

**Town of Orangeville Employment Application**  
**3259 Route 20A**  
**Warsaw, New York 14569**

Position applying for: \_\_\_\_\_

Please Print and complete all sections.

<b>Applicant Name:</b>	<b>Home Phone #:</b>
<b>Address:</b>	<b>Cell Phone #:</b>
	<b>Social Security #:</b>

Legal Residence	Name	Years	Months
County of			
City / Town / Village			
State			

Are you a Citizen of the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment Preferences: Please check the type of work you would be willing to accept.	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
If hired, on what date can you start working? _____	
Can you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you work evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary desired? _____

Level	School Name & Address	Graduated	Degree	Date of Degree / Diploma / GED
High School / GED		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School or Other Education		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Skill / Trade School	License / Certification	Issued by	Current
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Military	Branch	Rank	Total Years

Skills / Duties:
Do you have any other experience, training, qualifications, or skill which you feel should be brought to our attention? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please list below.

Employment – Work Experience History			
Length of Employment:	Employer:	Employer Address:	Employer telephone #:
Hours worked per week:	Hourly Wage:	Job Duties:	
Your Job Title:			
Type of Business:			
Name of Supervisor:			
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:			

Length of Employment:	Employer:	Employer Address:	Employer telephone #:
Hours worked per week:	Hourly Wage:	Job Duties:	
Your Job Title:			
Type of Business:			
Name of Supervisor:			
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:			

Length of Employment:	Employer:	Employer Address:	Employer telephone #:
Hours worked per week:	Hourly Wage:	Job Duties:	
Your Job Title:			
Type of Business:			
Name of Supervisor:			
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:			

Driver's License Information	<input type="checkbox"/> New York State <input type="checkbox"/> Out of state :	
License ID #:	CLASS:	
Restrictions:	Endorsements:	EXP Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a violation of law (Felony / Misdemeanor) (Omit any offense adjudicated in Juvenile court or under youthful offender law.)	
If YES, you must attach a list of violations with dates of conviction and resultant penalties on a separate sheet of paper.		

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been discharged or resigned from employment for reasons other than lack of work or funds?
If YES, you must attach a list of violations with dates of conviction and resultant penalties on a separate sheet of paper.	

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you every applied or worked for the Town of Orangeville?
If YES, please explain with dates:	

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any friends, relatives, or acquaintances working for the Town of Orangeville? If yes, please give name and relationship:

<input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, would you be able to present evidence of your US citizenship or proof of your legal right to work in the United States?
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<input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, are you willing to submit to and pass a controlled substance test?
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to perform the essential functions of the job for which you are applying, with / without reasonable accommodations?
If NO, describe the functions that cannot be performed:	
<p>The Town of Orangeville complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants / employees to perform the essential functions. It is possible that a hire may be tested on skill / agility and may be subject to a medical examination conducted by a medical professional.</p>	

The Town of Orangeville is an equal opportunity employer. It is our policy to comply fully with all Federal, State and Local Laws. We do not discriminate against age, sex race, disability, sexual orientation, ethnic origin, religion, veteran status or marital status.

**IMPORTANT: This section MUST BE completed. Failure to sign this section will result in disapproval of your application for employment.**

**Affidavit: I hereby represent that each answer to a question herein and all other information otherwise furnished certify that the answers provided by me in this applications are true and complete to the best of my knowledge, and I understand that my omission, falsification, or misrepresentation of information by me in this applications is grounds for refusal to hire or, if I have been hire, for termination and I release the Town of Orangeville from any liability if I am terminated because of any material misstatements, omissions or false information provided on this application.**

**I authorize the Town to investigate my background, references, employment record, criminal conviction record and other matters related to my suitability for employment. This specifically includes, without limitations, a criminal background check. I also authorize my former employers or any third party to disclose to the Town all reposts without given me prior notice of such disclosure. I hereby release the Town, former employers, and all references listed above from any and all claims, demands, or liabilities arising out of, or related to such investigation or disclosure. A copy of this Authorization shall have the same force and effect as the original.**

**I also understand that a conditional offer of employment may be based on the results of a later medical examination and drug screening to determine whether I meet the physician requirement of the job for which I am hired. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of the Town of Orangeville.**

**Signature: \_\_\_\_\_ -- Date: \_\_\_\_\_**

**ALL STATEMENTS ARE SUBJECT TO VERIFICIATION.**