

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, color, citizenship status, religion, gender (including pregnancy), national origin, ancestry, age, physical or mental disability, domestic victim status, sexual orientation, marital status, military status, or any other characteristic protected by law, ordinance, or regulation. Those applicants requiring accommodation to complete the application and/or interview process should contact Human Resources. Please print.

Position(s) Applied for	Date of Application	Date of Application				
Print Name (Last, First, & M	liddle)	Other Names Used				
Street Address		City	State	Zip Code		
Home Phone Number	Cell Phone Number	Email				
Have you ever worked for the	e Town of West Seneca before	e?		Yes 🗆 N		
f yes, please give dates and	position:					
DEPARTMENT DESIRED						
	partments for which you are	annlying For cortain positio	ns thara ara	specific cortification		
• • •	partments for which you are	applying. For certain positio	ns, there are	specific certification		
that are required.						
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Senior Center		creationCode Enfo	rcement			
Senior Center	Assessor's OfficeRe	creationCode Enfo	rcement			
Senior Center Position Applying For:	Assessor's OfficeRe	creationCode Enfo	rcement			
Senior Center Position Applying For: EMPLOYMENT EXPERIENCE	Assessor's OfficeRe	creationCode Enfo	rcement u at least 16 y	ears old? □ Yes □ N		
Senior Center Position Applying For: EMPLOYMENT EXPERIENCE Please list the names of your	Assessor's OfficeRe	creationCode Enfo Are you	rcement u at least 16 y h present or i	ears old? □ Yes □ N most recent employ		
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Senior Center Position Applying For: EMPLOYMENT EXPERIENCE Please list the names of your listed first. Be sure to account page if necessary] Company Name & A 1.) 2.) Have you ever been involunt	Assessor's OfficeRe r present or previous employe t for all periods of time. If self- ddress Position arrily terminated or asked to re	creationCode EnfoAre you ers in chronological order wit employed, please provide the Dates From/To (mm/yy-mm/yy) (mm/yy-mm/yy) resign from any job?	h present or the name of the	ears old? Yes Nost recent employer firm. [Add addition on for Leaving		
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Please	explain any	gaps in your emp	loyment histor	y:					
	•	er experience, job		_	_			-	_
other (qualification	ns that you believe	should be con	sidered in evalu	uating yo	ur app	olication for e	mploym	ent.
-									
Please	_	our educational ba	ckground in the	e table provide	d below:				
						Diploma/		Course of Study/Major	
		Schoo	l Name	Years Com	ipietea	Degree (Yes/No)		Course of Study/Major	
High	School								
Colle	_								
	uate/								
School	ssional ol								
Trade	School								
Othe	r								
Milita	ary Service								
DPOEES	SIONAL AND I	PERSONAL REFERENC	FC	·					
Please	list one to t	wo professional/	personal refere				t related to y	ou:	
Name	e and Title		Relations	hip and Years A	Acquainte	ed	Phone Num	ber or Er	nail
GENER	AL INFORMAT	ION							
1.		late are you availa	able to begin wo	ork?					
2.	2. Days/Hours available to work:								
	Monday	Tuesday	Wednesday	Thursday	Friday	/	Saturday	St	ınday
3.	3. Are you available to work? ☐ Full-time ☐ Part-time ☐ Seasonal								
		l, what date do yo							
4.		salary desired							
5.	If hired, w	ould you have a r	eliable means o	f transportatio	n to and	from v	vork?		□ Yes □ No

Signat	ure Date_	
MY SIG	NATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGRE	EE TO ALL OF THE ABOVE
	understand that if any term, provision, or portion of this Agreement is declared void or d and the remainder of this Agreement shall be enforceable.	unenforceable, it shall be
	understand that if I am selected for hire, it will be necessary for me to provide satisfactor all authority to work in the United States, and that federal immigration laws require megard.	•
that I, misstat	hereby certify that the answers given by me are true and correct to the best of my knew the undersigned applicant, have personally completed this application. I understantement of material fact on this application or on any document used to secure employed on of this application or for immediate discharge if I am employed, regardless of the time of the	nd that any omission or ment shall be grounds for
will, an unders or with	f hired, unless subject to any other agreement, I understand and agree that my employr d that neither I, nor the Town is required to continue the employment relationship for a tand that the Town or I may terminate the employment relationship at any time, with or out notice. I understand that the at-will status of my employment cannot be amended, n any oral modifications.	ny specific term. I further r without cause, and with
	In the event of my employment with the Town, I understand that I am required to c ions of the Town.	comply with all rules and
related disclose notice of partner investig	hereby authorize the Town to thoroughly investigate my references, work record, edu to my suitability for employment and, further, authorize the prior employers and reset to the Town any and all letters, reports and other information related to my work record of such disclosure. In addition, I hereby release the Town, my former employers and all otherships and associations from any and all claims, demands or liabilities arising out of or ingation or disclosure. My employment is contingent upon acceptable results of a drug solving history. My employment is also contingent upon providing to the Town a receipt of a supplement is also contingent upon providing to the Town a receipt of a supplement is also contingent upon providing to the Town a receipt of a supplement is also contingent upon providing to the Town and a supplement is also contingent upon providing to the Town and a supplement is also contingent upon providing to the Town and a supplement is also contingent upon providing to the Town and a supplement is also contingent upon providing to the Town and a supplement is also contingent upon providing to the Town and a supplement is also contingent upon providing to the Town and a supplement upon providing to the Town and a supplement upon upon a supplement upon upon upon upon upon upon upon upon	rferences I have listed to s, without giving me prior ner persons, corporations, any way related to such creen, background check,
	ant Statement and Agreement read and initial each paragraph below. If there is anything that you do not understand, p	olease ask.
	necessary for qualified applicants/employees to perform essential job functions	
	a. Note: We comply with the ADA and consider reasonable accommodation measurements	
8.	Are you able to perform the essential job functions of the job for which you are applying reasonable accommodation?	_
7.	If hired, can you present evidence of your identity and legal right to work in this country	
_	a. Note: If under 18, hire is subject to verification that you are of minimum legal ag	_
6.	Are you at least 18 years old?	
	a. Do you have a valid NY driver license?	□ Yes □ No