

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 fill. If answer is No or NONE, indicate same. The Town of Marcellus is an Equal Opportunity Employer and subscribes to all Federal and State statues 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 eight (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 position's qualified for: _____
5. Are you legally eligible for employment in the United State 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. A convictions records 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 1 2 3 4 5 6 7 8	High School 9 10 11 12	College Graduate 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: _____		

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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

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: _____ Signatuire of Applicant: _____