



Town of Blooming Grove

Orange County, New York

Employment Application

Applicant Information

Full Name:				Date:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>				
Address:							
	<i>Street Address</i>			<i>Apartment/Unit #</i>			
	<i>City, Town, Town</i>			<i>State</i>	<i>ZIP Code</i>		
Phone: Cell # :			E-mail Address:				
Date of Birth:		Social Security No:		NYS Driver's License No:	#		
Position Applying for:			Date Available:				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you ever worked for this Town?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, for what?				
If yes, explain:							
If you answered yes to the above question please submit a Certificate of Conviction with your application.							
Have you ever had your driver's license suspended and / or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State of issuance and ID number:				
If yes, explain:							
Are you under charges for any crime (felony or misdemeanor)?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever forfeited bail bond posted to guarantee your appearance in court?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Convictions will not necessarily disqualify you from being hired.							
<p>If you answered "YES" to any of the questions above, please provide specifics under "REMARKS" on the last page or prepare a "Town Applicant Written Statement". If you elect not to provide specifics or if such explanation is insufficient, a confidential inquiry will be sent to you. Applicants may answer "no record" concerning any criminal proceeding that terminated in your favor, per section 160.50 of the NYS Criminal Procedure Law; any criminal proceeding that terminated in a "youthful offender adjudication", as defined in section 720.35 of the NYS Criminal Procedure Law; a conviction for a "violation" that has already been sealed by the court, per section 160.55 of the NYS Criminal Procedure Law.</p>							
<p>Residency: State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. This section may determine your eligibility (if any) for this position.</p>							
Residency	Name	YRS	MOS	Residency	Name	YRS	MOS
Town of:				Town of			
County of				State of N.Y.			
Other State				Other State			

Are you a retiree from New York State or any civil service division thereof?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Education

High School:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma Type:		
College:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Have you any loans made or guaranteed by New York State Higher Education Services Corporation which are currently outstanding?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are they in Default?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

References

Please list three professional references.

Full Name:	Relationship:						
Company:	Phone:				()		
Address:							
Full Name:	Relationship:						
Company:	Phone:				()		
Address:							
Full Name:	Relationship:						
Company:	Phone:				()		
Address:							

Previous Employment

Description of experience: Beginning with your most recent experience, describe in detail all employment and relevant volunteer work.

Omissions or vagueness will NOT be interpreted in your favor.

If you supervised a work group, state its size and nature and the extent of such supervision.

PLEASE LIST ANY ADDITIONAL PREVIOUS EMPLOYMENT IN THE REMARKS SECTION.

Company:	Phone:				()		
Address:		Supervisor:					
Job Title:							
Responsibilities:							
From:	To:	Reason for Leaving:					
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no Explain:		

Company:		Phone:	()
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no Explain:
Company:		Phone:	()
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no Explain:
Were you ever dismissed or discharged from any employment for reasons other than lack of work or budget?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:
Did you ever resign from any employment rather than face dismissal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:
If a License, Certificate, or other authorization to practice a trade or profession is a requirement of the position for which you are applying, complete the following questions: (and attach copy)			
Do you possess a commercial driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What Class and State:
License / Certificate #			Expiration Date:
License / Certificate #			If NOT current check box <input type="checkbox"/>
Trade Profession			City / State

Military Service

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

Disclaimer, Acknowledgement, and Signature

Acknowledgement

Please read carefully, check each paragraph, and sign below.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. IT IS A CRIME PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, PUNISHABLE AS A CLASS "A" MISDEMEANOR, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

- By my signature below. I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or omission of information on this application or on any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.

2. By my signature below. I hereby authorize the Town, and/or its respective representatives to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records. I further release the Town of Blooming Grove, the Town of Blooming Grove Police Department (and/or any Police agency representing the Town) from any and all liability which may be incurred as a result of collecting such information.

3. By my signature below. I hereby authorize the Town to thoroughly investigate the information on my application, my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Town all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Town, my former employers and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

4. The Town adheres to a policy of at-will employment, which recognizes that each employee and the Town each retain the right to terminate the employment relationship in a case where the employee is represented then the union contract prevails. No one other than the Town Board has the authority to make any binding promise or enter into any agreement inconsistent with the Town's at-will policy and any such agreement must be in writing and signed by both parties to be effective.

5. As a condition of employment, all individuals offered employment may be required to submit to a pre-employment drug test consent form.

My signature below certifies that my answers are true and complete to the best of my knowledge. I have read and fully understand the acknowledgement section of this application and have acknowledged that a photocopy of this application for examination / employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I affirm that all statements made on this application (including any attached paper[s]) are true under the penalties of perjury.

Signature: _____ Date: _____

CHECK TO MAKE SURE THAT ALL APPLICABLE QUESTIONS HAVE BEEN ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL. A RESUME MAY NOT BE SUBMITTED IN LIEU OF COMPLETING THE APPLICATION. ALL ORIGINAL APPLICATIONS MUST BE SUBMITTED PRIOR TO THE SCHEDULING OF AN INTERVIEW

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, marital status. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, or marital status in connection with employment in the municipal service of the Town of Blooming Grove.

The Town of Blooming Grove is an equal opportunity employer

ADDITIONAL REMARKS or COMMENTS

(You may continue in the Town Applicant Written Statement)