

VILLAGE OF MOUNT MORRIS APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

READ ALL INSTRUCTIONS CAREFULLY. IF YOUR APPLICATION IS NOT PROPERLY COMPLETED, IT WILL BE DISAPPROVED.

1. **Fully Completed.** An application must be completed fully. If a field is not applicable, write "NA" in the field. In the event additional forms are required, an application is not complete without such fully completed forms.
2. **Deadline for Submission.** Applications must be received by the stated deadline to be accepted. Applications that are late will be disapproved. An application is "received" when it is actually received by the Village of Mount Morris Personnel Office within normal office hours or as of the date of the United States Postal Service postmark on the mailing envelope. Applications that are left under the office door will be deemed received on the next business day.
3. **Form of Application.** Application may only be made on the Village of Mount Morris Application for Employment form. Original paper applications must be submitted. A paper copy of an application will also be accepted if it has the applicant's *original* signature and the current date. Application forms will not be accepted by fax, e-mail or other electronic means.
4. **Applicant Qualifications.** In order for an application to be approved, the applicant must clearly show that he/she has the training, education, experience and/or licensure/certification stated in the minimum qualifications for the title. All qualifying information must appear on the application form. The applicant has the burden of proving he/she has the required qualifications for the position. An applicant will not be given credit for information that is illegible and/or unclear.
5. **College Credit Hours.** If a position requires the applicant to have completed a number of college credit hours in a specified field of study, the applicant must clearly indicate possession of these hours on the application form. IN ADDITION, the applicant must submit a copy of his/her college transcript evidencing the hours. If the application is conditionally approved, the applicant must then have his/her college *directly* send an official transcript to the Village of Mount Morris Personnel Office. The original transcript must be received by the Village of Mount Morris Personnel Office before appointment if applying for a vacant position.
6. **Related College Degrees.** If the applicant is relying on a related college degree to qualify for an position, the applicant must supply a copy of his/her college transcript with the application. In the event the application is conditionally approved, the applicant must make arrangements to have an original transcript sent to the Village of Mount Morris Personnel Office as described in paragraph 5.
7. **Resumes.** Resumes may be submitted, but they will not be reviewed to determine an applicant's qualifications. All qualifying information must appear on the application form.



VILLAGE OF MOUNT MORRIS

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Complete all sections of this application form fully. Print or type all responses clearly. If more space is needed than is provided on this form, attach additional sheets. Place your name on the bottom of each page. Submit the completed application to Village of Mount Morris Personnel Office at 117 Main Street, Mount Morris, New York 14510. If you have questions regarding the application, call 585-658-4160.

POSITIONS OF INTEREST:

I would like this application considered for the following job: _____

1. **Name:**

- a. My full legal name is: _____
- b. I have have not been known by other names.
[If you have not been known by other names, proceed to item 2.]
- c. The other names I have been known by are: _____

2. **Permanent Legal Residence Address & Daytime Telephone Number:**

- a. My permanent residence is located at:
- _____
- Number Street/Road
- _____
- City State Zip Code
- b. My contact telephone number is (with area code): _____
- c. My e-mail address is: _____
- You may may not use my e-mail address for communications.
- d. I have have not lived at this residence address for at least the four months immediately preceding the filing of this application.
- e. My permanent residence is located in the **[complete all parts]:**
- _____ School District
- _____ City/Village
- _____ Town
- _____ County
- _____ State

Applicant's Name: _____

3. **Mailing Address:**

My mailing address is the same as different from my permanent legal residence address.

[If your mailing address is the same, proceed to item 4. If your mailing address is different, continue.]

a. My mailing address is: _____

4. **Right to Work in the United States:**

I Do Do not have the legal right to accept employment in the United States.

5. **Age:**

I am I am not at least 18 years of age. [If you are under 18 years of age or if the position you are applying for has age requirements, continue; otherwise proceed to item 6.]

a. My date of birth is: _____

[If you are 18 years of age or older, proceed to item 6; otherwise continue.]

b. I do do not have New York State working papers that allow me to do the type of work for which I have applied. [If you do, proceed to the next item. If you do not, continue.]

c. I am I am not currently eligible for New York State working papers that will allow me to do the type of work for which I have applied.

6. **Background Information:**

[Answer each part of this section. If you answer yes to any part, attach a statement detailing the circumstances of such actions.]

a. Employment discharge: Have you ever been discharged from employment for reasons other than lack of work? Yes NO
(If you answered "yes", request an "Employment Discharge Information" form, complete & attach to this application.)

b. Resignation in lieu of termination: Have you ever resigned from employment to avoid discharge or other disciplinary action? Yes NO

c. Discharge from military: If you have served in the U.S. Armed Forces, have you been dishonorably discharged? Yes NO Never served

d. Conviction of a crime/Findings of abuse: Have you ever been convicted of a misdemeanor and/or felony crime? Yes NO

(If you answered "yes", request an "Sworn Statement" form, complete & attach to this application.)

e. Forfeited bail bond: Have you ever forfeited bail bond posted to guarantee your appearance in court to answer a criminal charge? Yes NO

Applicant's Name: _____

7. **Education:**

a. **High School:**

i. I did did not graduate from high school.

[If you did not graduate from high school proceed to item ii.]

