

**APPLICATION FOR
EMPLOYMENT**



**THE UTILITIES BOARD
OF THE CITY OF
ONEONTA**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Street Address	City	State	ZIP
Telephone Number	Cell Phone Number		
Email Address		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Do you have a current driver license? You must be insurable by Oneonta Utilities' insurance carrier. Yes No

Can you provide proof of your legal right to be employed in the United States? Yes No

Proof of citizenship or immigration status will be required upon employment. Oneonta Utilities Board uses E-Verify for all new hires.

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if required? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Supervisor	
Address	Dates Employed		Work Performed
	From	To	
Telephone Number(s)	From	To	
Job Title	Hourly Rate/Salary		
	Starting	Final	
Reason For Leaving	Starting	Final	

Employer		Supervisor	
Address	Dates Employed		Work Performed
	From	To	
Telephone Number(s)	From	To	
Job Title	Hourly Rate/Salary		
	Starting	Final	
Reason For Leaving	Starting	Final	

Employer		Supervisor	
Address	Dates Employed		Work Performed
	From	To	
Telephone Number(s)	From	To	
Job Title	Hourly Rate/Salary		
	Starting	Final	
Reason For Leaving	Starting	Final	

Employer		Supervisor	
Address	Dates Employed		Work Performed
	From	To	
Telephone Number(s)	From	To	
Job Title	Hourly Rate/Salary		
	Starting	Final	
Reason For Leaving	Starting	Final	

If you need additional space please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

EDUCATION

				DO NOT LEAVE BLANK
	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate or Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

JOB RELATED QUALIFICATIONS

List special job-related skills and qualifications acquired from employment or other experience. List equipment operated.

ADDITIONAL INFORMATION

Identify long-range goals you envision in a career with Oneonta Utilities Board.

DO NOT LEAVE BLANK

List the benefits Oneonta Utilities Board will receive if you are hired.

DO NOT LEAVE BLANK

Note To Applicants:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

A description of the activities involved in such a job or occupation is attached or available at our office. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

REFERENCES

1. Name _____
Address _____ Phone (_____) _____

2. Name _____
Address _____ Phone (_____) _____

3. Name _____
Address _____ Phone (_____) _____

4. Name _____
Address _____ Phone (_____) _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that employment with the Board may require that I undergo periodic random testing for drugs and/or alcohol and that a positive test may result in immediate discharge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all conditions of employment as established by the Board.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Department / Clock # _____

By _____

NAME AND TITLE

DATE

NOTES
