

Are you age 18 or over? Yes No

If not, please indicate your age: 14-15 yrs. 16-17 yrs.

(Youth under 18 who have not completed high school must secure a work permit. These are available at school district offices.)

Do you have a NYS Driver's License? Yes No If yes, Class: _____ **

Have you been **convicted** of a moving vehicle or traffic violation within the last seven years? Yes No*

If yes explain **completely**: _____

Have you ever been **convicted** of a crime (misdemeanor or felony)? Yes No *

If yes, explain **completely**: _____

Are you the subject of any pending criminal charges? Yes No *

If yes, explain **completely**: _____

Have you ever been **subject to discipline or dismissal** from private or public employment? Yes No*

If yes, explain **completely**: _____

Are you subject to any pending disciplinary action from your current employer? Yes No *

If yes, explain **completely**: _____

*An answer of yes to any of these questions does not necessarily disqualify the applicant from consideration.

**Not required for all positions.

Employment History:

HAVE YOU EVER WORKED FOR THE TOWN OF GREECE? YES _____ NO _____

If yes, Dates: _____ Title: _____

Department: _____

Please describe in detail your previous experience, including military experience. Begin with your current or most recent employment. If you have held more than three positions, please continue on an attached sheet using the same format.

Month/Year	Name/Address of Employer	Job Title	Hrs/Week
From:			
To:			

Description of Duties: _____

Reason for Leaving: _____

Month/Year	Name/Address of Employer	Job Title	Hrs/Week
From:			
To:			

Description of Duties: _____

Reason for Leaving: _____

Month/Year	Name/Address of Employer	Job Title	Hrs/Week
From:			
To:			

Description of Duties: _____

Reason for Leaving: _____

U.S. Military Service:

Branch: _____ Rank Upon Discharge: _____

Nature of Discharge: _____

Education:

	Name and Location of School	Number of Years Attended	Degree/ Major
High School			
College, Trade, or Business School			
Graduate School			

Are you related to anyone who is currently employed by the Town of Greece? Yes No *

If yes, please state name and relationship: _____

Reference:

Please provide the names of three persons, **NOT related to you**, at least one of which is a former employer.

	<u>Name</u>	<u>Address and Phone</u>	<u>Business/Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Proof of employment eligibility will be required upon employment.

I certify that the information set forth on this application is true and complete. I authorize the Town of Greece to make inquiries and verify information, as may be necessary to arrive at an employment decision. This may include verification and inquiries into my personal, employment or educational history, from whatever source and method. This inquiry includes but is not limited to verification and inquiries into the information set forth in my original application or any amendments thereto, attendance and performance records from school and prior employment, of my school records and transcripts, employment and school records relating to any disciplinary action or termination of employment, and information concerning my character, integrity, and capabilities.

I further authorize the release of criminal history information, including any supporting documents or materials, to the Town of Greece. I understand that false, misleading, or incomplete information given on this application or in any employment interview may result in disqualification from further consideration, or if employed by the Town, in discharge.

Signature Date

THE TOWN OF GREECE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, MARITAL STATUS, RELIGION, CREED, AGE, NON-DISQUALIFYING DISABILITY, OR ANY OTHER LEGALLY PROTECTED CLASSIFICATION WHEN CONSIDERING INDIVIDUALS FOR EMPLOYMENT.

*An answer of yes to this question does not necessarily disqualify the applicant from consideration.