



## EDUCATION

*Indicate all periods of schooling. List most recent first.*

Name & Address of High School, College(s) or other Schools	Years Completed	Major Field	Degree

### MILITARY EXPERIENCE:

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Grade or Rank at Discharge: \_\_\_\_\_

Occupational Specialization: \_\_\_\_\_

Special/Technical Training: \_\_\_\_\_

Dates, Name & Address of School(s): \_\_\_\_\_

### REFERENCES

*Include personal and professional. Students (under age 18) please provide 1 school related reference.*

NAME	ADDRESS	PHONE #	RELATIONSHIP
1. _____			
2. _____			
3. _____			

*As an applicant you agree to and understand the following:*

1. Employment is conditional until results of your physical are known and until information given by you has been verified.
2. You must meet minimum age requirements of applicable laws.
3. Your eligibility for a pension is based on the requirements set forth in the New York State Retirement Plan, the provisions of which will be described to you upon your employment. Additionally, if you do not satisfy the service and age requirements provided by the Plan, you will not be eligible to receive a pension.
4. The Town may conduct investigations including a background check and verification of prior employment history and education. By signing this application you authorize the Town to make these investigations, and you indicate your awareness that false statements or failures to disclose information may be sufficient to disqualify you for employment, or if employed may result in your dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
First
Middle
Last

**FOR OFFICE USE ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPLICATION REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INITIAL INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_