



www.alleganyco.com

Please return application to:
Human Resources
7 Court Street
Belmont, NY 14813
Phone: (585) 268 - 9219

PLEASE NOTE: Complete ALL parts of the application. If you have no information to enter in a section, please write N/A.

Personal Information form with fields for Last Name, First Name, MI, Mailing Address, City, State, and Zip Code, Home Phone, Cell Phone, Email Address, Today's Date, Position(s) Applying For, Date Available to Start, and Work Desired options (Full-Time, Part-Time, On-Call/Occasional).

Additional Employment Questions

Will you accept shift work if required by the job? Yes [ ] No [ ]

Have you had prior employment with Allegany County Government? Yes [ ] No [ ]

If yes, what department(s)? \_\_\_\_\_ Dates \_\_\_\_\_

Do you have relatives currently working for Allegany County Government? Yes [ ] No [ ]

If yes, please provide their name, their relationship to you, and their employing department:

Have you ever served for any branch of the US Military, and are you a Veteran?

Yes [ ] No [ ] Veteran Status must be confirmed by DD-214 or other military documentation if requesting Veteran's preference.

Branch: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Employees must be 18 years of age to drive a Allegany County vehicle. If the job you are applying for requires driving, can you meet this requirement? N/A [ ] Yes [ ] No [ ]

Can you drive if the job requires it? N/A [ ] Yes [ ] No [ ]

I certify that I am authorized to work in the United States Yes [ ] No [ ]

Will you provide the fee for a background record check if required? Yes [ ] No [ ]

<b>Employment History</b>				
<b>Please list current or most recent employer first</b>				
Employer	From (mo./yr.)	To (mo./yr.)	Salary	Job Title
Address (street, city, state, zip code)				Phone
Supervisor			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Primary Job Duties:				
				Reason For Leaving
Employer	From (mo./yr.)	To (mo./yr.)	Salary	Job Title
Address (street, city, state, zip code)				Phone
Supervisor			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Primary Job Duties:				
				Reason For Leaving
Employer	From (mo./yr.)	To (mo./yr.)	Salary	Job Title
Address (street, city, state, zip code)				Phone
Supervisor			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Primary Job Duties:				
				Reason For Leaving
Employer	From (mo./yr.)	To (mo./yr.)	Salary	Job Title
Address (street, city, state, zip code)				Phone
Supervisor			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Primary Job Duties:				
				Reason For Leaving

**Training, Certifications, Licenses and/or Memberships (if applicable)**


**Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying (optional)**


**Education**

<b>Education</b>	
<b>High School</b>	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Diploma <input type="checkbox"/> GED <input type="checkbox"/>
<b>Technical School / Community College</b>	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Years Completed Diploma/Degree Major
<b>College or University</b>	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Years Completed Diploma/Degree Major
<b>Other College, University, or Graduate School</b>	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Years Completed Diploma/Degree Major

Professional References	
1.	Name: _____ Title: _____
	Company Name: _____
	Phone: _____ E-mail: _____
2.	Name: _____ Title: _____
	Company Name: _____
	Phone: _____ E-mail: _____
3.	Name: _____ Title: _____
	Company Name: _____
	Phone: _____ E-mail: _____

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that all of the information provided by me in this application (or any other accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification or misrepresentation or omission of any facts in said documents will be cause for denial of employment or include termination of employment regardless of timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that employment obtained with Allegany County Government is employment at will, for no specified duration and may be terminated either by Allegany County Government or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Allegany County Government representatives used during the employment process is deemed a contract of employment real or implied.

**In consideration for employment with Allegany County Government; if employed, I agree to conform to the rules, regulations, policies and procedures Allegany County Government. I understand as a condition of employment, all offers of employment are contingent upon satisfactory completion of pre-employment screenings, which may include, but is not limited to, a criminal history record check through the New York State Police, drug screening and medical examination. The conviction of a crime will not automatically result in a denial of employment. The nature and gravity of the offense, whether it is job related, and when it occurred will be considered.**

I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre – employment checks will result in my withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Allegany County Government and/or any of its representatives, agents or vendors, and I release parties involved from any and all liability for any and all damage that may result from providing such information.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Allegany County Government is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, gender, age, marital status, veteran eligibility, sexual orientation, disability, national origin, or any other legally protected status. No question on this application is asked for the purpose of disclosing any applicant’s legally protected status. Applicants requiring accommodation in the application or hiring process should contact the Human Resources Office.



**EEO Additional Application Information Survey**

Regulations require that Allegany County collect certain data specifically for our Equal Employment Opportunity reporting and planning. We are requesting your cooperation in completing this self-identification form. This information is collected from all applicants on a voluntary basis and is kept in a separate file in the Human Resources department for reporting purposes only. It will not be sent to the hiring department.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last, First MI

Gender:     Male             Female            Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Race/Ethnic Classification:**

- White (Not Hispanic or Latino): *Persons having origin in any of the original peoples of Europe, North Africa or the Middle East*
- Black or African American (Not Hispanic or Latino): *Person having origins in any of the Black racial groups of Africa*
- Hispanic or Latino: *Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.*
- Asian (Not Hispanic or Latino): *Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.*
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – *Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- American Indian or Alaska Native (Not Hispanic or Latino): *Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.*
- Two or More Races (Not Hispanic or Latino) – *All persons who identify with more than one of the above five races.*

Please tell us how you heard about the opening at Allegany County Government:

- |  |  |
|--|--|
| <input type="checkbox"/> Website                       | <input type="checkbox"/> State Employment Office   |
| <input type="checkbox"/> Newspaper Ad                  | <input type="checkbox"/> County Job Posting Boards |
| <input type="checkbox"/> Private Employment Agency     | <input type="checkbox"/> Employee Referral         |
| <input type="checkbox"/> College Recruiting Office     |  |
| <input type="checkbox"/> Other – Please specify: _____ |  |

**If you require accommodations in the application or interview process or if you have questions about this form or the information requested, please contact Human Resources at (585)268-9212 or email Nancy Burdick, Human Resources Assistant, at BurdickN@Alleganyco.com.**