

# Village of Webster

28 West Main Street  
Webster, NY 14580  
Phone (585) 265-3770 / Fax (585) 265-1004  
www.villageofwebster.com

## APPLICATION FOR EMPLOYMENT

**We consider applicant for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.**

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name	
		Middle Name	
Address		Number	
Street		City	
		State	
		Zip Code	
Telephone (s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?

☐ Yes ☐ No

If yes, give date \_\_\_\_\_

Are you currently employed?

☐ Yes ☐ No

May we contact present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment

☐ Yes ☐ No

On what date would you be available for work?

\_\_\_\_\_

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years?

☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain

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Village of Webster

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number (s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason For Leaving				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number (s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason For Leaving				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number (s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason For Leaving				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number (s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper

## **Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Education

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Locations																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received.																	
State any additional information you feel may be helpful to us in considering your application																	

## List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:


# References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.
2.
3.

Have you ever had any job-related training in the United States Military? ☐ Yes ☐ No

If yes, please describe\_\_\_\_\_

\_\_\_\_\_

—

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

☐ Yes ☐ No

If yes, please describe\_\_\_\_\_

\_\_\_\_\_

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Village of Webster