TOWN OF MARCELLUS APPLICATION FOR EMPLOYMENT

Please TYPE or PRINT clearly. *This application must be completed and signed personally by the applicant*. Each question must be answered in full. If answer is NO or NONE, indicate same. The Town of Marcellus is an Equal Opportunity Employer and subscribes to all Federal and State statutes which prohibit discrimination. The Town of Marcellus considers all applications for all positions without regard to race, color, religion gender, national origin, age, disability, marital status, veteran status, or any other legally protected status. *This application is for internal use only by the Town of Marcellus and should not be filed with the Onondaga County Civil Service Department.*

NAME: Last	First	M.I.		Social	Security Number
PERMANENT ADDRESS:					
Street	City	State	Zip Code	Teler	hone Number
1. Are you eighteen (18) yea	ars of age or older?		[] Yes [] No	
2. Are you employed now?			[] Yes [] No	
If so, may we inquire of yo	our present employer?		[] Yes [] No	
3. Position applied for:			Rate of pay exped	ted \$	/wk
	l for:				
	r employment in the United S		[] Yes [] No	
6. Check Shift(s) you can w	• •	[] Full-Time	e [] Part-Time	[] Day [] Eve	ning [] Night
Expiration Date:					
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