



TOWN OF ARIETTA
in
HAMILTON COUNTY, NY
toa@townofarietta.com

1722 State Route 8
PO Box 37
Piseco, NY 12139
TEL: (518) 548-3415 FAX: (518) 548-6203

APPLICATION FOR EMPLOYMENT

PERSONAL:

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Cell Phone
Email Address			Are you legally eligible for employment in the United States? _____Yes _____No
Military Service – Did you serve in the U.S. Armed Forces? _____Yes _____No If yes, what Branch? _____			Applying for Position of
We may contact the employers listed below unless you indicate those you do not want us to contact. Do Not Contact: _____ Reason: _____ Do Not Contact: _____ Reason: _____			Will you work overtime if asked? _____Yes _____No
Other special training or skills (languages, machine operations, etc.)			

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

Signature

Date

Indicate any other last name by which you are or have been known

The Town of Arietta is an Equal Opportunity/Affirmative Action Employer

It is the policy of the Town of Arietta to provide for and promote equal employment opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, military status, genetic predisposition, carrier status, political affiliation or belief.

EDUCATION: Read the position announcement or job description for educational requirements. If specialized coursework is required, attach transcripts showing the required courses and credit hours you completed.

Do you have a High School of Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name and Location of High School or Issuing Governmental Authority:					
College, University, Professional or Technical Schools		Semester Credits Received	Quarter Hours Received	Type of Degree Received	Major Subject or Type of Course	Did You Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Expected MO. YR.
Name							
Address (City, State)							
Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR.
Address (City, State)							
Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	MO. YR.
Address (City, State)							

LICENSE OR CERTIFICATION: Complete the following if a license, certificate, or other authorization to practice a trade or profession is required on the announcement(s) and submit a copy of the license with this application.

Trade or Profession	License Number	Date of License First Issued	Registration MO. YR. FROM TO	If you are not currently licensed, check this box: <input type="checkbox"/>
Specialty	Granted by (licensing agency)			

If required on the announcement: Do you have a valid license to operate a motor vehicle in New York State? __ YES __ NO

DESCRIPTION OF EXPERIENCE: Beginning with your most recent employer, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the position. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Describe the work that you personally performed. If you supervised, state how many people and the nature of such supervision.

Dates Employed MO YR MO YR / /	Employer	Address		City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title	Type of Business
Describe specific work performed and job responsibilities: _____ _____ _____ _____				

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REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional pages.)