



TOWN OF SCHROON IS AN EQUAL OPPORTUNITY EMPLOYER

Town of Schroon

15 Leland Ave, P.O Box 578 Schroon Lake NY 12870

Phone: (518) 532-7737 / Fax: (518) 532-9474

APPLICATION FOR EXAMINATION OR EMPLOYMENT

Title of Position Applying For

ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in ink or type. Attach additional sheets, if necessary, in order to give complete and detailed information. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

Last Name	First Name	Middle Name
1. Name:		

Home Phone #:	Cell Phone #:
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PO Box and/or Street	Town/City	State	Zip Code:
Address:			

Immediate Notice should be given if any changes in address before or after examination.

<p>2. For Official Use Only</p> <p>_____</p> <p style="text-align: center;">Interview Date</p> <p>3. _____</p> <p style="text-align: center;">Interviewed By</p> <p>4. _____</p> <p style="text-align: center;">Department Head</p>	<p>5. State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">Years</td> <td style="width:10%; text-align: center;">Months</td> </tr> <tr> <td>School District:</td> <td></td> <td></td> </tr> <tr> <td>Village or City of:</td> <td></td> <td></td> </tr> <tr> <td>Town of:</td> <td></td> <td></td> </tr> <tr> <td>County of:</td> <td></td> <td></td> </tr> <tr> <td>State of:</td> <td></td> <td></td> </tr> </table>		Years	Months	School District:			Village or City of:			Town of:			County of:			State of:		
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County of:																			
State of:																			

6. Check appropriate box to the right of each question:

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes: No:

B. Have you ever been convicted of any crime, (Felony or Misdemeanor)? Yes: No:

C. Are you now under any charges for any crime? Yes: No:

If "yes", give particulars and disposition of each charge on separate sheet and attach same.

NONE OF THE ABOVE CIRCUMSTANCES REPRESENT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED AND EVALUATED ON INDIVIDUAL MERITS IN RELATION TO THE DUTIES AND RESPONSIBILITIES OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.

7. Check appropriate box to the right of each question:

Yes No

A. Are you currently a U.S. Citizen?

B. If not a U.S. Citizen, do you have a legal right to accept employment in the United States?

Please give alien registration number: _____

C. Do you have a valid license to operate a motor vehicle in New York State?

If Yes, please provide the following:

Class:		Number:		Date of Expiration:	
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Note: If a driver's license is required for the position applying for, submit a copy

EDUCATION:

Have you graduated from high school? No: Yes: If yes, give name and location of high school:

If "Yes", give year graduated: _____

If "No", give highest grade completed: _____

Have you successfully completed a typing course? Yes: No:

If you have a high school equivalency diploma: Number and/or Date of Issue: _____

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S)	Date(s) of Attendance (Month & Year) From - To	Type of Course or Major	Number of College Credits Earned	Degree Received	Date of Degree
Name & Address:					
Name & Address:					
Name & Address:					
Name & Address:					

8. **LICENSES:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement or the examination(s) for which you are applying, complete the following:

If not currently licensed, check this box:

TRADE OR PROFESSION:	LICENSE NUMBER:	DATE LICENSE FIRST ISSUED:	REGISTRATION PERIOD: FROM (MM/YY) TO (MM/YY)
SPECIALTY:		LICENSING AGENCY NAME AND ADDRESS:	

9. Have you any objections to this department making inquiry regarding your character and qualifications Yes: No: or contacting your former or present employers?

If "Yes", please give particulars

10. **EXPERIENCE:** Beginning with the most recent, list all employment, military service, or volunteer experience that proves you meet the minimum qualifications for the position you are applying for. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. For **DUTIES** describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision.

APPLICANTS MAY BE REQUIRED TO FURNISH SATISFACTORY PROOF OF EXPERIENCE CLAIMED.

Employer Name				Address				City/State/Zip			
Phone Number		Supervisor's Name				Supervisor's Title				Your Title	
Length of Employment				Check One		Hours Per Week (No Overtime)		Type of Business			
From		To		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		Reason for Leaving					
Month	Year	Month	Year								
% of time on each duty		DUTIES: Describe below the nature of the work performed by you, with estimated percentage of time on each type of work. State size and kind of working force supervised by you and extent of such supervision (if any).									

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Phone Number		Supervisor's Name				Supervisor's Title				Your Title	
Length of Employment				Check One		Hours Per Week (No Overtime)		Type of Business			
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IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER. ATTACH SUCH SHEETS AT TOP OF PAGE.

THIS AFFIRMATION MUST BE COMPLETED FOR ACCEPTANCE OF APPLICATION FORM

I affirm that the statements made on this application (including any attached papers) are true under the PENALTIES OF PERJURY.

Signature of Applicant		Date	
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Provide any other name you have used in education or employment

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The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, national origin, sex, disability, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, disability, marital status or criminal record in connection with employment in the municipal service of the County of Essex.