



EMPLOYMENT HISTORY

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT POSITION.

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

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

\_\_\_\_\_

REFERENCES

NAME	ADDRESS & PHONE #	YEARS ACQUAINTED

GENERAL

MAY WE CONTACT YOUR CURRENT EMPLOYER FOR REFERENCES? YES \_\_\_ NO \_\_\_

IF HIRED, WILL YOU BE ABLE TO WORK OVERTIME? YES \_\_\_ NO \_\_\_

WILL YOU BE ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS FOR THE POSITION YOU ARE APPLYING FOR WITH OR WITHOUT REASONABLE ACCOMADATION?  
YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY THE COURT? (A "YES" RESPONSE DOES NOT AUTOMATICALLY DISQUALIFY YOUR APPLICATION.) YES \_\_\_ NO \_\_\_

\_\_\_\_\_

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**CERTIFICATION & AUTHORIZATION**

THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT, IN THE EVENT OF MY EMPLOYMENT BY THE VILLAGE, I SHALL BE SUBJECT TO DISMISSAL IF ANY INFORMATION THAT I HAVE GIVEN IN THIS APPLICATION IS FALSE OR MISLEADING OR IF I HAVE FAILED TO GIVE ANY INFORMATION HEREIN REQUESTED, REGARDLESS OF THE TIME ELAPSED AFTER DISCOVERY.

I AUTHORIZE THE VILLAGE TO INQUIRE INTO MY EDUCATIONAL, PROFESSIONAL AND PAST EMPLOYMENT HISTORY REFERENCES AS NEEDED TO RESEARCH MY QUALIFICATIONS FOR THIS POSITION. I HEREBY GIVE MY CONSENT TO ANY FORMER EMPLOYER TO PROVIDE EMPLOYMENT-RELATED INFORMATION ABOUT ME TO THE VILLAGE, AND WILL HOLD THE VILLAGE AND MY FORMER EMPLOYER HARMLESS FROM ANY CLAIM MADE ON THE BASIS THAT SUCH INFORMATION ABOUT ME WAS PROVIDED OR THAT ANY EMPLOYMENT DECISION WAS MADE ON THE BASIS OF SUCH INFORMATION. I FURTHER AUTHORIZE THE VILLAGE TO OBTAIN ANY CREDIT AND CONSUMER CHECK.

I UNDERSTAND THAT NOTHING IN THIS EMPLOYMENT APPLICATION, THE GRANTING OF AN INTERVIEW OR MY SUBSEQUENT EMPLOYMENT WITH THE VILLAGE IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN MYSELF AND THE VILLAGE UNDER WHICH MY EMPLOYMENT COULD BE TERMINATED ONLY FOR CAUSE. ON THE CONTRARY I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT WILL BE TERMINABLE AT WILL AND MAY BE TERMINATED BY ME, OR THE VILLAGE, AT ANY TIME AND FOR ANY REASON. I UNDERSTAND THAT NO PERSON HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING.

IF EMPLOYED, I WILL BE REQUIRED TO PROVIDE ORIGINAL DOCUMENTS THAT VERIFY MY IDENTITY AND RIGHT TO WORK IN THE UNITED STATES UNDER THE IMMIGRATION REFORM AND CONTROL ACT (IRCA) OF 1986. THE DOCUMENT(S) PROVIDED WILL BE USED FOR COMPLETION OF FORM I-9.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE STATEMENTS.

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**SIGNATURE**

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**DATE**

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**DO NOT WRITE BELOW THIS LINE**

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**INTERVIEWED BY:**

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**DATE:**

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**REMARKS:**  

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**NEATNESS:**

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**ABILITY**

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**HIRED:        YES        NO**

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**POSITION:**

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**DEPARTMENT:**

---

**SALARY/WAGE:**

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**DATE REPORTING TO WORK:**

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**APPROVED:**

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**DEPARTMENT HEAD**

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**MAYOR**  

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BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_, HEREBY AUTHORIZE THE VILLAGE OF COXSACKIE AND/OR ITS AGENTS TO MAKE AN INDEPENDENT INVESTIGATION OF MY BACKGROUND, REFERENCES, CHARACTER, PAST EMPLOYMENT, EDUCATION, CREDIT HISTORY, CRIMINAL OR POLICE RECORDS, INCLUDING THOSE MAINTAINED BY BOTH PUBLIC AND PRIVATE ORGANIZATIONS AND ALL PUBLIC RECORDS FOR THE PURPOSE OF CONFIRMING THE INFORMATION CONTAINED ON MY APPLICATION AND/OR OBTAINING OTHER INFORMATION WHICH MAY BE MATERIAL TO MY QUALIFICATIONS FOR EMPLOYMENT NOW AND, IF APPLICABLE, DURING THE TENURE OF MY EMPLOYMENT WITH THE VILLAGE.

I RELEASE THE VILLAGE OF COXSACKIE AND/OR ITS AGENTS AND ANY PERSON OR ENTITY, WHICH PROVIDES INFORMATION PURSUANT TO THIS AUTHORIZATION, FROM ANY AND ALL LIABILITIES, CLAIMS OR LAW SUITS IN REGARDS TO THE INFORMATION OBTAINED FROM ANY AND ALL OF THE ABOVE REFERENCED SOURCES USED.

THE FOLLOWING IS MY TRUE AND COMPLETE LEGAL NAME AND ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
FULL NAME (PRINTED, INCLUDE MIDDLE INITIAL) OTHER NAMES USED

\_\_\_\_\_  
PRESENT ADDRESS (INCLUDING CITY, STATE & ZIP) HOW LONG?

\_\_\_\_\_  
FORMER ADDRESS (INCLUDING CITY, STATE & ZIP) HOW LONG?

\_\_\_\_\_  
FORMER ADDRESS (INCLUDING CITY, STATE & ZIP) HOW LONG?

\_\_\_\_\_  
PLEASE LIST ALL STATES IN WHICH YOU RESIDED IN THE PAST 10 (TEN) YEARS.

\_\_\_\_\_  
OTHER INFORMATION YOU FEEL WILL ASSIST US IN VERIFYING YOUR PROFESSIONAL BACKGROUND, OR RESTRICTIONS.

\_\_\_\_\_  
\*DATE OF BIRTH SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER & STATE

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE (SIGNATURE OF PARENT REQUIRED IF UNDER AGE 18)

*\*NOTE: THE ABOVE INFORMATION IS REQUIRED FOR IDENTIFICATION PURPOSES AND WILL BE USED AS QUALIFICATIONS FOR EMPLOYMENT. IF EMPLOYMENT IS DENIED BASED ON THESE FINDINGS, A COPY WILL BE PRESENTED TO YOU, AND 48 HOURS BE ALLOWED TO CLARIFY ANY INCORRECT INFORMATION. THE VILLAGE OF COXSACKIE WILL NOT SHARE NOR SELL ANY OF THIS INFORMATION WITH ANYONE WOTHOUT YOUR EXPRESS WRITTEN PERMISSION. THE VILLAGE OF COXSACKIE IS AN EQUAL OPPORTUNITY EMPLOYER, AND DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, RELIGION, AGE, HANDICAP OR NATIONAL ORIGIN.*