TOWN OF LAFAYETTE APPLICATION FOR OPEN COMPETITIVE EXAMINATION

MAIL OR DELIVER TO: Town of LaFayette Highway Department, 2849 Route 11, P.O. Box 209, LaFayette, NY 13084

Phone (315) 677-9535 | www.townoflafayetteny.gov/highway-dept.html

Job / Title *TYPE OR PRINT CLEARLY IN INK*

NAME AND ADDRESS: IMMEDIATE notice should be given to this office if any changes in name or address occur.

Last Name **First Name** **Middle** **Social Security #**

Legal Address:

Street _____

Apt/Rd# _____

City/Village _____

Town _____

School District _____

County _____

State _____ ZIP _____

Mailing Address (If different from legal):

Street or PO Box _____

City/Village _____

State _____ ZIP _____

E-Mail Address _____

Home Phone ( ) _____

Work Phone ( ) _____

Cell Phone ( ) _____

ADDITIONAL INFORMATION

1. If you were ever dismissed or resigned in lieu of dismissal from any public (government) employment due to disciplinary reasons, explain below.
2. If you need special exam arrangements (religious accommodation or disabled), indicate accommodations needed below.

Use This Space For Explanations

_____

_____

VETERAN'S CREDIT: ☐Veteran ☐Disabled Veteran ☐Currently On Active Duty

Documentation of your veteran status (i.e. Discharge papers) should be attached to your application or mailed to this department prior to the eligible list establishment date. Current active-duty military personnel must provide proof of active military status at time of application to receive conditional credit.

Since January 1, 1951, have you used additional credits as a disabled/non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? ☐YES ☐NO

DECLARATION (this affirmation *must be signed and dated*) I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

APPLICANT'S SIGNATURE _____ **DATE** _____

Town of LaFayette does not discriminate because of race, creed, color, citizenship, national origin, age, sex, religion, mari tal status, conviction record, disability, genetic predisposition or carrier status, pregnancy, or sexual orientation. NOTE: Federal law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S., and to provide for review certain documents establishing your identity and work authorization, such as birth certificate, etc.

PERSONNEL DEPARTMENT USE ONLY : Reviewer _____ Date _____ Approved ☐ Disapproved ☐

Comments: _____

_____ Recv'd By _____

Name _____

Education: If more space is needed, attach additional sheets.	**Years Completed**	**Graduated yes /no**	**Major Course of Studies**	**College Credits Received**	**Type of Degree Receive**	**Date Degree Received**
Name of High School or Equivalency			XXXXXXXX XXXXXXXX	XXXXX XXX	XXXXX XXXXX	XXXXXX XXXXXX
Name of College, University, Professional or Technical School						
Name of Other Schools or Special Courses						

License Do you possess a license to practice a trade or profession? YES ☐ NO ☐ License/certificate#_____

Name of trade or profession _____Licensing Agency _____

City/State _____Original Issue Date _____Expiration Date _____

Driver's License (Complete only if the position for which you are applying requires one.) Number _____

Date of Expiration _____Class of license _____Endorsements _____Restrictions _____

School Bus Driver candidates: Date of Birth: _____

Experience: You must complete this section whether or not you submit a resume. **Describe any employment, volunteer experience or military service that qualifies you for the position sought.** Duties: Describe the nature of the work with estimated % of time on each type of work. If more space is needed, attach additional sheets. **All statements are subject to verification.**

Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
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Total Yrs. Mos.	DUTIES: See directions above.		
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