



**Town of Schroepfel**  
**69 County Route 57A, Phoenix, NY 13135**  
**Phone: (315) 695-4473 Fax: (315) 695-1210**

## APPLICATION FOR EMPLOYMENT

**Please answer all questions completely and accurately. Print in black ink or type application. Attach additional 8 1/2 x 11 sheets if necessary to provide required information.**

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**NAME AND LEGAL RESIDENCE:** (Please notify Town of Schroepfel's Comptroller's office immediately of any changes)

\_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
 STREET CITY STATE ZIP

**MAILING ADDRESS:** \_\_\_\_\_  
 (if different from above) STREET CITY STATE ZIP

**PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Home Business Cell

**EMAIL ADDRESS:** \_\_\_\_\_

**PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:**

State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **(IMPORTANT)** This section will determine what resident list (if any) your name will be certified to.

I currently reside (indicate one of the three) in the: **(1) City** of \_\_\_\_\_  
**OR (2) Town** of \_\_\_\_\_, **OR (3) Village** of \_\_\_\_\_  
 in the **School District** of \_\_\_\_\_ located in the **County** of \_\_\_\_\_ in the  
**State** of \_\_\_\_\_. I have lived in the above County for (indicate) number of years \_\_\_\_\_ and months \_\_\_\_\_.

**Driver's License** (Complete only if the position for which you are applying requires one.) Number: \_\_\_\_\_

State: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_ Class of License: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Are you 18 years of age or older?  YES  NO If no, you must supply a work permit.

Are you a citizen of the United States?  YES  NO If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

Do you have a **High School diploma**?  YES  NO  
 If YES, **NAME AND LOCATION OF HIGH SCHOOL:** \_\_\_\_\_  
 \_\_\_\_\_

Or, a **High School Equivalency Diploma (GED or TASC)**?  YES  NO  
 If YES, **GED, TASC OR OTHER HSE NUMBER:** \_\_\_\_\_

Please check college degree program(s) completed:  Associate  Bachelor  Master  Doctorate

NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

<b>EDUCATION:</b>					
If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you have completed.					
INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL or TECHNICAL SCHOOL(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU GRADUATE	DEGREE EXPECTED
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO    YR /
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO    YR /
Address (City, State):					
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO    YR /
Address (City, State):					

<b>PLEASE LIST MOST RELEVANT COURSE WORK IF REQUIRED FOR POSITION:</b>					
NAME OF COURSE	DIVISION	CREDIT HRS.	NAME OF COURSE	DIVISION	CREDIT HRS.
Race & Ethnicity (Example)	Sociology (Example)	3 (Example)			

<b>LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:</b>					
Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr) From                      To		Permanent Issued

<b>EXPERIENCE:</b> Begin with the most recent employment. You are responsible for an accurate and clear description of your experience. You may include a resume but <b>do not substitute with a resume</b> . Under <b>“DUTIES,”</b> describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision.			
LENGTH OF EMPLOYMENT Month/Year to Month/Year 	EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK	PLEASE CHECK WORK TYPE: <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