The name of the high school I graduated from was:

_____ High School Name

It was located in: _____
 _____ City _____ State

[Proceed to item b.]

ii. I do do not have a high school equivalency diploma.

b. **Typing/Keyboarding course:** I have have not completed a typing/keyboarding course.

c. **Undergraduate Studies:** I have completed the following undergraduate studies:

Name of College/University	
Location of College/ University	
Major	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

Name of College/University	
Location of College/ University	
Major	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

d. **Graduate Studies:** I have completed the following graduate studies:

Name of University	
Location of University	
Subject of Study	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

Name of University	
Location of University	
Subject of Study	
Number of Years Completed	
Number of Credits Received	
Type of Degree Received	
If no degree received, date degree expected	

e. **Other schools or special courses:** I have completed the following studies or special courses at other schools:

Name of School	
Location of School	
Subject of Study	
Degree or Certification Received	

Applicant's Name: _____

8. **Licenses:** [If a driver's license or professional license is required for the position, please complete the appropriate parts of this section. If no license is required, proceed to item 10.] I currently hold the following licenses:

a. **Driver's Licenses**

I do do not have a New York State Driver's license.
 I do do not have a New York State commercial motor vehicle driver's license.

[If you do not have a commercial motor vehicle driver's license, proceed to item b.]

I have the following endorsements on my commercial motor vehicle driver's license:

- Hazardous Materials
- Tank
- Other, please describe: _____

b. **Professional Licenses:**

Name of Trade/Profession	
Specialty, if any	
License Number	
Date License First Issued	
Date License Expires	
Agency Issuing License	
State of Agency	

9. **Relevant Work Experience:**

Please describe all work experience that is relevant to the position for which you are applying. This includes relevant volunteer work if permitted as qualifying experience. Complete all sections for each job and provide detailed information.

Employer's Name	
Employer's Address	
Employer's Telephone Number	
Your Job Title(s)	
Date you began employment	Month of _____ Year of _____
Date you left employment	Month of _____ Year of _____
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]	
Name of Your Supervisor	
Describe your job duties	
Number of hours worked per week, not including overtime	
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year Exclusive of overtime.

Applicant's Name: _____

Employer's Name	
Employer's Address	
Employer's Telephone Number	
Your Job Title(s)	
Date you began employment	Month of _____ Year of _____
Date you left employment	Month of _____ Year of _____
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]	
Name of Your Supervisor	
Describe your job duties	
Number of hours worked per week, not including overtime	
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year Exclusive of overtime

Employer's Name	
Employer's Address	
Employer's Telephone Number	
Your Job Title(s)	
Date you began employment	Month of _____ Year of _____
Date you left employment	Month of _____ Year of _____
Manner in which employment was terminated	<input type="checkbox"/> I was discharged. <input type="checkbox"/> I was laid off because of lack of work. <input type="checkbox"/> I resigned. <input type="checkbox"/> I retired.
Reason for discharge or resignation [Explain fully why you were discharged or why you resigned.]	
Name of Your Supervisor	
Describe your job duties	
Number of hours worked per week, not including overtime	
Earnings	My earnings were \$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year Exclusive of overtime

[If there is other relevant work experience, please request additional pages.]

Applicant's Name: _____

12. **Professional References:** Provide at least 3 *professional* references.

Name	Mailing Address	Telephone Number	How do they know you? (E.g. work, professional association, etc.)

13. **Affirmation and Signature:** I affirm that the statements made on this application, including any attached papers, are true under penalties of perjury. I understand that any misrepresentations may result in my disqualification for appointment or my removal from employment following appointment.

Date

Signature of Applicant

NEW YORK AND FEDERAL LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, NON-DISQUALIFYING DISABILITY, MARITAL STATUS, RELIGION OR GENETIC INFORMATION. ACCORDINGLY, NOTHING IN THIS APPLICATION SHOULD BE VIEWED AS EXPRESSING ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO THESE PROTECTED CLASSIFICATIONS OR ANY OTHERS, IN CONNECTION WITH EMPLOYMENT BY THE VILLAGE OF MOUNT MORRIS.

Do not mark in this area. Reserved for use by Village of Mount Morris Personnel.

Date Received: _____

By: _____

Reasons for disapproval or conditional approval:

1. _____

2. _____

3. _____

Prior Village employment? Yes No

If so: Dept. _____ Title _____

Dates of most recent employment: _____

Applicant's Name: _____

**AUTHORIZATION FOR SEARCH AND
EXCHANGE OF INFORMATION
Criminal History Record Checks**

I, _____ [Name of applicant for employment], hereby authorize the Village of Mount Morris to submit a request to the Livingston County Sheriff's Department, Livingston County Sheriff, Village of Mount Morris Police Department, or any other law enforcement agency or official and/or any court to conduct a search of any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize and direct the Livingston County Sheriff's Department, Livingston County Sheriff, Village of Mount Morris Police Department, or any other law enforcement agency or official and/or any court that receives such a request to provide all criminal conviction information it possesses about me to the Village of Mount Morris, and I hereby release such entities from any and all possible liability associated with the provision of such information and waive any and all rights I may have to bring any legal or equitable cause(s) of action against such persons/entities relating in any way to the provision of information, authorized by this release. This information may be used only by the Village of Mount Morris for the purpose of determining my suitability for employment in the position(s) for which I have submitted an application for employment. A copy of this authorization may be accepted as an original.

Full Legal Name [Print]

Signature

Date:

All Other Names I Am/Have been Known By: _____

EMPLOYMENT REFERENCE LIABILITY RELEASE

I hereby authorize and direct my current and former employer(s) to release to the Village of Mount Morris information regarding my employment. Such information may include: job titles held, dates of employment, wages/salary earned, benefits received, performance evaluations, supervisor opinions regarding my job performance, disciplinary records, attendance information, drug & alcohol test results, and any other information requested concerning my employment.

I hereby release my current and former employer(s) from any and all possible liability associated with the provision of information regarding my employment. I waive any and all rights I may have to bring any legal or equitable cause(s) of action against such employer(s) relating in any way to the provision of information, authorized by this release. I acknowledge that I have executed this release freely and that I have had the opportunity to consult with legal counsel before execution of this release.

Date:

Signature:

Print Full Legal Name: _____

Applicant's Name: _____