



## APPLICATION FOR EMPLOYMENT

*It is the policy of the Village of Honeoye Falls to provide an equal employment opportunity to all people without regard to race, color, gender, religion, age, national origin, disability, marital status or sexual orientation.*

*INSTRUCTIONS: All questions are to be answered by the applicant. False statements may be grounds for dismissal.*

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME

SOCIAL SECURITY  
NUMBER

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE

ZIP

EMAIL ADDRESS

PHONE NO

HOME

WORK

CELL

ARE YOU 18YRS OR OLDER? Yes ☐ No ☐

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY  
BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes ☐ No ☐

### EMPLOYMENT DESIRED

POSITION

DATE YOU  
CAN START

SALARY  
DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE CONTACT  
YOUR PRESENT EMPLOYER? Yes ☐ No ☐

HAVE YOU EVER APPLIED TO THE VILLAGE BEFORE? Yes ☐ No ☐ IF SO, WHEN?

HAVE YOU EVER BEEN EMPLOYED BY THE VILLAGE BEFORE? Yes ☐ No ☐ IF SO, WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

*If appropriate, attach a resume or separate sheet to describe all other relevant employment, volunteer work or experience.*

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE ABOUT THIS JOB?

**ADDITIONAL INFORMATION**

- DO YOU POSSESS A CURRENT DRIVER'S LICENSE? Yes ☐ No ☐ IF YES, WHAT CLASS? \_\_\_\_\_
- EXCEPT FOR MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF A CRIME Yes ☐ No ☐  
(FELONY OR MISDEMEANOR)? IF YES, EXPLAIN. \_\_\_\_\_
- ARE YOU NOW UNDER CHARGES FOR ANY CRIME? Yes ☐ No ☐

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1			
2			
3			

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE
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I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND AUTHORIZE INVESTIGATION OF ALL INFORMATION GIVEN.

\_\_\_\_\_  
SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS:

NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED: \_\_\_\_\_ POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

## AUTHORIZATION AND AGREEMENT

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to

adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any time, during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at will employment agreement will not be valid unless in writing signed by me and duly authorized representative of this employing organization.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION  
AND AGREEMENT STATEMENTS.**

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Signature of Applicant

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Date

**PLEASE RETURN THIS "AUTHORIZATION AND AGREEMENT"  
WITH YOUR APPLICATION**

**VILLAGE OF HONEOYE FALLS**  
(Referred to herein as Employer)  
**ADDENDUM TO EMPLOYMENT APPLICATION**

**FAIR CREDIT REPORTING ACT**  
**Disclosure and Authorization Statement**

**To: All applicants for Employment (Please Read Carefully before Signing Below)**

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

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Name (please print)

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Signature of Applicant

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Date