



Name of Company	Address	Phone Number
Dates of Employment: FROM _____ TO _____ Salary Start \$ _____ Per _____		
Type of Business _____		Last \$ _____ Per _____
Your Position/Title: _____ Supervisor: _____		
Reason for Leaving: _____		
Briefly Describe your Duties and Responsibilities: _____ _____		

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**REFERENCES: Other than relatives or former employers (list Three)**

Name	Complete Address	Phone	Occupation	Years Known

I authorize investigation of any information provided on this application, including my employment record and references. I understand that any misrepresentations falsifications, or material omissions of any of the information presented on this application may result in the Town of Marcellus' exclusion of the individual from further consideration for employment or disqualification if the conduct is discovered after employment commences. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice, subject to applicable federal, state or local rules and regulations and/or collective bargaining agreements. For positions subject to the Federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382). I understand that as a condition for employment with the Town of Marcellus, a pre-employment controlled substance test will be required and must be passed.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_