Village of Stamford 84 Main Street Stamford NY 12167 Nancy D. Milea, CMC Village Clerk: (607) 652-6671 Ext. \*#

## Village of Stamford Employment Application



\*\* Please note that any and all information given on this application will be kept confidential and will only be used for employment purposes only! \*\*

## **DELAWARE COUNTY PERSONNEL OFFICE**

1 Courthouse Square, Suite #2, Delhi, NY 13753 607-832-5678

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	330- APPLICATION FOR EXAMINATION / EMPLOYMENT	5.		Were you ever	box to the right of each qu dismissed or discharged f	from any employment	YES N	NC
	POSITION TITLE NOT APPLICABLE Examination Number		_		her than lack of work or fur			
	This application is part of your examination. #1 - 6 must be answered fully and carefully.  Print in ink, use a typewriter or complete the application enline. Attach additional sheets if		В.	Did you ever r dismissal?	resign from any employm	ent rather than face		
	necessary in order to give complete and detailed information. An incomplete application may result in its disapproval.		C.	Have you ever	had a driver's license susp	pended or revoked?		
	SOCIAL SECURITY NUMBER:		D.	Have you everevoked?	er had a professional lic	ense suspended or		
	NAME (Last, First, MI): Please Print		c		eceive a discharge from the	Armod Forges of the		
	L: F: MI: Mailing		E.	United States v	which was other than "Hon other than honorable circur	norable" or which was		
	Address						İ	
	City or Post Office State Zip Code Zip Plus		F.	misdemeanor)	er been convicted of ar ?	ny crime (felony or		
	Phone (w/Area Code, Home/Alternate)		G.	Have you ever appearance in	forfeited bail bond posted court to answer to any cri	to guarantee your minal charge?		
	H: Alt::		Н.	Are you now ur	nder charges for any crime	∍?		
	Email:		If y	ou answered "YE	ES" to any of the Questions	5AH above, you ma	y give sper	cific
	CHANGE OF ADDRESS:  Notify this agency Immediately of any change of Address. When writing give the number and title of examination, or title of position applying for.		hov	der "Remarks" or vever, or if such o ormation.	n page 4 of this application explanation is insufficient, y	i. If you elect not to pro you may be required to	ovide speci o submit fur	ific rth
3.	State your actual permanent legal residence and indicate for how long you		No	ne of the above	circumstances represent	ts an automatic bar to	employm	ner
	have resided there continually, up to and including the date of this application.  NAME  I YEARS I MONTHS				sidered and evaluated on asibilities of the position			
	School District	6	Do	you need SPEC	IAL ARRANGEMENTS for	r evamination?	Voc	
	City or Village Of	0.			arrangements because you			
	Town Of		reas	sons cannot be	tested on date of exam),	, or a handicapped p	erson (red	qui
	County Of		Per	sonnel Office no	nts in order to participate of later than the last filing d	late for the exam. You	r request r	mu
1.	OTHER PERSONAL INFORMATION:		inci	Joe exam numb	per, title and type of special	i arrangements requir	ea.	
	A. Are you 18 years of age or older?			ALL STAT	EMENTS ARE SUBJECT	TO VERIFICATION		
	If No, you must supply a work permit.							
	B. Are you legally eligible to work in the United States? Yes No	7.		THIS	AFFIRMATION MUST	BE COMPLETED		
	Proof of employment eligibility will be required upon employment.				tements made on this ap der the penalties of perjur		any attach	ied
	C. If you are applying for the position of Police Officer							
	or Deputy Sheriff, please provide your Date of Birth:		-	Signature	of Applicant	Da	ate	
	Are you a citizen of the United States? Yes No		-			11.1		
				dicate any other nown.	r surname (last name) by v	vnich you are or have	been	
	THE NEW YORK STATE HUMAN RIGHTS LAW AND OTHER APPLICABLE LAWS PROHIBIT DISCRIMINATION IN	F	For F	Personnel Offic	e Use ONLY:	- H- D/	THE STREET, ST	THE REAL PROPERTY.
	EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS,	1	Date	Received	Revie	ewed By		_
	DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM	1		Approved	☐ Conditional	☐ Disapprove	d	
	SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR	F	PRO	M DATE:	INFO NEEDED:	Reasons for DISAPI	PROVAL	
	DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS,				<ul><li>☐ Required Transcripts</li><li>☐ Resume Only,</li></ul>	B □ No Fee □ Education	n	
	DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.	(8)			Submit Application	n 🗆 Residenc		
			FEE	PAID: 'es	<ul><li>☐ Clarify Residency</li><li>☐ Age</li></ul>	☐ Age ☐ Citizensh	ıip	
	DELAWARE COUNTY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER		$\square$ $\square$	lo .	☐ Citizenship	□ Experien	ce	
	8 L 5 M 4000 VO 74 L 0 V		Da	ate	<ul><li>☐ Experience</li><li>☐ Other</li></ul>	☐ Other	<u> </u>	

## 8. VETERANS CREDITS:

If you are making a claim for veteran's credits with this application, be sure you read the following information carefully.

Any claim for additional credits as a disabled or non-disabled war veteran for the examination should be made with this application. If you are claiming veteran's credits, you must check ( </ ) the appropriate category and answer all questions A-D. Failure to do so accurately and completely may result in denial of your claim.

