

Village of Monticello

2 Pleasant Street
Monticello, NY 12701
Ph: (845)794-6130
Fax: (845)794-2327
Email: VillageofMonticello.com



Employment Application

(Please Complete the Entire Application)

Date: _____

Name: _____
(Last) (First) (MI)

Are you known by any other names? ____yes ____no If yes, please list: _____

SS#: ____ - ____ - ____ If under the age of 18, please list your age: _____

Legal Residency: _____ No. of years at Current Address: _____
(Please No PO Box) (Number) (Street)

(City) (State) (Zip)

Phone Number(s): Home: _____ Cell: _____ Other: _____

Residency

Are you a resident of the Village of Monticello: ____yes ____no

Please list your mailing address: _____

Position(s) Applying For: _____

Desired Salary: _____

Availability Date: _____

Employment Desired: ____F/T ____P/T

Education

Type of School	Name of School	Location (Address)	Number of Years Completed	Major / Degree
High School				
College				
Bus. or Trade School				

Identification

Do you have a valid Driver's License or ID: yes ____ no ____

If not, do you have proper means to work? _____

Driver's License Number: _____ State of Issue: _____ Class: ____ Expiration Date: _____

Military

Have you ever been in the Armed Forces: ____yes ____ no If yes, what branch: _____

Date of Entry: _____ Date of Discharge: _____

Work Experience (Please list ALL of your employers over the last 3 (three) years)

Name & Address:	Contact Phone Number:	Supervisor:	Dates of Employment:		Pay or Salary:	
			From:	To:	Start:	Final:

Your Job Title: _____

Reason for leaving (be specific):

Please list your duties:

May we contact this employer: ____yes ____ no

Work Experience Continued (Please list ALL of your employers over the last 3 (three) years)

Name & Address:	Contact Phone Number:	Supervisor:	Dates of Employment:		Pay or Salary:	
			From:	To:	Start:	Final:

Your Job Title: _____

Reason for leaving (be specific):

Please list your duties:

May we contact this employer: ___yes ___ no

Name & Address:	Contact Phone Number:	Supervisor:	Dates of Employment:		Pay or Salary:	
			From:	To:	Start:	Final:

Your Job Title: _____

Reason for leaving (be specific):

Please list your duties:

May we contact this employer: ___yes ___ no

Other Qualifications

Please list any other qualifying information that would assist you in the position(s) that you are applying for:

Please list 3 (three) references other than relatives or previous employers:

Name	Position	Company & Phone Number	Address	How long have you known this person?

Affirmation

I affirm under penalties of perjury that all statements made in the application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification. I understand that if I practice or attempt to practice any fraud in my application, or if I make an intentional false statement of any material fact in this application, I will be subject to disciplinary action if I am employed by the Village of Monticello.

(Signature)

(Date)

PLEASE DO NOT WRITE IN THIS AREA –FOR OFFICE USE ONLY

Interviewed By:	Date:	Determination:

If Hired:

Position:	Start Date:	Starting Rate of Pay: