

Date of Application: \_\_\_\_\_



## TOWN OF PENFIELD EMPLOYMENT APPLICATION

Town of Penfield  
3100 Atlantic Avenue  
Penfield, New York 14526  
[www.penfield.org](http://www.penfield.org)

**IF YOU ARE INTERESTED IN FULL-TIME EMPLOYMENT REQUIRING A CIVIL SERVICE EXAMINATION YOU SHOULD ALSO APPLY DIRECTLY TO THE MONROE COUNTY CIVIL SERVICE COMMISSION, 39 WEST MAIN STREET, ROCHESTER, NY 14614. AS JOB POSTINGS OCCUR, THE CSC WILL FORWARD NAMES OF ELIGIBLE CANDIDATES TO THE TOWN OF PENFIELD.**

The TOWN OF PENFIELD is an equal opportunity employer and does not discriminate on the basis of age, race, color, creed, religion, national origin, sex, sexual orientation, disability, pregnancy, marital or familial status, arrest or conviction record, military or veteran status, genetic predisposition or carrier status, status as a victim of domestic violence, or any other basis protected by applicable laws (unless a *bona fide* occupational qualification applies).

The TOWN OF PENFIELD complies with the Americans with Disabilities Act and will consider all requests for reasonable accommodations. If you require a reasonable accommodation at any stage of the application, interview or hiring process to accommodate a disability, you may request an accommodation at any time by contacting Human Resources at (585)-340-8671.

Answer each question fully and accurately. **Please print or type all information, except for the signature at the end of the application. Incomplete applications may not be considered. Resumes are not a substitute for a completed application.** If you need additional space for written responses please use the bottom of page 4.

### Personal Information

**Applicant Name** \_\_\_\_\_  
Last First Middle  
**Address** \_\_\_\_\_  
Number & Street City State Zip Code  
**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

Is additional information relative to a change of your name, or your use of an assumed or different name or nickname, necessary to enable us to check your work, education or other records? Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Placement Information

Position Applying For \_\_\_\_\_  
Type of Employment Desired: Full-time ☐ Part-time ☐ (Specify Hours) \_\_\_\_\_ Seasonal ☐ Yes ☐ No \_\_\_\_\_  
Date on which you can start working: \_\_\_\_\_  
Are you at least 18 years old? Yes ☐ No ☐ If not, state your age: \_\_\_\_  
If you are not over the age of 18, can you provide the TOWN OF PENFIELD with a valid work permit? Yes ☐ No ☐  
Are you able at the time of employment to submit verification of your legal right to work in the U.S.? [NOTE: Verification and completion of Form I-9 must be submitted no later than the first date of hire.] Yes ☐ No ☐  
Have you previously worked for the TOWN OF PENFIELD? Yes ☐ No ☐ If yes, where and when: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Do you have any friends/relatives that work or have worked for the TOWN OF PENFIELD? Yes ☐ No ☐ If yes, who, and what is your relationship? \_\_\_\_\_  
Did a TOWN OF PENFIELD employee refer you for this position? Yes ☐ No ☐ If yes, who? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
 (please print) Last First Middle

**Work Experience (Please list most recent employer first)**

Employer	Dates		Position/Title	Supervisor
	From	To		
Address			Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Phone
Reason for Leaving			Duties Performed	

Employer	Dates		Position/Title	Supervisor
	From	To		
Address			Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Phone
Reason for Leaving			Duties Performed	

Employer	Dates		Position/Title	Supervisor
	From	To		
Address			Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Phone
Reason for Leaving			Duties Performed	

Employer	Dates		Position/Title	Supervisor
	From	To		
Address			Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Phone
Reason for Leaving			Duties Performed	

May we contact your current and previous employers listed above to provide professional reference information? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: _____				
Are you the subject of any pending investigation and/or disciplinary charges pertaining to employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____				
Have you ever been the subject of an investigation by an employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____				
Have you ever been dismissed from, resigned from, entered into a settlement agreement or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____				
Have you ever been asked to leave a place of employment or resigned in lieu of being terminated? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____				
Have you ever engaged in an act of violence in the workplace? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____				

Name: \_\_\_\_\_  
 (please print) Last First Middle

## Education

School	Name and Address	Course of Study	# of Years Attended	Did You Graduate?	Diploma or Degree
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Post Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business/ Trade School				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Professional licenses and/or certifications: \_\_\_\_\_

Activities, honors, offices held that are job related: \_\_\_\_\_

Special skills or qualifications: \_\_\_\_\_

## General Information

Do you have a valid New York driver's license? Yes ☐ No ☐ Class \_\_\_\_\_ Driver ID Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you been convicted of a moving vehicle or traffic violation within the past seven years?\* Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

Have you ever been convicted of any violation of law other than a minor traffic violation?\* Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

Are you subject to any pending criminal charges?\* Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

U.S. Military Service: Branch/Duty Location \_\_\_\_\_ Military Specialty \_\_\_\_\_  
 Highest Rank \_\_\_\_\_ Special Honors/Training \_\_\_\_\_

Please note any special interests, skills, experiences or abilities not mentioned elsewhere that you feel qualify you for the position you seek:

*\*An answer of "YES" 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.*

## References

*All references should be able to provide employment-related information that demonstrates your ability to perform in the position for which you are currently applying. Personal references must be non-relatives and be able to attest to your job skills, work behaviors, work-related life experiences, and/or education.*

Name	Position and Company	Relationship to Applicant	# of Years Acquainted	Phone Number

Name: \_\_\_\_\_  
(please print) Last First Middle

### Applicant Statement and Certification

*Please read the following statements carefully as they constitute conditions for employment with the TOWN OF PENFIELD:*

I hereby affirm that the information I have provided on this application is complete, accurate and true to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any information on this application or during the interview process, regardless of when such misrepresentation or omission is discovered, may result in refusal of employment, or if employed, shall constitute grounds for immediate termination.

I authorize the persons, schools, current and prior employers, and other organizations named in this application, to verify the information I have provided AND to provide other information the TOWN OF PENFIELD may request in order to evaluate my qualifications for employment.

I agree that a photocopy of this authorization shall be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release the TOWN OF PENFIELD from any liability arising from reliance on the aforementioned information or the use, publication or retention of such information within the context of its applicant review procedures.

I understand that, on a separate form, I will be required to authorize the TOWN OF PENFIELD and its agents to verify the information submitted by me and to conduct a background check. I agree to complete any requisite authorization forms for the background investigation.

I understand that the TOWN OF PENFIELD is in no way obligated to provide employment and that I am in no way obligated to accept employment with the TOWN OF PENFIELD. Nothing in this application or in other policies and procedures are intended to create a contract of employment, expressed or implied.

***I HAVE CAREFULLY READ THE ABOVE CERTIFICATION STATEMENTS AND I UNDERSTAND AND AGREE TO THE TERMS.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for taking the time to complete the Town of Penfield employment application.  
This employment application will be valid for 365 days from the date of the application.**

*If needed, please use this additional space for written responses:*