

Village of Depew

Municipal Building • 85 Manitou St. • Depew, NY 14043 716-683-1400 • 716-683-1398 (fax)

www.villageofdepew.org

JOB APPLICATION FORM

Date:	POSITION APPLIED	FOR:	
PERSONAL INFORMATION:			
Name:			
FIRST	MIDDLE	LAST	
Street Address:			
CITY	STATE	ZIP CODE	
Phone Number:		☐ Home ☐ Cell ☐ Work	
Are you eligible to work in the	ne United States? Yes	□ No	
		working papers? ☐ Yes ☐ No	
Have you ever been convicte			
If yes, please explain:	·	•	
** If applying for a Lifeguard	ling Position please answ	er the following questions **	
Are you certified through th	e American Red Cross in	Lifeguarding? □ Yes □ No	
If so, what date were you most recently certified?			
Are you certified in CPR, AED, and First Aid? Yes No			
If so, what date were you most recently certified?			
Do you have experience wor	· —		
Briefly explain:	0		

the lifeguard position, wee	
Address:	Phone Number:
Final Job Title:	Immediate Supervisor & Title:
Start:	End:
Start:	End:
of the position:	
	Final Job Title: Start:

Name:	Address:	Phone Number:	
Starting Job Title:	Final Job Title:	Immediate Supervisor & Title:	
Dates Employed	Start:	End:	
Hourly Rate or Salary	Start:	End:	
Summarize the responsibilities	of the position:		
Reason for Leaving:			
May we contact for a reference? ☐ Yes ☐ No ☐ Later			
Name:	Address:	Phone Number:	
Starting Job Title:	Final Job Title:	Immediate Supervisor & Title:	
Dates Employed	Start:	End:	
Hourly Rate or Salary	Start:	End:	
Summarize the responsibilities	of the position:		

Reason for Leaving:
May we contact for a reference? ☐ Yes ☐ No ☐ Later

EDUCATIONAL HISTORY:

School	Address	Number of Years Completed	Major	Degree or Diploma

REFERENCES:

Name/Title	Occupation	Relationship	Phone Number

I certify that all the information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer and its representatives, employees, and agents to contact and obtain information from all references provided by me on this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or, representatives, for seeking and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me. I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that the federal immigration laws require me to complete an I-9 Form in this regard.

Signature of Applicant	Date