## TOWN OF SCIO – APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

## P.O. Box 105 Scio, NY 14880

Name:	Today's Date:  Phone#		
Address:			
Position Applying for:			
EDUCATION: to include name of so	chool		
EXPERIENCE: Worked for: 1	Position:	From – To:	
2			
3			
4			
SPECIAL TRAININGS OR SKILLS:			
MOTOR VEHICLE LICENSE: CLASS: LICENSE #:		EXPIRATION DATE:	
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1.	Have you ever been dismissed from any employment for disciplinary reasons?			
YES	Noif Yes, please explain			
	Have you ever been convicted of any crime (felony or misdemeanor)?			
YES	NO if Yes, please detail			
	Are you under charges for any crimes? YES NO if Yes, please			
expluii.	REFERENCES (NAME, ADDRESS AND PHONE#)			
1.)				
2.)				
3.)				
	have any objections to this department making inquiry regarding your character and ration from your former and present employers? YES NO			
	I affirm that the statements on this application (including any attached papers) are true und the penalties of perjury.	der		
	Signature of Applicant Date	_		