



2300 Elmwood Avenue  
 Rochester, New York 14618  
 (585) 784-5250

# EMPLOYMENT APPLICATION

INDIVIDUALS WHO WOULD LIKE ASSISTANCE IN READING OR COMPLETING THIS APPLICATION SHOULD CONTACT THE PERSONNEL DEPT. AT (585) 784-5203 OR THROUGH THE NEW YORK RELAY: TDD 1-800-662-1220.

POSITION APPLYING FOR:		OTHER POSITIONS YOU WOULD LIKE TO BE CONSIDERED FOR:		
LAST NAME:	FIRST NAME:	MIDDLE:	PHONE:	
STREET:	CITY:	COUNTY:	STATE:	ZIP:
E-MAIL ADDRESS:				
EDUCATION - PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12				
ARE YOU A HIGH SCHOOL GRADUATE?    D YES    D NO    ARE YOU 18 YRS. OR OLDER?    D YES    D NO				
SCHOOLS ATTENDED ABOVE HIGH SCHOOL LEVEL				
NAME OF SCHOOL & STATE	MAJOR STUDY	CREDITS (SEM/QTR HRS)	DEGREE/CERT. (TYPE/YR)	
OTHER TRAINING YOU RECEIVED (for example, work training programs, armed forces training). PLEASE ESTIMATE THE NUMBER OF HOURS TRAINING YOU RECEIVED:				
WORKING EXPERIENCE - Describe below your employment, including military experience, beginning with your current or most recent employment.				
START DATE:	END DATE:	HOURS WORKED PER WEEK:	PAID <input type="checkbox"/> OR VOLUNTEER <input type="checkbox"/>	
NAME AND ADDRESS OF PRESENT/LAST EMPLOYER:				
NAME OF IMMEDIATE SUPERVISOR:		TITLE:	PHONE NUMBER:	
JOB TITLE:	DESCRIPTION OF RESPONSIBILITIES:			
REASON(S) FOR LEAVING:				
START DATE:	END DATE:	HOURS WORKED PER WEEK:	PAID <input type="checkbox"/> OR VOLUNTEER <input type="checkbox"/>	
NAME AND ADDRESS OF PRESENT/LAST EMPLOYER:				
NAME OF IMMEDIATE SUPERVISOR:		TITLE:	PHONE NUMBER:	
JOB TITLE:	DESCRIPTION OF RESPONSIBILITIES:			
REASON(S) FOR LEAVING:				
START DATE:	END DATE:	HOURS WORKED PER WEEK:	PAID <input type="checkbox"/> OR VOLUNTEER <input type="checkbox"/>	
NAME AND ADDRESS OF PRESENT/LAST EMPLOYER:				
NAME OF IMMEDIATE SUPERVISOR:		TITLE:	PHONE NUMBER:	
JOB TITLE:	DESCRIPTION OF RESPONSIBILITIES:			
REASON(S) FOR LEAVING:				
If you have additional working experience please give information on attached sheet(s) in the same format, and label it with your name and social security number. Volunteer experience should be documented by statement of verification from agency representative regarding number of hours worked per week and activities performed.				

PLEASE ANSWER:	YES	NO
Will you accept temporary work?	D	D
Will you accept part-time work?	D	D
Can you work overtime?	D	D
Can you work shifts?	D	D
Are you legally entitled to work in the United States?	D	D
Have you been a resident of Monroe County for the past four months?	D	D
Were you referred to the Town? If yes, by Whom?:	D	D
Have you ever worked for the Town before? If yes, when and where?:	D	D
Have you ever applied for a job at the Town before? If yes, when and where?:	D	D
Were you ever removed from public employment? **	D	D
Were you ever removed from any other employment? **	D	D
** An answer of 'YES' to any of these questions does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying.		

REFERENCES:			
NAME/TITLE	ADDRESS/PHONE #	BUSINESS	YRS. ACQUAINTED

OPTIONAL INFORMATION:						
Identify job skills, licenses, certificates, etc. which you consider relevant to the position you are seeking:						
Indicate State and class of motor vehicle licenses you possess:						
Licenses, certification, or other authorization to practice a trade or profession. If so, indicate name of trade or profession, city or state and term of validation:						
CLERICAL SKILLS:	Yes	No	WPM	Yes	No	
Typing?	D	D	_____	Word Processor?	D	D
Shorthand?	D	D	_____	Calculator?	D	D
Dictating equipment?	D	D		Computer?	D	D

*Please read the following statements carefully:*

*I certify, subject to the penalties of perjury, that the information contained in this application (including statements made in my accompanying papers) are correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Town policy. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying papers, if any) to provide any relevant information that may be required to arrive at an employment decision.*

_____ APPLICANT'S SIGNATURE	_____ DATE	_____ STATE ANY OTHER NAME BY WHICH RELEVANT
NEW YORK STATE LAW PROHIBITS DISCRIMINATION ON THE BASIS OF AGE, SEX, RACE, RELIGION, DISABILITY, NATIONAL ORIGIN, OR MARITAL STATUS - AN EQUAL OPPORTUNITY EMPLOYER. THE TOWN OF BRIGHTON DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY AND WILL MAKE REASONABLE ACCOMMODATIONS FOR EMPLOYEES WITH SPECIAL NEEDS, DUE TO A DISABILITY. IT IS THE RESPONSIBILITY OF THE APPLICANT/EMPLOYEE TO DISCLOSE AND REQUEST REASONABLE ACCOMMODATION AS NECESSARY.		