



APPLICATION FOR EMPLOYMENT

Town of Schroepfel
69 County Route 57A Phoenix, NY 13135
Phone: (315) 695-4473 Fax: (315) 695-1210

Please answer all questions completely and accurately. Print in black ink or type application. Attach additional 8 ½ x 11 sheets if necessary to provide required information.

SOCIAL SECURITY NUMBER: _____

NAME AND LEGAL RESIDENCE: (Please notify Town of Schroepfel's Comptroller's office immediately of any changes)

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP

MAILING ADDRESS: _____
(if different from above) STREET CITY STATE ZIP

PHONE NUMBER: (_____) _____ (_____) _____ (_____) _____
Home Business Cell

EMAIL ADDRESS: _____

PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:

State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **(IMPORTANT)** This section will determine what resident list (if any) your name will be certified to.

I currently reside (indicate one of the three) in the: **(1) City** of _____

OR (2) Town of _____, **OR (3) Village** of _____

in the **School District** of _____ located in the **County** of _____ in the

State of _____. I have lived in the above County for (indicate) number of years _____ and months _____.

Driver's License (Complete only if the position for which you are applying requires one.) Number: _____

State: _____ Date of Expiration: _____ Class of License: _____ Endorsements: _____

Restrictions: _____

