

# TOWN OF AMHERST

5583 Main Street  
Williamsville, NY 14221  
(716) 631-7025  
www.amherst.ny.us

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial Email \_\_\_\_\_

Present address \_\_\_\_\_  
No. Street City State Zipcode

How many years have you lived at this address? \_\_\_\_\_ Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_  
Area code

Previous address \_\_\_\_\_  
No. Street City State Zipcode

How long did you live there? \_\_\_\_\_

Job(s) applied for 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_  
2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Exempt Volunteer Firefighter \_\_\_\_\_ Active Volunteer Firefighter \_\_\_\_\_

Do you want to work ☐ Full-time or ☐ Part-time or ☐ Summer Specify days and hours if part-time \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any relatives, other than spouse, working for us \_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Town?

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Have you any other job or business? \_\_\_\_\_

Do you possess a valid NYS driver's license?

\_\_\_\_\_ Class: \_\_\_\_\_

The Town of Amherst recognizes that any form of discrimination or harassment, either written, verbal or physical, based on age, religion or creed, color, disability, national origin, race, traits historically associated with race, ethnicity, sex, marital status, sexual orientation, veteran status, gender identity, domestic violence victim status, criminal history or other protected characteristics of family members or associates is unlawful under New York State and Federal Law.

Are you over 18 years of age? ☐ Yes ☐ No

If not, state your age \_\_\_\_\_

If not, can you provide proof of age? ☐ Yes ☐ No

Are you eligible to work in the United States? ☐ Yes ☐ No

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	How Many Years Attended?	Graduated?	COURSE OR MAJOR
GRAMMAR OR GRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
POST GRADUATE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Yes No	

MILITARY SERVICE RECORD

Have you ever served in the armed forces? ☐ Yes ☐ No If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \*

Month Date Year Month Date Year

What were you duties in the Service (include special training and duty station)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* A dishonorable discharge is not an absolute bar to employment; other factors will affect a final decision.

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

**PRIOR WORK HISTORY** (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

(Explain periods of unemployment in space provided on reverse side)

Dates		Name and Address of Employer	Supervisor's Name and Title	Reason for Leaving
From	To			
Mo. Yr.	Mo. Yr.	<hr/>		
<b>Position (title)</b> Describe in detail the work you did and number of hours worked per week.				

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Mo. Yr.	Mo. Yr.	<hr/>		
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Dates		Name and Address of Employer	Supervisor's Name and Title	Reason for Leaving
From	To			
Mo. Yr.	Mo. Yr.	<hr/>		
<b>Position (title)</b> Describe in detail the work you did and number of hours worked per week.				

May we contact the employers listed above? \_\_\_\_\_ If not, indicate below which one(s) you do not wish us to contact \_\_\_\_\_

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**

<i>Signature of Applicant</i>	<i>Date</i>

TOWN OF AMHERST DEPARTMENT OF HUMAN RESOURCES  
METHODS RESEARCH QUESTIONNAIRE

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The Town of Amherst is an Equal Opportunity Employer. The following information is required by State and Federal Regulations for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately. This information is maintained confidentially.

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Title of Position: \_\_\_\_\_

Sex: (Check):            Male            Female

Race: (Check):        White (not of Hispanic origin)  
                          Black or African American (not Hispanic or Latino)  
                          American Indian or Alaska Native  
                          Asian (not Hispanic or Latino)  
                          Hispanic or Latino  
                          Two or More Races  
                          Decline to State  
                          Other (please specify) \_\_\_\_\_

Recruitment Source: (Check how you became aware of Position)

\_\_\_\_\_ Town of Amherst Human Resources Department  
\_\_\_\_\_ School Placement Office or Counselor  
\_\_\_\_\_ New York State Employment Office  
\_\_\_\_\_ Private Employment Agencies  
\_\_\_\_\_ Social or Fraternal Organization  
\_\_\_\_\_ Newspaper  
\_\_\_\_\_ Relative or Friend  
\_\_\_\_\_ Government Employee  
\_\_\_\_\_ Radio or T.V.  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

## **AUTHORIZATION FOR REFERENCE RELEASE**

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I hereby authorize all employers for whom I have worked in the past, to furnish any information which the Town of Amherst may request concerning my past employment or activities.

I hereby release all such employers from any liability in connection therewith.

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Signature

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Date