Satisfactory completion of a required drug or alcohol test is a condition of employment as outlined in the Drug and Alcohol Testing Policy of the Town of Clayton.

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 of 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 and former employers, by contacting

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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 comp 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