



Town of Lancaster

OFFICE OF THE SUPERVISOR

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JOHANNA M. COLEMAN
Supervisor

JOB APPLICATION FORM

Print clearly in black or blue ink. Answer all questions. Sign and date the form

PERSONAL INFORMATION:

First Name _____

Middle Initial _____

Last Name _____

Social Security Number _____

Street Address _____

City, State, Zip Code _____

Phone Number (____) _____

Are you eligible to work in the United States?

Yes _____ No _____

If you are under the age of 18, do you have an employment/age certificate?

Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain _____

POSITION/AVAILABILITY:

Position Applied For

Full-time _____ Part-time _____

Days Available _____

Hours Available from _____ to _____

What date are you available to start work? _____

EDUCATION:

Name and Address of School

Major Degree/ Diploma

Graduation Date

Skills and Qualifications: Licenses, Training, Awards

Drivers License

Yes _____ No _____

If yes, what type? _____

EMPLOYMENT HISTORY:

Present or Last Position:

Employer _____

Address _____

Phone # _____

Position Title _____ Salary _____

From _____ To _____

Responsibilities _____

Reasons For Leaving _____

Previous Position:

Employer _____

Address _____

Phone # _____

Position Title _____ Salary _____

From _____ To _____

Responsibilities _____

Reason For Leaving _____

May We Contact Your Present Employer? _____ Previous Employer? _____

REFERENCES:

(please list three)

Name/Title	Phone #	Occupation	Relationship
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I understand that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any time in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____