TOWN OF QUEENSBURY EMPLOYMENT APPLICATION

Position you are applying for: Date			•			
The Town of Queensbury is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, age, national origin, marital status, disability or veteran status. This policy applies to all terms and conditions of employment, including but not limited to: hiring, placement, promotion, termination, layoff, transfer, leave of absence, compensation and training. Discrimination based on any of the above categories is strictly prohibited. Any employee who engages in such conduct is subject to appropriate disciplinary action in accordance with the applicable collective bargaining agreement or Civil Service Law (Section 75).						
I. APPLICANT DATA						
1. Name:						
Street and/or PO Box:						
City, State Zip:						
Home Phone:	Business Phone:	ell:				
2. Are you under 18 years of age?		Yes	No			
3. Are you currently unemployed? If yes,		Yes	No			
Did you resign?		Yes	No			
Were you dismissed?		Yes	No			
If you answered $\underline{\text{YES}}$ to any Question #3, you may give an explanation in the space below. None of the above circumstances represents an automatic bar to employment. Each applicant is considered on individual merit.						
5. If you are not a citizen of the United accept employment in this country?.			No			

: below post High Sch	nool education or certifica	ation:	
4. Name & Location of ollege, University or Tech School Attended	nical Type of Co Major S		Type of Degree Received or Expected
5. Other Courses o Certificates:			
	ne position, do you have a New York State?		
b. Do you have a Cl	DL License		Yes No
Class:	Endorsements:		
Trade or Profession:	License Number:	Licensing Agency:	City or State:
Specialty:	Date License first issued:	Current Expiration	City or State:

1. Have you graduated from High School or received a GED?..... Yes

No

II. EDUCATION

IV. WORK AND/OR VOLUNTEER EXPERIENCE

Carefully read the minimum qualifications for the position for which you are applying. List below all relevant work experience. A resume is not a substitute. Be more specific in describing your work experience relating to the minimum qualifications. You are responsible for submitting an accurate, adequate and clear description of your experience. If more space is needed, attach 8 ½ x 11 sheets of paper. Sheets must contain ALL information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc.)				
LENGTH OF EMPLOYMENT	EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE
Month/Year to Month/Year				
HOURS WORKED PER WEEK		SKILLS/EXPERTISE:	<u> </u>	
HOOKS WORKED I ER WEEK				
YOUR TITLE				
TYPE OF BUSINESS				
NAME AND TITLE OF SUPERV	/ISOR			
REASON FOR LEAVING				
LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE
1				
HOURS WORKED PER WEEK		SKILLS/EXPERTISE:		
YOUR TITLE				
TYPE OF BUSINESS				
NAME AND TITLE OF SUPER	VISOR			
REASON FOR LEAVING				
LENGTH OF EMPLOYMENT Month/Year to Month/Year	EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK		SKILLS/EXPERTISE:		
YOUR TITLE				
TYPE OF BUSINESS				
NAME AND TITLE OF SUPER	VISOR			
REASON FOR LEAVING				
LENGTH OF EMPLOYMENT Month/Year	EMPLOYER		ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK		SKILLS/EXPERTISE:		
YOUR TITLE				
TYPE OF BUSINESS				
NAME AND TITLE OF SUPERV	VISOR			
REASON FOR LEAVING				

V. REFERENCES - Please list at lo	east three (3) professional reference	S.			
Name	Address	Phone			
May we contact prior employers and references? Yes No					
VI. AFFIRMATION - This section	on must be completed by the app	licant			
I affirm that the statements made on this application and any attached documentation, are true under penalties of perjury. (Must be signed by applicant's hand below)					
Applicant's Signature		_ Date:			
VII. TOWN OF QUEENSBURY – (OFFICE USE ONLY				
Interviewed by:	D	ate:			
Hire Approved:		ate:			
Disapproved:	D	ate:			