APPLICATION FOR EMPLOYMENT

Village of Cuba, NY
17 East Main St.
Cuba, NY 14727
585-968-1560
www.cubany.gov

We consider applications for all positions without regard to race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application

How Did You Learn About Us?

☐ Advertisement ☐ Relative ☐ Inquiry
☐ Employment Agency ☐ Friend ☐ Other _____

Last Name	First Name	Middle Name

Address *Number*	*Street*	*City*	*State*	*Zip Code*

Telephone Number(s)	E-mail

Best time to contact you at home is: ____:_____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ..... ☐ Yes ☐ No

..... If Yes, give date _____

Have you ever been employed with us before? ..... ☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes ☐ No

Are you currently employed? ..... ☐ Yes ☐ No

May we contact your present employer? ..... ☐ Yes ☐ No

Are you lawfully authorized to work in the United States? ..... ☐ Yes ☐ No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes ☐ No

Can you travel if a job requires it? ..... ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

_____

_____

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

___Terminal	___Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___PC/MAC	___Word Processing	_____	_____
___Typewriter	___Shorthand	_____	_____
WPM ___	WPM ___	_____	_____

State any additional information you feel may be helpful to us in considering your application.

_____

_____

_____

_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ____YES ____NO

REFERENCES

1. _____ (_____) _____
   (Name) Phone #
   _____
   (Address)
2. _____ (_____) _____
   (Name) Phone #
   _____
   (Address)
3. _____ (_____) _____
   (Name) Phone #
   _____
   (Address)

NAME: _____ POSITION: _____ DATE: ____/____/____

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

1.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal sex (including pregnancy, sexual orientation and gender identity), race, color, citizenship status and genetic information, religion, national origin, age, disability or other protected status:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____

Signature of Applicant Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

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