

Village of Williamsville, 5565 Main Street, Williamsville, NY 14221

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Phone - 716-632-4120, ext. 3009

www.walkablewillamsville.com www.Facebook.com/willamsvilleny

EDUCATION BACKGROUND:

Name of High School: _____

Number of years attended: _____ Graduated? _____ Yes ____ No

Name of College: _____

Number of years attended: _____ Graduated? _____ Yes ____ No

Additional Education: _____

Number of years attended: _____ Graduated? _____ Yes ____ No

WORK HISTORY

If you need additional space, please continue on separate sheet of paper and attach.

Dates	Name/Address Of Employer	Rate of Pay	Reason for Leaving	Job Title/Duties
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May we contact the employers listed above? _____ Yes _____ No. If not, which ones(s) you do not wish us to contact? _____

Use the space below or on the back to describe your skills, qualifications, activities and hobbies.

PERSONAL REFERENCES (or please attach)

Name and Occupation	Address	Phone
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history through any investigative agencies. This application shall be considered active for a period of time not to exceed 45 days. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date