

# EMPLOYMENT APPLICATION



**Town of Palmyra**  
**1180 Canandaigua Rd.**  
**Palmyra NY 14522**  
**(315) 597-5521**



Qualified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Conditional Reviewer's Initials _____	Position Applying For: _____ _____
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Name: \_\_\_\_\_  
Last                      First                      Middle

Mailing Address: \_\_\_\_\_  
Street                      City                      State                      Zip

Social Security Number: \_\_\_\_\_

Date of Birth if applying for Deputy Police Officer or Correction Officer: \_\_\_\_\_

Contact phone number: \_\_\_\_\_      Work Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Have you been a resident of Wayne County for at least one month?    Yes \_\_\_\_\_ No \_\_\_\_\_      School District: \_\_\_\_\_

**An answer of YES to any of the following questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying.**

- Were you ever convicted of any violation of law other than a minor traffic violation?       Yes     No
- Were you ever removed from any type of employment? Or resign rather than face dismissal?       Yes     No
- Were you ever discharged from the Armed Forces of the US which was other than "Honorable?"       Yes     No

If you answered Yes to any of these questions, you may give specifics under "remarks" on page 3 of this application. If you elect not to provide specifics, however, if such explanation is insufficient you may be required to submit further information.

**Veteran Credits.** If, for this examination you wish to claim additional credit as an Honorable discharge veteran, complete the appropriate section on the last page of this application. You must also complete the Application for Veteran Credit, available on website. DD214 MUST be submitted before eligible list is established.

**Have you objection to this department making inquiry regarding your character and qualifications from:**

- Your former employers     Yes     No
- Your present employer     Yes     No

*I declare that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and accurate. Any false statements made may result in termination of employment. Applicants may also be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Are you a Citizen of the United States?  Yes  No If no, do you have a legal right to work in the U.S.:  Yes  No

Do you have a valid New York State Driver's License?  Yes  No If yes, what class \_\_\_\_\_

**LICENSE/CERTIFICATE** Do you have a license, certification or other authorization to practice a trade or profession:  Yes  No

Name of Trade/Profession: \_\_\_\_\_ License/Certificate Number; \_\_\_\_\_

Licensing Agency: \_\_\_\_\_ Licensed from: \_\_\_\_\_ to: \_\_\_\_\_

**EDUCATION**

Have you received a High School Diploma:  Yes  No If no, have you received a General Equivalency Diploma (G.E.D.)  Yes  No

Name of High School \_\_\_\_\_ Check the highest grade completed 8 9 10 11 12

**EDUCATION above high school level**

Name of School	Location (State)	Course/Major	Credits Completed	Type of Degree	Date Degree Received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**TRAINING** Other Training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received.

Course/Program	Hours
_____	_____
_____	_____

**WORK EXPERIENCE**

Describe your employment, including military experience, beginning with your current and most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average # of hours in the workweek, final salary, and reason for leaving, specific job duties, your job title, etc. must be shown. If you supervised, state how many people and nature of such supervision.

Name & Address of current or most recent employer \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Month/Year Month/Year

Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your job title: \_\_\_\_\_

Immediate Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of duties: \_\_\_\_\_

**WORK EXPERIENCE (continued)**

Describe your employment, including military experience, beginning with your current and most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average # of hours in the workweek, final salary, and reason for leaving, specific job duties, your job title, etc. must be shown. If you supervised, state how many people and nature of such supervision.

Name & Address of employer \_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Month/Year Month/Year

Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your job title: \_\_\_\_\_

Immediate Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name & Address of employer \_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Month/Year Month/Year

Hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your job title: \_\_\_\_\_

Immediate Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Remarks:

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION: The information which you are providing on this application is being requested pursuant to Section 50.3 of the NYS Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivision (b)(e) and (f). Failure to provide this information may result in disapproval of the application. For further information, relating only to the Personal Privacy Protection Law, call (518)457-9375.