

**VILLAGE OF CALEDONIA
APPLICATION FOR EMPLOYMENT**

Date Application Received: _____

Title of Position: _____

Application: Approved ___ Disapproved ___ Conditional ___ Reasons: _____

Instructions. Answer all questions fully. All qualifying information must be placed on this application. Resumes *may not* be used to supplement the application. You should review the minimum qualifications for the position before completing this application. If space is needed, please attach additional sheets.

<p>1. NAME, MAILING ADDRESS/PHONE (Please print)</p> <p>_____</p> <p>(Last) (First) (M.I.)</p> <p>_____</p> <p>Street or Post Office Box Address</p> <p>_____</p> <p>City/Town State Zip Code</p> <p>_____</p> <p>Home Phone Cell Phone</p> <p>_____</p> <p>2. Social Security Number: _____ - _____ - _____</p> <p>3. Are you <i>under</i> 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have the right to accept employment in the Unites States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. State your permanent legal residence: School District: _____ City/Village/Town: _____ County: _____ State: _____</p> <p>6. Have you resided at your current address for at least 4 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7A. Were you ever discharged from employment for reasons other than lack of work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7B. Did you ever resign from employment rather than face dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7C. If you have served in the US Armed Forces, did you receive a <i>dishonorable</i> Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7D. Have you ever been convicted of a crime (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7F. If you answered YES to any of questions A-7E, provide a complete explanation of the circumstances on a separate sheet of paper including: the date, the parties involved, the facts and the outcome.</p> <p>NOTE: A YES is not an automatic bar to employment unless otherwise required by law. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position.</p> <p>NEW YORK & FEDERAL LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION SHOULD BE VIEWED AS EXPRESSING ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO THIS PROTECTED CLASSIFICATIONS IN CONNECTION WITH EMPLOYMENT BY LIVINGSTON COUNTY MUNICIPALITIES.</p>
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****If an examination is required for this position, do you:** have veteran's credits? ☐ Yes, as a disabled vet ☐ Yes, as a non-disabled vet ☐ No; need special arrangements? ☐ Religious Observer ☐ Handicapped Person ☐ Other: _____

Have you taken an exam for this position within the last 6 months? ☐ Yes ☐ No

THIS AFFIRMATION MUST BE COMPLETED. I affirm that the statements made on this application (including any attachments) are true under penalties of perjury. **ALL STATEMENTS ARE SUBJECT TO VERIFICATION.**

Signature of Applicant

Print any other last name for which you have been known Date

EDUCATION

8A. Have you graduated from high school? ☐ Yes ☐ No

If YES, give the name and location of the high school.

If NO, do you have a GED diploma? ☐ Yes ☐ No

UNDERGRADUATE/GRADUATE EDUCATION

8b.	Name & location of School	Number of Years Credited	Were you graduated?	Type of course or major	Number of college credits received	Type of Degree received	If still in school, date degree expected.
College, University or Technical School							
College, University or Technical School							

Please list other schools or special courses _____

9. **PROFESSIONAL LICENSES:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement, fill in the following blanks. If not currently licensed, please check this blank. ☐ I am not currently licensed.

Name of Trade or Profession:	License Number:	Granted by (licensing agency)	City & State of:
Specialty:	Date License issued:	Registered from (Mo/Yr)	Registered to: (Mo/Yr)

10. **DRIVER'S LICENSES:** If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? ☐ Yes ☐ No

If you have a commercial motor vehicle's license, check the endorsements which you have.

☐ Hazardous Materials ☐ Tank ☐ Other, please describe: _____

11. **DESCRIPTION OF EXPERIENCE.**

Beginning with the most recent, describe below all employment which is relevant to the minimum qualifications of the position for which you are applying. **All blanks must be completed fully.** Omissions ***will not*** be interpreted in your favor. Information must be on application.

Length of Employment From: To:	Name of Employer, Address and Telephone.
Rate of Pay: \$ wk/mo/yr	<u>DESCRIPTION OF DUTIES:</u>
Type of Business:	
Your Title:	
Supervisor's Name and Title:	
Number of hours worked per week:	
Do not include overtime hours.	

Length of Employment From: To:	Name of Employer, Address and Telephone.
Rate of Pay: \$ wk/mo/yr	<u>DESCRIPTION OF DUTIES:</u>
Type of Business:	
Your Title:	
Supervisor's Name and Title:	
Number of hours worked per week:	
Do not include overtime hours.	

Length of Employment From: To:	Name of Employer, Address and Telephone.
Rate of Pay: \$ wk/mo/yr	<u>DESCRIPTION OF DUTIES:</u>
Type of Business:	
Your Title:	
Supervisor's Name and Title:	
Number of hours worked per week:	
Do not include overtime hours.	

Please request extra pages for additional work experience.