



# Village of Sloan Employment Application

425 Reiman Street

Sloan, New York 14212

**\*\*Please note you must be a resident of the Village of Sloan or Town of Cheektowaga\*\***

Position Applied For: \_\_\_\_\_ Date \_\_\_\_\_

Referral Source (Advertisement, Employee, Walk-in, Other): \_\_\_\_\_

Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

Address: \_\_\_\_\_

STREET

CITY, STATE

ZIP

Telephone# \_\_\_\_\_ Alternate Telephone# \_\_\_\_\_

**All applicants must provide a copy of their Driver's License with this application.**

If necessary, best time to call you: \_\_\_\_\_ May we contact you at work?  Yes  No

If yes, work number and best time to call \_\_\_\_\_

If under 18, do you have a work permit?  Yes  No If no, please explain \_\_\_\_\_

Have you submitted an application here before?  If yes, give dates/positions \_\_\_\_\_

Have you ever been employed here before?  If yes, give dates/positions \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Date available for work \_\_\_\_\_ What is your desired salary range: \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Seasonal

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No If no, please explain \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

*Answering 'Yes' to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

## **EDUCATIONAL HISTORY**

High School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

College: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

Do you have any computer skills: \_\_\_\_\_

## EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment.

Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Starting Job Title/Final Job Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Dates Employed/From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for a reference?  Yes  No

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Starting Job Title/Final Job Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Dates Employed/From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for a reference?  Yes  No

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Starting Job Title/Final Job Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Dates Employed/From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for a reference?  Yes  No

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I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer and its representatives, employees and agents to contact and obtain information from all references provided by me on this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me. I understand that the Village of Sloan retains the right to obtain an abstract of my driving record. I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_