Town of Livonia 35 Commercial Street, PO Box 43 Livonia, NY 14487

Date Received	APPLICATION FOR EMPLOYMENT		
	Title of Position		

INSTRUCTIONS: Answer all questions fully. All qualifying information must be placed on this application. Resumes may not be used to supplement the application. You should review the minimum qualifications for the position before completing this application. You must provide information showing that you have the necessary training and experience or your application will not be approved. If additional space is needed, please attach additional sheets.

1.	NAME, MAILING ADDRESS	& PHONE (Please print.)		5a.	Have you resided at your current address for at least 4 months (Y/N)?	
	Last	First	M.I.	6a.	Were you ever discharged from employment for reason other than lack of work (Y/N)	S
	Street or PO Box Address			6b.	Did you ever resign from employment rather than face dismassal (Y/N)?	
	City/Town	State	ZIP	6c.	If you have served in the U.S. Armed Forces, did you receive a dishonorable discharge (Y/N)?	
	Phone			7d.	Have you ever been convicted of any felony or misdemeanor (Y/N)?	
2.	SOCIAL SECURITY NUMBE	R:		7e.	Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge (Y/N)?	
3.	Are you <i>under</i> 18 years of If yes, or if the minimum a limits are established for t your date of birth:	ind/or maximum age		7f.	If you answered YES to any of questions 6ae., provide a complete explanation of the circumstances on a separat sheet of paper, including date, parties involved, facts and outcome. NOTE: A YES answer is not an automatic bar to employn unless otherwise required by law. Each case is considered.	te nent
	Mo.	Day	Year		and evaluated on individual merits in relation to the dut and responsibilities of the position.	
4.	Do you have the legal righ the United States (Y/N)?	t to accept employment	in	emp sex,	v York State and Federal law prohibits discrimination in bloyment because of age, race, creed, color, national origin, disability, marital status, or criminal record. Accordingly, ning in this application should be viewed as expressing any	
5.	State your actual permane	ent legal residence:			tation, specification, or discrimination as to these protected sifications in connection with employment by the Town of Li	vonia.
	School district:			THIS	AFFIRMATION MUST BE COMPLETED:	
	City/Village:				irm that the statements made on this application (includi attached papers) are true under penalties of perjury.	ng
	Town:				Circulus of Applicant	
	County:				Signature of Applicant Date	
	State:				Print any other last name by which you are or have been known. ALL STATEMENTS ARE SUBJECT TO VERIFICATION	 N.

8a.	EDUCATION									
	Have you graduated from high school (Y/N)?									
If yes, give name and location of high school.										
	If no, do you have a high school equivalency diploma (Y/N)?									
8b.	UNDERGRAD	UATE/GRADU	ATE EDUCAT	ION						
	Name and location of school	Number of Years Credited	Did you graduate?	Type of course or major	Number of college credits received	Type of degree received	If not yet graduated, date degree expected			
College, University or Technical School					received		S. Apoctou			
Other schools or special courses										
9.		L LICENSES: If a li f the announcem I am not curren	ent, fill in the f		•	•				
Name of Trade / Profession License Number			Granted by (licensing agency)		City or State of					
Sı	pecialty	Date License	First Issued	Registered F	rom (Mo/Yr)	Registere	ed to (Mo/Yr)			
10.	Driver's Licenses: If required in the announcement, do you have a valid license to operate a motor vehicle in New York State (Y/N)?					notor				
	If you have a commercial motor vehicle driver's license, check the endorsements which you have: Hazardous materials Tank						ave:			
		Other (Describe)				-			
11.	DESCRIPTION OF EXPERIENCE: Beginning with the most recent, describe below all employment is relevant to the minimum qualifications of the position for which you are applying. All blanks must be completed fully. Omissions will not be interpreted in your favor. Information must be on application. Do not use a resume to supplement.									
	mployment	Firm Name		Address		City and State				
From:	То:									
Duties Perf	ormed:	I		1		I				
Type of bu	siness									
Your Title										
Name of Yo	our Supervisor									
Supervisor	's Title									
Number of	hours worked p	er week (exclusi	ve of overtime)						

NAME:								
	ADDITIONAL EXPERIENCE							
Length of Employment	Firm Name	Address	City and State					
From: To:								
Duties Performed:								
Type of business								
Your Title								
Name of Your Supervisor	-							
Supervisor's Title								
Number of hours worked	d per week (exclusive	of overtime)						
Length of Employment	Firm Name	Address	City and State					
From: To:			, and state					
Duties Performed:		I						
Type of business								
Your Title								
Name of Your Supervisor	-							
Supervisor's Title								
Number of hours worked	d per week (exclusive	of overtime)						
Length of Employment	Firm Name	Address	City and State					
From: To:			,					
Duties Performed:								
Type of business								
Your Title								
Name of Your Supervisor	-							
Supervisor's Title								

Number of hours worked per week (exclusive of overtime)

NAME:								
	ADDITIONAL EXPERIENCE							
Length of Employment	Firm Name	Address	City and State					
From: To:								
Duties Performed:								
Type of business								
Your Title								
Name of Your Supervisor	ſ							
Supervisor's Title								
Number of hours worked	d per week (exclusive	of overtime)						
Length of Employment	Firm Name	Address	City and State					
From: To:								
Duties Performed:								
Type of business								
Your Title								
Name of Your Supervisor	r							
Supervisor's Title								
Number of hours worked	d per week (exclusive	of overtime)						
Length of Employment	Firm Name	Address	City and State					
From: To:								
Duties Performed:								
Type of business								
Your Title								
Name of Your Supervisor	ŗ							
Supervisor's Title								

Number of hours worked per week (exclusive of overtime)