



Town of Big Flats T.A.F.F.Y Application
Return to the Youth Department
476 Maple Street
Big Flats, NY 14814
562-8443 ext. 307

Position applied for: _____

Today's Date: _____

This application must be filled out completely and carefully. Please complete this form on the computer or print neatly in ink. Additional information, including a resume, although not required, may be attached.

Name: _____
Last First Middle

Social Security # (XXX-XX-____ __ __ __) License # _____

Local Address: _____
Street P.O. Box City State & Zip Phone

School Address: _____
Street P.O. Box City State & Zip Phone

Are you under eighteen years of age? * Yes No

* If yes, or if minimum or maximum age limits are established for the position applied for, enter your date of birth below

Month _____ Day _____ Year _____

Fill in the city, village or town, county and state of which you are an actual permanent legal resident and indicate for how long you have been residing there continually, up to and including the date of this application.

Name Years Months

School District: _____

City/Village/Town: _____

County: _____

Check the appropriate box to the right of each question:

If you answer yes to any of the following questions, you may give specifics by attaching an additional sheet to this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information. None of the following circumstances represents 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.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No
- B. Did you ever resign from any employment rather than face dismissal? Yes No
- C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? Yes No
- D. Have you ever been convicted of any crime (felony and/or misdemeanor)? Yes No
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charges? Yes No
- F. Are you now under charges for any crime? Yes No

Certifications held:

- | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> First Aid | _____ | <input type="checkbox"/> CPR | _____ |
| | Type Exp. Date | | Type Exp. Date |
| <input type="checkbox"/> Lifeguarding | _____ | <input type="checkbox"/> WSI | _____ |
| | Type Exp. Date | | Type Exp. Date |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Small craft | _____ |
| | Type Exp. Date | | Type Exp. Date |

Education	School Name	Circle last full year completed				Major
High School	_____	9	10	11	12	
College	_____	1	2	3	4	_____
Other	_____	1	2	3	4	_____
Work Experience						

**List the most recent position first. If you have no prior work experience, please list three references that are not family members.
(This part must be completed, including full address)**

Name and Address of Employer/ Reference	Dates of Employment	Position/Duties & Reason for leaving	Supervisor
	Start:		
	End:		

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	Start:		
	End:		

May we contact the employers or references listed above? Yes No

I, _____, declare, subject to the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

I further authorize the release of any and all information about myself from any source deemed necessary, to a representative of Chemung County Sheriff's Department, prior to being considered for appointment within Chemung County. This release may include all or any one of the following: former employers, listed references, central State Registry for Child Abuse and Neglect, Chemung County Department of Social Services, Chemung County Sheriff's Department, Elmira Police Department, New York State Police, and any police agency from areas of former residence. I understand that a background investigation may be made and the investigation will cover possible civil and criminal cases in which I may have been involved. Only relevant information obtained through this investigation shall be considered for employment purposes.

Signature: _____

Date: _____