# EMPLOYMENT APPLICATION PART 1 – PRE-INTERVIEW

Village of Springville

January, 2020

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**

Employment Application: Part 1 Pre-Interview

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.

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Part-time Yes ☐ No ☐ Summer Only Yes ☐ 1	purposes of this applica spouse, siblings, childre	en, aunts, uncles, niece	es, nephews, or	in-laws.				
If offered a position with this agency, will you also intern, volunteer or maintain employment concurrently elsewhere?  Yes □ N  Please note that if you intend to maintain other employment while employed by the hiring agency, that agency approval to do so may be required. Applicants should inquire about their ability to maintain other employment at time of interview.  OB INTERESTS AND EMPLOYMENT AVAILABILITY  Type of work or position desired:  Geographic work location(s) desired:  Some positions require different work schedules. Please indicate which schedules you would be able to pe Hours  Ability to Work  Schedule  Ability to Work  Dermanent  Yes □ No □  Fermanent  Yes □ No □  F	Relative Name:		R	elationship to	you:	and the same		T is
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### **EMPLOYMENT & EXPERIENCE**

Name of Present or Last Employer:

Please list all periods of employment\*, beginning with the most recent, and include all prior experiences with any state or local government. You must include all concurrent employment. Resumes will not be accepted in lieu of completing this Section. If you need extra space please attach additional sheets. Agencies reserve the right to contact any or all of your employers to verify the information provided.

Address:			Date Employed:	
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Your Title and Duties:			· · · · · · · · · · · · · · · · · · ·	
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Additional Sheets Attached? Yes □	No □			
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January, 2020

#### SUPPLEMENTAL INFORMATION FOR APPLICANTS

Applicants should retain a copy of this page for their records.

Additional Testing Required for Certain Positions: Physical/Medical examinations and/or drug and alcohol tests may be required for certain positions. Failure to participate in any required examinations and/or tests will negatively affect your employment eligibility and/or status.

Former State or Local Government Retirees: Section 150 of the Civil Service Law of New York State prohibits retired state or local employees from being rehired by the state or a political subdivision and receives pension benefits while employed. Applicants who are receiving service retirement benefits from New York State, Municipal or Political Subdivision Retirement System must have approval under Section 211 or 212 of the Retirement and Social Security Law to protect their current service benefits.

Post-Employment Restrictions: Post-employment restrictions apply to all State Officers and Employees subject to Public Officers Law Section 73. They apply to part-time and seasonal employees, and apply equally regardless of the duration of employment while with New York State. For the two year period immediately following separation from State service, former State Officers and Employees are prohibited from:

a. Appearing or practicing, regardless of compensation, before their former agency, and

b. Receiving compensation on behalf of a client in relation to a matter before their former agency. State Officers and Employees may also be subject to a "reverse two-year bar" that requires State officers and employees to recuse themselves from matters involving their former private sector employers for two years after entering State service.

The "lifetime bar" prohibits a former State Officer or Employee from providing services, regardless of compensation, and from rendering services for compensation, in relation to any case, proceeding, application or transaction with respect to which the former employee was directly concerned and in which he or she personally participated or which was under his or her active consideration while in State service.

Unemployment Insurance: I understand that I cannot collect Unemployment Insurance benefits from a prior or new claim once I begin employment with the NYS Department of Labor. I also understand that if I falsely claim benefits for days I worked, I may be subject to discipline, dismissal, criminal prosecution and/or imprisonment. I also understand that if I have an outstanding Unemployment Insurance overpayment, a repayment schedule will be arranged for me.

Please Initial

Department of Labor policies

The Department of Labor has certain department-specific policies that you, as a prospective employee, should be aware of:

Political Activities: Department policy as well as state and federal statutes govern political activities of state employees. The federal Hatch Act prohibits employees working in federally-funded positions from being candidates for partisan elective office.

Outside Employment: Department policy generally prohibits employees from engaging in any occupational field licensed/regulated by the Department of Labor. Should you accept a position with the Department, you cannot be employed in any occupational field licensed/regulated by the Department of Labor. However, certain part-time employees may be eligible to receive a waiver of this prohibition upon application, if applicable, please consult with the Personnel Bureau for further information on the requirements and process for obtaining such a waiver.

