

EMPLOYMENT APPLICATION PART 1 – PRE-INTERVIEW

Village of
Springville

Village of Springville is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.

If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate in a job interview, please contact: Village Administrator 716-592-4936 x1467. Village of Springville 5 W. Main St. PO Box 17 Springville, NY 14141

IDENTIFYING INFORMATION

Please read all instructions carefully. All pages of this application must be completed, and the application signed. If you need additional space, please use the **ADDITIONAL REMARKS** section. Applicants may be required to complete additional components of the Employment Application as directed by the Village.

Name: _____
Last First MI XXX/XX/ SSN (last 4 digits only)

Current Mailing/Street Address: _____
City State Zip Code EMPLID (if assigned)

County of Residence: _____
Area Code/Home Phone

Email Address: _____

Permanent Street Address (if different from above): _____
Area Code/Business Phone

List any other names by which you have been known (including nicknames): _____
Area Code/Cell Phone

APPLICANT INFORMATION

1. All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with NYS. Employment is contingent upon the provision of proof of the right to accept employment in the United States.

- a. Are you legally authorized to work in the United States? Yes No
- b. Will you now, or in the future, require sponsorship for employment visa status (e.g. for an H-1B Visa)? Yes No
- c. If under age 18, can you provide a work permit? Yes No N/A

Name: _____



POTENTIAL FOR CONFLICT OF INTEREST

4. Please provide the names of any relative(s) employed by the agency with which you are seeking employment. For the purposes of this application, a "relative" is defined as a person living in the same household; OR parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, or in-laws.

Relative Name: _____ Relationship to you: _____

Check here if you have no relative(s) employed by the agency with which you are seeking employment.

5. If offered a position with this agency, will you also intern, volunteer or maintain employment concurrently elsewhere? Yes No

Please note that if you intend to maintain other employment while employed by the hiring agency, that agency's approval to do so may be required. Applicants should inquire about their ability to maintain other employment at the time of interview.

JOB INTERESTS AND EMPLOYMENT AVAILABILITY

6. Type of work or position desired: _____

7. Geographic work location(s) desired: _____

8. Some positions require different work schedules. Please indicate which schedules you would be able to perform.

Hours	Ability to Work	Schedule	Ability to Work	Duration	Ability to Work
Shift Work	Yes <input type="checkbox"/> No <input type="checkbox"/>	Saturday hours	Yes <input type="checkbox"/> No <input type="checkbox"/>	Permanent	Yes <input type="checkbox"/> No <input type="checkbox"/>
Overtime	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sunday hours	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Full-time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Seasonal	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Part-time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Summer Only	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Per diem	Yes <input type="checkbox"/> No <input type="checkbox"/>	Winter Only	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. If offered a position with the Village, when would you be available for work? _____

EDUCATION

Applicants will be required to provide proof of diploma and/or degrees claimed.

School	Name/Location	Credits	Diploma or Degree Received	Courses of Study (Major/Minor)
High School				
Equivalency Program	Issued by:			Number:
Vocational or Technical Schools				
Colleges or Universities				
Other Training or Military Schools				

PROFESSIONAL REFERENCES

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Email Address: _____

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Email Address: _____

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Email Address: _____

ADDITIONAL REMARKS

Additional Sheets Attached? Yes No

APPLICANT AFFIRMATION & RELEASE AUTHORIZATION

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide the New York State Department of Civil Service and/or the Village any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: _____ Date: _____



COUNTY OF ERIE OFFICE OF PERSONNEL OFFICER
Application for Non-Competitive Examination for Appointment

APPROVED
DISAPPROVED

EXACT TITLE
OF POSITION:

BY: _____ DATE: _____

Last Name _____ First _____ M.I. _____

Street Address _____

SOCIAL SECURITY NUMBER _____

City or Post Office _____ State _____ Zip Code _____

Phone (Include Area Code) Home _____ Business _____

This application is part of your examination. Answer all questions fully in ink or typewriter.

Type of School	Name of School and city in which located	Dates of Attendance (Month and Year)		Day or Night	Full or Part Time	No. of Years Credited	Did you graduate?	Type of Course or Major Subject	Number of College Credits Received	Type of Degree	Date Degree Received or Expected
		From	To								
High School											
College											
University											
Professional or Technical School											
Other Schools or Special Courses											

EXPERIENCE* Describe your employment experience that applies to the position you seek.

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED		SALARY PER MO.	NO. HRS. PER WK.	TITLE AND DUTIES OF POSITION
	FROM	TO			

*Describe in greater detail on additional sheets any other pertinent experience which you have had.

Are you under 18 or 70 years of age? YES NO
If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here:

Month _____ Day _____ Year _____

Are you a citizen of the United States? YES NO
If you are not a citizen of the United States YES NO
do you have the legal right to accept employment in the United States? (Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)

State your actual permanent legal residence and indicate for how long you have resided here continually, up to and including the date of this application.

NAME	Yrs.	Mos.
School District _____		
Village of _____		
Town of _____		
County of _____		
State of _____		

Are you a war veteran?(see reverse side for definition) YES NO
Are you an exempt volunteer fireman? YES NO

Check appropriate box to the right for each question.

- 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 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 or misdemeanor)? YES NO
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to an criminal charge? YES NO
- F. Are you now under charges for any crime? YES NO

If you answered "YES" to any of the Questions A-F, above give specifics on a separate sheet.

None of the above 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 for which you are applying.

If a license is required for the position for which you are applying give the following:

TYPE OF LICENSE	NUMBER	DATE OF EXPIRATION	GRANTED BY

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant _____

Date _____