

TOWN OF AMHERST

5583 Main Street
Williamsville, NY 14221
(716) 631-7025
www.amherst.ny.us

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

Date _____

PERSONAL INFORMATION

Name _____
Last First Middle Initial Email _____

Present address _____
No. Street City State Zipcode

How many years have you lived at this address? _____ Telephone No. (Area code) _____

Previous address _____
No. Street City State Zipcode How long did you live there? _____

Job(s) applied for 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

Exempt Volunteer Firefighter _____ Active Volunteer Firefighter _____

Do you want to work Full-time or Part-time or Summer Specify days and hours if part-time _____

Have you worked for us before? _____ If yes, when? _____

List any relatives, other than spouse, working for us _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Town?

Have you any other job or business? _____

Do you possess a valid NYS driver's license?
_____ Class: _____

The Town of Amherst recognizes that any form of discrimination or harassment, either written, verbal or physical, based on age, religion or creed, color, disability, national origin, race, traits historically associated with race, ethnicity, sex, marital status, sexual orientation, veteran status, gender identity, domestic violence victim status, criminal history or other protected characteristics of family members or associates is unlawful under New York State and Federal Law.

Are you over 18 years of age? Yes No

If not, state your age _____

If not, can you provide proof of age? Yes No

Are you eligible to work in the United States? Yes No

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	How Many Years Attended?	Graduated?	COURSE OR MAJOR
GRAMMAR OR GRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
POST GRADUATE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE RECORD

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge * _____
Month Date Year Month Date Year

What were you duties in the Service (include special training and duty station)? _____

* A dishonorable discharge is not an absolute bar to employment; other factors will affect a final decision.

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

(Explain periods of unemployment in space provided on reverse side)

Dates		Name and Address of Employer	Supervisor's Name and Title	Reason for Leaving
From	To			
Mo. Yr.	Mo. Yr.			
<p>Position (title) Describe in detail the work you did and number of hours worked per week.</p>				

Dates		Name and Address of Employer	Supervisor's Name and Title	Reason for Leaving
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From	To			
Mo. Yr.	Mo. Yr.			
<p>Position (title) Describe in detail the work you did and number of hours worked per week.</p>				

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact _____

TOWN OF AMHERST DEPARTMENT OF HUMAN RESOURCES
METHODS RESEARCH QUESTIONNAIRE

The Town of Amherst is an Equal Opportunity Employer. The following information is required by State and Federal Regulations for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately. This information is maintained confidentially.

Title of Position: _____

Sex: (Circle): Male Female

Race: (Circle): White (not of Hispanic origin)
 Black or African American (not Hispanic or Latino)
 American Indian or Alaska Native
 Asian (not Hispanic or Latino)
 Hispanic or Latino
 Two or More Races
 Decline to State
 Other (please specify) _____

Recruitment Source: (Check how you became aware of Position)

- _____ Town of Amherst Human Resources Department
- _____ School Placement Office or Counselor
- _____ New York State Employment Office
- _____ Private Employment Agencies
- _____ Social or Fraternal Organization
- _____ Newspaper
- _____ Relative or Friend
- _____ Government Employee
- _____ Radio or T.V.
- _____ Other (please specify) _____

AUTHORIZATION FOR REFERENCE RELEASE

I hereby authorize all employers for whom I have worked in the past, to furnish any information which the Town of Amherst may request concerning my past employment or activities.

I hereby release all such employers from any liability in connection therewith.

Signature

Date