

**TOWN OF NEW LISBON  
HIGHWAY DEPARTMENT**

**APPLICATION FOR EMPLOYMENT**

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

P.O. Box or Street

Town

State/Zip

Social Security No. \_\_\_\_\_

Are you age 18 or older? \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Valid Driver's License Yes \_\_\_\_\_ No \_\_\_\_\_ Class \_\_\_\_\_ ID # \_\_\_\_\_

HEAVY EQUIPMENT EXPERIENCE	SIZE/TYPE	YEARS EXPERIENCE
Truck		
Loader		
Grader		
Backhoe		

EDUCATION	Name	Location	Course/Major	Type of Degree	Did You Graduate?
High School					
College					
Additional Education					
Special Skills	_____				

Work Training: \_\_\_\_\_

**OTHER INFORMATION:**

Any known physical or mental limitations which might impair you from performing the position for which you have applied: \_\_\_\_\_

Have you ever been convicted (or entered a plea of guilty) of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details \_\_\_\_\_

**WORK EXPERIENCE:** (List most recent position first and work back)

Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Employed: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_

What were your duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Employed: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_

What were your duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Employed: From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_

What were your duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

PERSONAL REFERENCES (Do not list relatives)

Name	Address	City, State, Zip Code

**APPLICANT'S CERTIFICATION AND AGREEMENT**  
(Please Read Carefully)

I hereby certify that the facts in the above employment application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts in this application is cause for cancellation of the application and/or dismissal from the Town's service, if I have been employed.

I authorize you to make any investigation of all statements in this application and further agree to undergo a physical examination by a physician selected by the Town before and during employment. I authorize the examining physician to render to the Town complete reports of the examination.

Signature of Applicant (In Ink) \_\_\_\_\_ Date \_\_\_\_\_

**THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARTIAL STATUS, OR CRIMINAL RECORD ACCORDINGLY. NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARTIAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.**