

VILLAGE OF ORCHARD PARK
APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer.

Date: _____

PERSONAL INFORMATION

Social Security Number: _____

Name: _____
Last First Middle

Address: _____
Street City State\Zip

Phone Number: _____

License Number: _____

Emergency Notification: _____ Emergency Phone Number: _____

EMPLOYMENT DESIRED

Position: _____ Starting Date: _____ Desired Salary: _____

Are you employed now? _____ Where? _____

Can we contact your present employer? _____ Present Employer's Phone Number: _____

Resume attached? _____

EDUCATION

	Name & Address	Courses Studied	Years Attended
Grammar School			
High School			
College			
Business/Trade School			

Military Service _____ Rank: _____

Present membership in National Guard or Reserves: _____

Former Employers

(List last four employers, starting with last one first)

Date	Name/Address Phone Number	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address/Phone Number	Business	Years Known

AUTHORIZATION

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date _____ Signature _____

Do not write below this line

Interviewed by: _____ Date: _____

Remarks:

Hired _____ Position _____ Start Date _____ Salary _____

Approved: 1. _____ 2. _____
Department Head Village Board

Orchard Park Police Department

4295 South Buffalo Street • Orchard Park, New York 14127

Town of Orchard Park Police Department Release for Applicant

To Whom It May Concern:

I, _____, hereby authorize and instruct any person, firm, company, agency, organization, clinic, hospital, physician, governmental agency or educational institution to release and deliver to the Town of Orchard Park Police Department, upon production of this document, or a copy of it, any and all records, documents or information relating to any employment/unemployment any examination, diagnosis, treatment, therapy or medical opinions, any and all records that deal with my service in the Armed Forces of the United States or any other county or territory and any records or documents dealing with my attending any educational institution.

This authorization shall include the right of inspection and copying of any document contained in said records or files, by the Town of Orchard Park Police Department. This authorization shall further supersede and make ineffective any restriction, letter, document, instruction or authorization previously filed by me or any person on my behalf with any such person, agency, firm or institution, if such document would limit or restrict the grant of power hereunder.

I hereby further authorize the Town of Orchard Park Police Department to make copies of this authorization and release and give such copy to any person, agency, firm or institution requesting same from whom the above information has been requested.

Dated: _____ Signature (Applicant) _____

On this _____ day of _____, 20____, before me personally came _____ to me personally known to be the person described in and who executed the foregoing document.

Notary Public / Commissioner of Deeds