

# VILLAGE OF COOPERSTOWN

## APPLICATION

*for employment*

Return to: Village Clerk, Village of  
Cooperstown  
22 Main Street, PO Box 346  
Cooperstown, NY 13326  
Tele: 607-547-2411  
Email: [jutter@cooperstownny.org](mailto:jutter@cooperstownny.org)

Action Taken \_\_\_\_\_  
Referred to \_\_\_\_\_  
Date \_\_\_\_\_

Title of Position Applying For

Full - Time  Part - Time Temporary  Seasonal

No persons shall be denied equal protection of the laws of this County, State, Nation or any subdivision thereof. No person shall, because of race, color, creed, religion, age, sex, national origin or sponsor, be subjected to any discrimination in his civil rights by any person, department or any institutional, agency or subdivision of Village of Cooperstown. The NYS Human Rights Law prohibits discrimination because of age. Village of Cooperstown does not discriminate on the basis of physical or mental disability and will make reasonable accommodations for individuals with disabilities during application, interviewing and employment.

**VILLAGE OF COOPERSTOWN IS AN EQUAL OPPORTUNITY EMPLOYER**

A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications.

DIRECTIONS: Please print using black ink or type. Answer all questions, write "No" or "None" where applicable.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Town \_\_\_\_\_

COUNTY \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_

2. MAILING ADDRESS: \_\_\_\_\_  
(if different from above) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. EMAIL ADDRESS: \_\_\_\_\_

4. PHONE NUMBER: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell/Pager \_\_\_\_\_

(Please notify immediately of any changes.)

EDUCATION: Select last grade completed 6  7  8  9  10  11  12  13  14  15  16  17  18

	Name and School Location	Graduated?	Type of Degrees	No. of credits completed
High School last attended	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Colleges or Universities	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>

**EMPLOYMENT EXPERIENCE**

List all permanent employment since High School. List any summer, part-time, temporary employment which includes experience that tends to qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position.

1. COMPANY NAME <input type="text"/>	
TYPE OF BUSINESS <input type="text"/>	DUTIES <input type="text"/>
ADDRESS <input type="text"/>	
CITY AND STATE <input type="text"/>	
YOUR POSITION TITLE <input type="text"/>	
SUPERVISOR'S NAME <input type="text"/>	
SUPERVISOR'S TITLE <input type="text"/>	
LENGTH OF EMPLOYMENT Mo. / Yr.      Mo. / Yr. From _____ To _____	
EARNINGS (Choose One) _____ <input type="radio"/> WK <input type="radio"/> MO <input type="radio"/> YR	
Hours worked per week (exclusive of overtime) <input type="text"/>	
REASON FOR LEAVING (EXPLAIN FULLY) <input type="text"/>	

2. COMPANY NAME <input type="text"/>	
TYPE OF BUSINESS <input type="text"/>	DUTIES <input type="text"/>
ADDRESS <input type="text"/>	
CITY AND STATE <input type="text"/>	
YOUR POSITION TITLE <input type="text"/>	
SUPERVISOR'S NAME <input type="text"/>	
SUPERVISOR'S TITLE <input type="text"/>	
LENGTH OF EMPLOYMENT Mo. / Yr.      Mo. / Yr. From _____ To _____	
EARNINGS (Choose One) _____ <input type="radio"/> WK <input type="radio"/> MO <input type="radio"/> YR	
Hours worked per week (exclusive of overtime) <input type="text"/>	
REASON FOR LEAVING (EXPLAIN FULLY) <input type="text"/>	

3. COMPANY NAME

TYPE OF BUSINESS

DUTIES

ADDRESS

CITY AND STATE

YOUR POSITION TITLE

SUPERVISOR'S NAME

SUPERVISOR'S TITLE

LENGTH OF EMPLOYMENT

Mo. / Yr.      Mo. / Yr.

From \_\_\_\_\_ To \_\_\_\_\_

EARNINGS (Choose One)

WK  MO  YR

Hours worked per week (exclusive of overtime)

REASON FOR LEAVING (EXPLAIN FULLY)

4. COMPANY NAME

TYPE OF BUSINESS

DUTIES

ADDRESS

CITY AND STATE

YOUR POSITION TITLE

SUPERVISOR'S NAME

SUPERVISOR'S TITLE

LENGTH OF EMPLOYMENT

Mo. / Yr.      Mo. / Yr.

From \_\_\_\_\_ To \_\_\_\_\_

EARNINGS (Choose One)

WK  MO  YR

Hours worked per week (exclusive of overtime)

REASON FOR LEAVING (EXPLAIN FULLY)

PERSONAL DATA

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Do you have the legal right to accept employment in the United States?  Yes  No

(Non-citizens will be required to produce 1-151 or 1-551 alien registration cards at time of appointment)

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Have you ever been convicted of a misdemeanor or felony\*  Yes  No

**\*This information is not considered as an automatic bar to employment.**

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For reference purposes do you have any objections to our contacting present or past employers?  Yes  No

If yes, Comment

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Did you qualify as an Exempt Volunteer Fireman as set forth by the criteria in section 200 of the General Municipal Law?

Yes  No

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Did you serve in the armed forces of the United States?

Yes  No

Branch \_\_\_\_\_ Dates \_\_\_\_\_

Did you receive a discharge which was honorable or were you released under honorable circumstances?  Yes  No

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What made you aware of this vacancy or employment opportunities?

Personal Reference

Website

Radio

Newspaper

Bulletin Board

Village Office

Other \_\_\_\_\_

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**DECLARATION** I agree, if employed, to abide by all the rules and regulations relative to my position. I agree to undergo a physical examination, if required, and authorize the examining physician to render to the Department of Personnel the results of the examination. I declare 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. I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Immigration Reform and Control Act of 1986, requires that all individuals must provide acceptable documentation that proves identity and employment eligibility. A listing of acceptable documents can be obtained from the Village Clerk. Failure to provide this documentation will affect your chances for employment with Village of Cooperstown.

APPLICATIONS WILL BE HELD ON FILE FOR ONE YEAR FROM THE FILING DATE.