

TOWN OF COLLINS

APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate such. We appreciate your interest in employment with the Town of Collins.

The Town of Collins is an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, creed, religion, gender, gender identity, gender expression and transgender status, national origin, age, physical or mental disability, marital status, veteran status, sexual orientation, criminal or arrest record, genetic predisposition or carrier status, domestic violence victim status, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Town Clerk.

Name	Phone Number
Address	E-Mail
Position Applied For	
How were you referred to the Town of Collins? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Civil Service Job Posting <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, may we contact your employer to obtain employment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <i>Employment eligibility verification will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Type of School Attended	Name of School	Number of Years Completed <i>(do not give dates)</i>	Course of Study	Diploma or Degree Obtained
High School				
College				
Other				

List certificates or licenses *(including driver license or CDL endorsement)* that would support your qualifications for employment

If you are applying for a position which requires a Commercial Driver License, provide License Number

U.S. Military History (If Applicable)

U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty
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Employment Record (List most recent first)

Name of Employer		Phone Number
Address		
Employment Dates (Month/Year)	From	To
Title of Position		Name and Title of Supervisor
Description of job duties and responsibilities		
Reason for leaving		

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Title of Position		Name and Title of Supervisor
Description of job duties and responsibilities		
Reason for leaving		

References (Other than Relatives)	
Name/Occupation	Phone Number
Address	Years Known
Name/Occupation	Phone Number
Address	Years Known
Name/Occupation	Phone Number
Address	Years Known

Conviction Record Status		
Have you ever been convicted of and/or plead guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the Town. The nature of the violation and all other appropriate circumstances will be considered. The Town reserves the right to reject individuals for employment based on job-related convictions.		
Date	County/State	Conviction/Explanation

Assembly Bill A8136B
Requires children's non-regulated camps to ascertain whether an employee or volunteer is listed on the Sex Offender Registry.
By signing below, I consent to the Town of Collins to verify I am not on the New York State Sex Offender Registry.

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local rules and regulations. For positions subject to the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment with the Town of Collins, a pre-employment controlled substance test will be required and must be passed.

Date _____ Signature of Applicant _____

Parental Signature (if under 18 years old) _____