

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 Telephone Number

1. Are you eighteen (18) years of age or older? ☐ Yes ☐ No
2. Are you employed now? ☐ Yes ☐ No
If so, may we inquire of your present employer? ☐ Yes ☐ No
3. Position applied for: _____ Rate of pay expected \$ _____/wk.
4. Other positions qualified for: _____
5. Are you legally eligible for employment in the United States ☐ Yes ☐ No
6. Check Shift(s) you can work ☐ Full-Time ☐ Part-Time ☐ Day ☐ Evening ☐ Night
7. Special Licenses or Certifications _____
Expiration Date: _____
8. Have you been convicted of a felony or misdemeanor? ☐ Yes ☐ No
If yes, list specific nature and details of the crime(s), court locations, sentencing information and disposition of sentence (please note: the Town of Marcellus reserves the right to reject individuals for employment regarding job-related convictions. Conviction record will not necessarily be a bar to employment. Factors such as age at the time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account).

9. Have you ever been employed by the Town of Marcellus ☐ Yes ☐ No
10. Americans with Disabilities Act Clarification: If a job description has been provided, can you perform the essential job functions of the position you have applied for with or without reasonable accommodations? ☐ Yes ☐ No

EDUCATION

Circle Highest Grade Completed: Grade School High School College Graduate
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Name and Locations

Course

Degree

High School: _____

College: _____

Other Graduate, Business or Vocational School, or other Training skills: _____

Military Service Branch: _____ Years Served: _____ Rank: _____

EMPLOYMENT RECORD (*List most recent first*)

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: _____ _____				
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: _____ _____				
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: _____ _____				
REFERENCES: Other than relatives or former employers (list Three)				
Name	Complete Address	Phone	Occupation	Years Known
Name	Complete Address	Phone	Occupation	Years Known
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 misrepresentation, 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: _____ <i>This Employment Application is for Internal Use Only by the Town of Marcellus</i>				