If you are claiming credits as a disabled war veteran, you must, in addition to meeting the requirements as indicated by a "YES" answer to questions A-D and a "NO" answer to question 9B, be certified by the Veterans Administration as being entitled to receive payments for a service-connected disability rated at ten (10) percent or more, incurred during a "Time of War" as indicated in question 8C.

Persons claiming credits as disabled war veterans may be contacted by this agency for additional information as necessary.

All claims and grants of veteran's credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to what documents must be produced for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointment on which you have been granted additional credits as a result of such misstatement or fraud.

	indicated in question 8C.						
	Marine Corps, Air Force and Coast of States pursuant to call as provided to B. If "YES" did you receive a discharge C. Did you serve in the Armed Forces of —(12/7/41 - 12/31/46) (6/27/50 - 1/3 (Persian Gulf; 8/2/90 ?)  —U.S. Public Health Service; (7/29)	Forces of the United States? (The "Armed Guard, including all components thereof and y Law on a full-time active duty basis oth which was honorable or were you released if the United States during any of the following 1/55) (12/22/61 - 5/7/75) (9/1/83 - 12/1/87*)	the National Guard er than active duty urider honorable cin g periods? (10/23/83 - 11/21/8	when in the service for training purp cumstances? 3*) 12/20/89 - 1/31	e of the Office oses). /90*)	y, d	YES NO
	expeditionary medal.  D. Are you currently a resident of New						
9.	annuar quactions A.D. ahous	ed additional credits as a disabled or non-de e or any of its civil divisions?	/AR VETERAN T	appointment to any	VAR VEIERA	A V	
10.	. <b>VOLUNTEER FIREMAN STATUS:</b> Are you now, or have you ever been a v	olunteer fireman? If yes, name and location	of the company:	YE	ES	NO	
	Dates of Service: from	to					
12.	DOCESSIONAL LICENSES / CERTIFICA	Codes:	profession you are	applying for, comp	ete the follow	ing question	
	Name of Trade or Profession	License Number	Granted by (lice	ensing agency)	City or	State of	
	Specialty	Date License First Issued	Registered	From: (l	Vlo. / Yr.)	To: (	Mo. / Yr.)
13.	B. If typing is required for the position course, BOCES, college, etc.  C. APPLICANTS CLAIMING COLLEGI	ool? YES NO If YES, ncy diploma, indicate: Number on / exam you are applying for, please desci	ibe any formai trai	ning you have had	in typing, i.e	of Issue , high schoo	
	Transcripts Enclosed	Transcripts requested from college(s	)	Type of Course	Number of	Type of	Date
	Name of School and Addres	s		or Major Subject	College Credits Received	Degree Received	Degree Rec'd. or Expected
	College, University, Professional or						N
	Technical School						
	Other Schools or Special Courses		MINEGER III				

14.	EMPLOYMENT REFERENCES:	(give name, full address and phone	number)		
	1.				
	3.				
15.	PERTINENT EMPLOYMENT EMPLOYMENT, HOURS WOR Describe volunteer or unpaid ex not be accepted as qualifying ex of your experience. Omissions service in any one organization pages.) Under "duties" for each	INFORMATION MUST APPEAR KED, YOUR TITLE AND A DESC operience in the same way as paid operience (see exam announceme or vagueness will NOT be interpre on, indicate such change clearly	RON THIS APPLICATION.  RIPTION OF DUTIES PERFORM  work, showing its volunteer nate of the control of the control  work, showing its volunteer nate of the control  was a separate employment.  The control of the work personally performs.	o the position applied for. PLEASE DO NOT REFERENCE A RESUME. RMED MUST BE SHOWN ON THIS APPLIED THE A	DATES OF PPLICATION. rk may or may ear description ourse of your ach additional
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	CHECK AUTHORIZATION - IMPORTANT: This section MUST BE COMPLETED. Failure to sig PROVAL of your application for employment or examination.
i deputat iditi (estite il Digiti)	event as berein noted, hereby authorize the release of information regarding
prior employment history / records references, educational records, labearing on my qualifications and f Authority in any jurisdiction in the	PROVAL or your application for employment or examination.  , except as herein noted, hereby authorize the release of information regarding including but not limited to performance evaluations and any disciplinary actions, personal aw enforcement records, drivers license and driving records, credit reports and all like information itness for employment to the Delaware County Personnel Office and/or any County Appointing County of Delaware to which I am applying for employment. I do not authorize the release of medica otherwise be prohibited from release by the American Disability Act or similar legislation.
I further release all parties supplyi	ing said information from any liability and responsibility arising from their supplying said information.
It is understood that only relevant	information obtained as the result of this release shall be considered for employment purposes and dered and evaluated on a case by case basis in relation to the duties and responsibilities of the
A photocopy of this release will be signature.	e as valid as an original thereof even though said photocopy does not contain an original writing of m
	Print below any other name(s) by which you have been known.
* Social Security Number	1 11112 200 200 200 200 200 200 200 200
* This information will be used for identification purposes only.	
	SIGNATURE
	DATE
CONTROL OF A STATE OF	to the state of different PAY v. 41 phonts)
REMARKS: (Use this space to	provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 sheets).