

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: _____

Cell
Phone: _____

Email: _____

2. Are you under 18 years of age? Yes No

3. Are you currently unemployed?..... Yes No

If yes,

Did you resign? Yes No

Were you dismissed? Yes No

If you answered 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 States, do you have the legal right to accept employment in this country? Yes No

II. EDUCATION

1. Have you graduated from High School or received a GED?..... Yes No

List below post High School education or certification:

4. Name & Location of College, University or Technical School Attended		Type of Course or Major Subject	Type of Degree Received or Expected

5. Other Courses or Certificates:_____

III. LICENSES

a. If required for the position, do you have a valid license to operate a motor vehicle in New York State? Yes No

b. Do you have a CDL License..... Yes No

If YES, please complete:

Class:_____ Endorsements:_____

Trade or Profession:	License Number:	Licensing Agency:	City or State:
Specialty:	Date License first issued:	Current Expiration	City or State:

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 1/2 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 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 SUPERVISOR			
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 SUPERVISOR			
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 SUPERVISOR			
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 SUPERVISOR			
REASON FOR LEAVING			

V. REFERENCES – Please list at least three (3) professional references.

Name	Address	Phone

1. May we contact prior employers and references? Yes No

VI. AFFIRMATION - This section must be completed by the applicant

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: _____ Date: _____

Hire Approved: _____ Date: _____

Conditions for hire: _____

Disapproved: _____ Date: _____