



Village of Sloan

425 Reiman Street
Sloan, New York 14212-2257

Telephone: (716) 897-1560

Fax: (716) 896-2728

E-Mail: sloanny@roadrunner.com

www.villageofsloan.org

Name: _____

Address: _____

Telephone #: _____ Alternate Telephone #: _____

Position Applying For: _____

Date Available to Work: _____

Work Mon Tues Wed Thurs Fri Sat Sun

Availability: _____

Education

High School: _____ Last Grade Completed: _____

College: _____

Previous Employment Experience

Company: _____ Telephone #: _____

Job Title and Duties: _____

Start Date: _____ To: _____

Reason for Leaving: _____

Company: _____ Telephone #: _____

Job Title and Duties: _____

Start Date: _____ To _____

Reason for Leaving: _____

Company: _____ Telephone #: _____

Job Title and Duties: _____

Start Date: _____ To _____

Reason for Leaving: _____

List Three References: _____ Telephone # _____

_____ Telephone # _____

_____ Telephone # _____

Do you have any computer skills? _____

Do you have a valid NYS driver's license? _____

If so, does your license have a CDL (Commercial Drivers) endorsement? _____

Applicant's Signature: _____ Date: _____

"A Public Office is a Public Trust"