#### Personal privacy protection law notification

The information you are providing on this application is requested by the Department of Labor and will be maintained with your personal history file if hired. The principal purpose of collecting this information is to determine eligibility for initial and continued employment. This information may also be used in administering employee benefit programs and will be used in accordance with Section 96(1) of the Public Officers Law. Failure to provide the requested information may hinder your possible hiring and the subsequent administration of your employee benefits.

Name:			

## PO-8 (Rev. 10/83)



## COUNTY OF ERIE OFFICE OF PERSONNEL OFFICER Application for Mon-Compatitive Examination for Appointment

APPROVED DISAPPROVED

EX	cr	TITLE
DE	POS	SITION

BY:

DATE: .

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.	Last Name	to about	Fire	t	м.3	· ,	, <b>S</b>	treet Ad	dress	÷	. ,		
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E you are not a citizen of the United States?  If you have the legal right to accept employment in the United States (Non-citizens may be required to coduce 1-151 or 1-551 Allen Registration Cards at time of appointment.)  Take your actual permanent legal residence and indicate for how ong you have resided here continually, up to and including the ate of this application.  NAME  Yrs, Mos.  Ohool District  Illage of own of the United States (Non-citizens may be required to require your actual permanent legal residence and indicate for how ong you have resided here continually, up to and including the ate of this application.  NAME  Yrs, Mos.  NAME  Yrs, Mos.  NAME  Yrs, Mos.  None of the above directed and evaluated on individual registion for which you are applying give the following:	yes, or L	f minimum and/or :	makimum ag	e or birti	e establi: here:	shed for	T Are	You an e Were you Mere you Amployme	nempt vol rlate box ever dis	unteer fi to the i	teman? :ight for eac : discharged	h guestion. from any	□ чез □ и
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D. Have you ever been convicted of any trime (felow) or misdemeanor)?  The property of this application.  NAME  Vrg. Mos.  The point of this application.  NAME  Vrg. Mos.  The point of the above circumstances represents an automatic bar to employment. Each tase is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying give the following:	you are n	ot a citizen of t	he United o accept e	mployment:	ln.			face dis	missal? ever rece	ive disci	harge from th	e Armed	
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## nomination for appointment to position in non-competitive class (to be completed by appointing officer)

	١.
(COUNTY DEPT., TOWN, VILLAGE, SCHOOL DISTRICT OR SPECIAL DISTRICT).	
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	١.
(DATE)	
	1
	1
I hereby nominate (NAME)	1.
	1
for the position of	1.
	.].
in thisunder the provisions of Oivil Service Rule IV. The salary of the position is	١,
기계의 가는 이 경우 그림 원인물이 가득한 것이 생생님 원범원들이 그 수 있는 사람들이 되는 기속을 하는 학생님이	.).
s and it is desired to have the appointment take effect on	"
	ŀ.
I hereby certify that after due inquiry. I find the character, habits, and qualifications of the nominee are satisfactor,	/ .
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and fit him for the complete discharge of the builtes of the position.	
APPOINTING OFFICER	
APPOINTING OFFICER	
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TITLE	1
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	θ.
(If the employee nominated above is at present permanently employed in the Competitive Class, the employee must execute the following.)	
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In accepting appointment to the Non-competitive position of	_,
I understand that I am forfeiting my rights as a Competitive employee and cannot compete in promotion examinations.	
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(SIGNATUAE OF EMPLOYEE)	Ì
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CRITERIA FOR DETERMINING ELIGIBILITY AS WAR VETERAN	٠
You are a Was Veteran only:	ď
1. If you were a resident of New York State on the date of your initial entry into the Armed Forces of the Unite	1
States, and	1
2. Are currently a resident of New York State, And	
3. Served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training	. 4
purposes, during any of the following periods:	i E
Dec. 7, 1941 to Sep. 2, 1945; Jun. 26, 1950 to Jan. 31; 1955; Jan. 1, 1963 to May 7, 1975;	
- U.S. Public Health Service: Jul. 29, 1945 to Sep. 2, 1945 or Jun. 26, 1950 to Jul. 3, 1952; or	
A member of the National Guard activated during the U.S. Postal strike Mar. 23, 1970 to Mar. 30, 1970.	٠ 'أ