

TOWN OF AMENIA
APPLICATION FOR EMPLOYMENT

Please write or print clearly, fill in all applicable information, and be sure to sign the application

NAME _____ **Social Security#** _____

Address _____

Phone: Day _____ **Evening** _____

Position you are applying for: _____

Do you have a valid license to operate a motor vehicle in New York State? ___NO ___YES if YES, what class? _____

State any other name used for education or employment _____

~ EDUCATION ~

Name and Location (Include date of Graduation/# of Credits Comp)	Dates attended
High School _____	_____
College _____	_____
Trade School, Special Courses or Certificates, as well as any special training: _____	

~WORK EXPERIENCE~

Firm Name and Address _____
Phone Number _____ Supervisor _____
Dates of Employment _____
Duties _____

Firm Name and Address _____
Phone Number _____ Supervisor _____
Dates of Employment _____
Duties _____

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant _____ Date _____
