

**APPLICATION FOR EMPLOYMENT
VILLAGE OF BRIARCLIFF MANOR
(An Equal Opportunity Employer)**

EMPAPP 5-8-12

PERSONAL INFORMATION

DATE: _____

Last Name	First Name	Middle
Present Address	City	State Zip
Mailing Address (if different) Street	City	State Zip
Are you 18 years or older? ___ Yes ___ No (If no, please state your age) _____ Phone: _____ E-Mail: _____		
Are you legally permitted to work in the United States? ___ Yes ___ No (Proof of lawful employment eligibility in the United States will be required upon employment in accordance with the Immigration Reform and Control Act of 1986)		
Employment Desired:		
Position	Date You Can Start	Salary Desired
Are you employed now?	If so, may we inquire with your present employer?	
Ever applied before to the Village?	If yes, when?	
Ever worked before for the Village?	If yes, when?	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	No. of Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business Or Correspondence School				

GENERAL

Special training or skills useful to position sought
Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain (include dates)
Have you been arrested for any crime that is currently pending against you? Yes No If yes, please explain

A conviction will not necessarily result in denial of employment and other factors will be considered.

FORMER EMPLOYERS [LIST BELOW THREE EMPLOYERS, STARTING WITH LAST ONE FIRST]

Name and Address of Present or Last Employer:		
Number of Years with this Employer:	Weekly Starting Salary:	Weekly Final Salary:
Job Title	May we contact supervisor?	
Name and Title of Supervisor	Phone No.	
Description of Work		
Reason for Leaving		
Name and Address of Present or Last Employer:		
Number of Years with this Employer:	Weekly Starting Salary:	Weekly Final Salary:
Job Title	May we contact supervisor?	
Name and Title of Supervisor	Phone No.	
Description of Work		
Reason for Leaving		
Name and Address of Present or Last Employer:		
Number of Years with this Employer:	Weekly Starting Salary:	Weekly Final Salary:
Job Title	May we contact supervisor?	
Name and Title of Supervisor	Phone No.	
Description of Work		
Reason for Leaving		

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME	ADDRESS AND PHONE NO.	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

I certify that the facts and responses set forth in this application, or otherwise made by me, are true and complete to the best of my knowledge and belief. I authorize the investigation of all statements contained in this application, or otherwise made by me, as may be necessary in arriving at an employment decision. I understand that any false statements made by me constitute sufficient cause for rejection of this application or, if I am employed, grounds for dismissal. I also understand that this application for employment is not a contract and is not intended to confer or create contractual rights of any kind or nature. If employed, employment is on an at-will basis and may be terminated at any time and for any reason, except as provided by New York Civil Service Law and/or an applicable collective bargaining agreement. I hereby authorize the Village to contact prior employers to make inquiries and obtain information, including personnel files, relevant to my performance and abilities as an employee. I hereby release all prior employers from any and all claims, including but not limited to claims of defamation, associated with the release or disclosure of such information to the Village.

Date: _____ Signature _____