



## TOWN OF BIG FLATS

Please type or print clearly. This application must be completed and signed personally by the Applicant. Each question must be answered in full. If the answer is NO or NONE, indicate same. The Town of Big Flats is an Equal Opportunity Employer and subscribes to all Federal and State statutes which prohibit discrimination. The Town of Big Flats considers all applications for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran status or any other legally protected status. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Human Resources Department. This application is for internal use only by the Town of Big Flats and should not be filed with the Chemung County Civil Service Department unless so authorized.

NAN	<b>//E:</b> Last		First		M.I			
Perm	nanent Address:							
Home p	hone #	Street Cell phone #	if preferred, E-mail addre	City	ST	Zip		
				Rate of Pay Expected:				
2.		yed now? nquire of your p	age or older:  oresent employer?  uployment in the United S		[ ] yes [ [ ] yes [ [ ] yes [	] no ] no		
4.	Check shift(s) y	ou can work:	[ ]FT [ ]PT	[ ] Day	[ ] Eve [	] Night		
5.	Drivers License	e: State	_ ID No	Class _				
6.	Special Licenses or Certifications (Include expiration date(s):							
7.	If yes, please pro information and reject individuals necessarily be a	ovide details: (i.e disposition of sets for employmen bar to employme	of a crime? ., specific nature of the crin ntence. (Please note: The ' t regarding job-related convent. Factors at the time of the litation will be considered.)	ne(s), date(s), c Town of big Flavictions. A conv ne offense such	ats reserves viction reco as age, seri	n, sentencing the right to ord will not ousness and		
8. 9.	American with If a job descript	Disabilities Action has been pr	by the Town of Big Flats t Clarification: rovided, are you able to p for with or without reason	perform the ess nable accomm	odation?	functions of		
	ICATION & Location: High		[ ] yes [					
Name	& Location: Colle	ge {1 2 3 4}						
Name	& Location: Grad	uate {1 2 3 4}						
Other	Graduate, business	or Vocational Sch	nool or Training:					
			Degree Completed:					
Milita	ary Service Branch:		Years Ser	ved:				
Milita	ary Training/Experie	ence:						

## **EMPLOYMENT RECORD:** (List most recent first)

Company Name	Addre	ess	Phone _		
Type of Business:	rom To:		Last \$	_ per _ per	
Reason for Leaving: Briefly describe your dut					
Company Name	Addre	ess	Phone _	Phone	
Type of Business:Your Position/Title:Reason for Leaving:Briefly describe your duty	ties and responsibilities:	Supervi	Last \$sor:		
			Phone		
Type of Business: Your Position/Title: Reason for Leaving:	rom To:		Last \$sor:	perper	
REFERENCES: Please	e list three (3) other than relative	ves or former supervisors.			
Name	Complete Address	Phone #	Occupation	Years Known	
		tion are true and complete			
employment, if hired. also authorize investig liability for any damag my employment is for and/or local rules and rederal Department of testing (Part 382), I un employment-controlled	I authorize investigation ation of my employment that may result from form the no definite period and many regulations and/or collect Transportation regulated derstand that as a condition of the collect that are a conditional to the collect that are a conditio	e for voiding this applicate of any information provide record and references and arnishing same to you. I usually be terminated at any titive bargaining agreement ons regarding controlled suition of employment with the equired and must be passed.	led on this appliced release all particular release all particular release and agence, subject to fects. For positions substances and alcohology and of Big F	eation form. I es from all ree that, if hired, deral, state subject to the cohol by use	
DATE:	SIGNATURE OF APF	LICANT:			