

EMPLOYEE # \_\_\_\_\_

EMPLOYMENT APPLICATION  
[For Labor, Driver and Seasonal Positions]

**NIAGARA FALLS WATER BOARD**

POSITION APPLIED FOR: \_\_\_\_\_ Minimal Acceptable Salary or Hourly Rate \$ \_\_\_\_\_

Referred By:  Ad  Employment Agency  Other  Relative  Friend  
Name: \_\_\_\_\_

NAME: \_\_\_\_\_ Home Phone: [ ] \_\_\_\_\_  
Last First MI

Mobile: [ ] \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip Code

Date you can start work? \_\_\_\_\_ Available for:  Full Time  Part Time  Temporary  Seasonal  Permanent

Do you have a NYS driver's license?  No  Yes If yes, give number and class: \_\_\_\_\_

\*\*CDL Drivers only: Have you failed or refused any DOT mandated drug or alcohol test in the previous 2 years?  Yes  No

Have you been convicted of a Felony?  No  Yes [Explain]

Social Security Number: \_\_\_\_\_ Are you a Volunteer Firefighter  No  Yes  
If yes; are you an Exempt Volunteer Firefighter  No  Yes

Are you a veteran of the U.S. Military Service?  No  Yes [Give branch and dates of service] \_\_\_\_\_

Are you a citizen of the U.S.?  Yes  No Are you an alien immigrant?  Yes  No 1-151 Alien Reg. Card #A \_\_\_\_\_

**EDUCATION:** \*\*IF YOU HAVE A NEW YORK STATE EQUIVALENCY DIPLOMA [GED], GIVE YEAR OF ISSUE \_\_\_\_\_

SCHOOLS	PRINT NAME, CITY AND STATE FOR EACH SCHOOL LISTING	HIGHEST YEAR COMPLETED	TYPE OF COURSE OR MAJOR	YEAR GRADUATED	DIPLOMA/DEGREE RECEIVED
HIGH SCHOOL					
COLLEGE					
TRADE/BUSINESS/NIGHT OR OTHER SCHOOL					

**EMPLOYMENT:** BEGIN WITH YOU MOST RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY.

NAME & ADDRESS OF EMPLOYER	TYPE OF WORK OR POSITION HELD	DATES EMPLOYED:		REASON FOR LEAVING
		TO	FROM	

Special skills, training or qualifications you may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**REFERENCES:** [Such as Former Employer, Co-Workers, Clergy, Neighbors, Etc.]

NAME	ADDRESS	PHONE	RELATIONSHIP
1]			
2]			
3]			

I SWEAR OR AFFIRM THE STATEMENTS MADE BY ME ARE TRUE AND COMPLETE. Permission is hereby granted to solicit and investigate statements from any person or organization with regard to my personal history and prior employment. I understand that inclusion of any false information may be cause for disqualification or subsequent release from employment. If employed, I will conscientiously abide by all rules and conditions of employment.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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**FOR OFFICE USE ONLY:**

**INTERVIEWED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**JOB CLASSIFICATION:** \_\_\_\_\_

*\*\*\*Federal and New York State Law forbids discrimination because of race, color, religion, national origin, sex, age, disability, marital status or sexual preference.*