



VILLAGE OF BALLSTON SPA
DEPARTMENT OF HUMAN RESOURCES
APPLICATION FOR EMPLOYMENT

66 FRONT STREET, BALLSTON SPA, NY 12020
518-885-5711 www.villageofballstonspa.org
AN EQUAL OPPORTUNITY EMPLOYER WITH AN AFFIRMATIVE ACTION PROGRAM

Number _____
APPLICATION
Approved _____
Conditional _____
Disapproved _____

APPLICATION FOR EMPLOYMENT: Title of Position _____

Please answer all questions completely and accurately. Attach additional sheets if necessary to provide required information. All statements are subject to verification.

1. NAME AND PERMANENT LEGAL RESIDENCE: (Please notify Village of Ballston Spa Department of Human Resources in writing of any information changes.)

Last Name First Name M.I. Social Security Number

Street City State Zip Code

Indicate below your actual permanent address and the length of time you have resided there continuously, up to and including date of this application.

Table with 4 columns: PROVIDE NAME, YEARS, MONTHS. Rows include School District, Village or City, Town of, County of, State of.

NOTE: It is your permanent legal residence that will determine eligibility for appointment.

2. MAILING ADDRESS: _____

(If different from above) Street City State Zip Code

3. EMAIL ADDRESS: _____

4. PHONE NUMBER: () Home () Business () Cell

5. AGE: Please state date of birth: _____

6. CHECK APPROPRIATE BOXES:

If you answer YES to any portion of questions 6a-f, provide details on a separate sheet. Your failure to answer these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities.

- a. Were you ever discharged from employment for reasons other than lack of work or funds, disability or medical condition? Yes No
b. Did you ever resign rather than face discharge? Yes No
c. Have you ever been convicted of a crime (felony or misdemeanor)? Yes No
d. Has there ever been a complaint of workplace violence or harassment against you? Yes No
e. Are you now under charges for any crime? Yes No
f. Did you ever receive a discharge from the Armed Forces of the United States that was other than "Honorable", or which was issued under other than honorable conditions? Yes No
g. Are you a retiree from New York State or any civil division thereof? Yes No

7. YOUR EDUCATION:

Have you graduated from High School? NO YES

Name and Location of High School _____ If you have a High School Equivalency Diploma, indicate: Issuing Government Authority _____

Number _____ Date of Issue _____

College, University, Professional or Technical Schools:	Major subject or type of course	Did you graduate?	If you did not graduate, number of college credits	If graduated, type of degree received	Date degree received or expected
Name of School & City in which located		YES NO			Mo. / Yr.
Name of School & City in which located		YES NO			Mo. / Yr.
Name of School & City in which located		YES NO			Mo. / Yr.
Name of School & City in which located		YES NO			Mo. / Yr.

The Village of Ballston Spa does not discriminate because of age, race, creed, color, citizenship, national origin, sex, religion, marital status, criminal record, disability, limited English proficiency, low income status, political affiliation, genetic predisposition or carrier status, domestic violence victim 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.

8. EXPERIENCE: You must complete this section whether or not you submit a resume. Describe any employment, volunteer experience or military experience that qualifies you for the position sought. Begin with your most recent experience first and work backwards consecutively to your first position. Applicants may be required to furnish satisfactory proof of experience claimed. **A resume is NOT a substitute.**

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
Earnings: \$ per <input type="text"/> Wk <input type="text"/> Mo <input type="text"/> Yr Ave. hours per week:	Type of Business	Your Title	Name/Title/email or phone Information of Supervisor
Reason for leaving	Duties:		

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13. REFERENCES: Do you have any objection to our contacting present or past employers to verify above?
 NO YES If yes, comment _____

Please print any other surnames (last names) by which you are or have been known: _____

DECLARATION: I declare, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature of Applicant

Date