



**Town Of Cheektowaga Employment Application**  
**Attention: Personnel Department, 3301 Broadway**  
**Cheektowaga, New York 14227**

***\*\*Please note you must be a resident of the Town of Cheektowaga\*\****

Position Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_  
Job Posting Number: \_\_\_\_\_  
Referral Source (Advertisement, Employee, Walk-in, Other) : \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY, STATE ZIP

TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ May we contact you at work? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, work number & best time to call \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please explain \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_ If yes, please give dates and positions \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ If yes, give dates \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Type of employment desired \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_ Educational Co-Op

Will you relocate if job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No Will you travel if job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to meet the attendance requirements of the position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you work overtime if required? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please explain \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide date(s) and details \_\_\_\_\_

Answering yes to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

EDUCATIONAL HISTORY

List the last three (3) schools attended, starting with most recent first.

SCHOOL	NUMBER OF YEARS COMPLETED	DEGREE OR DIPLOMA	GPA CLASS RANK	MAJOR

REFERENCES

List name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment.

Employer

Address

Telephone #

Starting Job Title/Final Job Title

Immediate Supervisor and Title

Dates Employed:

From

To

Summarize the type of work performed/job responsibilities:

Reason for Leaving :

May we contact for a reference? 

Yes

No

Later

Employer

Address

Telephone #

Starting Job Title/Final Job Title

Immediate Supervisor and Title

Dates Employed:

From

To

Summarize the type of work performed/job responsibilities:

Reason for Leaving :

May we contact for a reference? 

Yes

No

Later

Employer

Address

Telephone #

Starting Job Title/Final Job Title

Immediate Supervisor and Title

Dates Employed:

From

To

Summarize the type of work performed/job responsibilities:

Reason for Leaving :

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from the employer’s service, whenever it is discovered. I expressly authorize, without reservation, the employer and its representatives, employees and agents to contact and obtain information from all references provided by me on this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Signature of Applicant

Date