



St. Lawrence County Industrial Development Agency
 19 Commerce Lane ~ Suite 1 ~ Canton, New York 13617
 Phone (315) 379-9806 / TDD: 711 Fax (315) 386-2573

APPLICATION FOR EMPLOYMENT

Job Application for: _____
 (Name of Job Title for Which You Are Applying)

Date of Application: _____

Personal Information:
 Name: Last, First, MI _____

Mailing Address:
 City, State, Zip: _____

Physical Address:
 City, State Zip: _____

Home Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Have you ever been convicted of a crime (felony or misdemeanor)? YES NO
 If YES, please explain (use additional sheets, if necessary): _____

Are you a citizen of the United States? YES NO
 If NO, provide the country of your citizenship: _____

Work Experience: *Describe your paid and nonpaid work experience related to the job for which you are applying. Do not attach job descriptions.*

Job Title: _____

Dates Held: _____

Reason for Leaving Position: _____

Salary: _____

Employer's Name: _____

Employer's Address: _____

Supervisor's Name: _____

Supervisor's Telephone Number: _____

May We Contact? YES NO

Work Experience:

Describe your paid and nonpaid work experience related to the job for which you are applying. Do not attach job descriptions.

Job Title: _____

Dates Held: _____

Reason for Leaving Position: _____

Salary: _____

Employer's Name: _____

Employer's Address: _____

Supervisor's Name: _____

Supervisor's Telephone Number: _____

May We Contact? YES NO

Work Experience:

Describe your paid and nonpaid work experience related to the job for which you are applying. Do not attach job descriptions.

Job Title: _____

Dates Held: _____

Reason for Leaving Position: _____

Salary: _____

Employer's Name: _____

Employer's Address: _____

Supervisor's Name: _____

Supervisor's Telephone Number: _____

May We Contact? YES NO

Education:

Highest Level Completed: _____

Last High School: _____

City, State, Zip _____

Year Diploma or GED Received: _____

College/University Attended: _____

City, State, Zip _____

Degree (If any) _____

College/University Attended: _____

City, State, Zip _____

Degree (If any) _____

Declaration:

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Date: _____

Signature: _____

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, or marital 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, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, or marital status or criminal record in connection with employment by the municipality.