

Town of Schroeppel

69 County Route 57A Phoenix, NY 13135 315-695-6231

Date Received:	
Copies Sent To:	

Employment Application

Name	Phone Number: ()
Address	
Position Applying For	
Please List Your Last Three Employers:	
Name of Business:Address:	Position Held:
	Dl
Name of Business:Address:	From To
Name of Business:Address:	FromTo Position Held:
	Supervisor: Phone:
General Information	
Last School Attended: Years Attended: High School: 1 2 3 4 Coll Dates Attended:	City:
	Yes: BranchYears:to Description of Training and Work Experience While Serving
Have you ever been convicted of a felony? No	Yes: Location and Disposition of Case:

	pairment, physical, mental or medical conditions that would interfere with your ability to factorily for which you are applying: No Yes:
	er information that might be helpful to us in considering your application:
Please Read and Sign	n Below:
	y false answer or statement of implications made by me on this application or other shall be considered sufficient cause for denial of employment or discharge.
This certifies that I coknowledge.	ompleted this application and that all entries on it are true and complete to the best of my
	vn of Schroeppel the right to make a thorough investigation of my past employment and e from all liability all persons, companies, and corporations supplying such information.
	Signature of Applicant:
	Print Name