

# TOWN OF JOHNSBURG

219 Main Street  
North Creek, NY 12853  
518-251-2421

## Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for or applied to this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of any crime (felony or misdemeanor)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?

Driver's License or State ID Number: \_\_\_\_\_ Issued: \_\_\_\_\_ Expires: \_\_\_\_\_  
 \*\*\*An MVR will be obtained for all persons required to operate a company vehicle\*\*\*

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three references.</i>	
Full Name	Relationship
Address	Phone ( )
Full Name	Relationship
Address	Phone ( )
Full Name	Relationship
Address	Phone ( )

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Please use this space to provide any additional information as necessary. You may include subjects of special study, skills or activities:

DISCLAIMER AND SIGNATURE	
I affirm that the statements made by me on this application is true under penalties of perjury, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.	
Signature	Date

\*\*\*\*\*OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Hired? Yes No Position \_\_\_\_\_ Department \_\_\_\_\_ Salary \_\_\_\_\_