

Experience: You must complete this section whether or not you submit a resume. Describe any employment, volunteer hours, or military service that qualifies you for the position sought. If necessary, attach additional sheets.

Business Name	Address	Position Held	Supervisor's Name	Telephone Number

Date Hired	Date Left	Hours Worked Per Week	Reason For Leaving

Job Duties Performed

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Skills: List all skills which may be relevant to the position in which you are applying for.

The Town of Lysander does not discriminate because of race, creed, color, citizenship, national origin, age, sex, religion, marital status, conviction record, disability, genetic predisposition or carrier status, pregnancy, or sexual orientation. Town of Lysander programs are accessible to all as required by 45FR84.22B. If you have a disability for which you wish accommodation in visiting a Town office or in receiving Town services, please contact the head of the respective department or his/her representative to make arrangements. The Town of Lysander's Equal Employment Program and compliance with the Vocational Rehabilitation Act (Section 504) is coordinated by the County Personnel Department. 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.

I authorize investigation of all statements herein, including checks of criminal records and release the Town and all others from liability in connection with same. I understand that incomplete applications will not be considered and if employed, I will be an at-will employee unless there is an agreement or law which alters that status. 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. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the Town.

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Signature of Applicant

Date