



# TOWN OF CLARENCE

**Patrick Casilio**

*Supervisor*

**Peter DiCostanzo**

*Deputy Supervisor*

**Councilmember:**

**Peter DiCostanzo**

**Robert A. Geiger**

**Christopher D. Greene**

**J. Paul Shear**

716-741-8929

Dear Applicant:

The Town relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the Town's exclusion of an individual from further consideration for employment or disqualification if the conduct is discovered after employment commences.

To further ensure that individuals who join the Town are well-qualified and have a strong potential to be productive and successful, it is the policy of the Town to check the employment references of qualified applicants.

If after an individual has been appointed/hired by the Town, the information provided by the individual on the original application or during the application process changes for any of the questions on application, the individual has a continuing duty to inform the Town of any changes as soon the changes occur.

If you have any questions about the application or the application process, please feel free to contact my office at 741-8930, and someone will assist you.

Thank you.

Patrick Casilio

Supervisor



# TOWN OF CLARENCE

One Town Place  
Clarence, New York 14031

Phone: (716) 741-8930 Fax: (716) 741-4715  
Website: Clarence.ny.us

## APPLICATION FOR COMMITTEE / BOARD APPOINTMENT

*(We are an Equal Opportunity Employer).*

We are committed to a policy of Equal Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

Date: \_\_\_\_\_

### PERSONAL BACKGROUND:

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip Code

Permanent Address \_\_\_\_\_  
(If different) Street City State Zip Code

Phone No. Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email : \_\_\_\_\_

Committee / Board Applying for: \_\_\_\_\_

Have you ever applied with the Town of Clarence before? \_\_\_\_\_ Position? \_\_\_\_\_ When? \_\_\_\_\_

Educational Background	Name and Location of School	Circle Highest Grade Completed	Major Area of Study
High School		9 10 11 12 / GED	
College		1 2 3 4	
Trade, Business or Graduate School			

Specialized technical skills: (i.e.: computer, equipment operation, special tools or machines used):

\_\_\_\_\_

What experience have you had working on or with committees or boards either for your job or for other community organizations? \_\_\_\_\_

\_\_\_\_\_

In what ways do you feel that you could contribute to the committee or board you are applying for?

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U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

If driving is a requirement of the job for which you are applying, do you have a current valid driver's license?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license.

If a minor, can you produce the age/work certificate necessary to obtain employment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Verification and completion of the I-9 form must be submitted no later than three business days after date of hire.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony or a crime which is related to the functions or qualifications of the position for which you are applying? (*A conviction record will not necessarily be a bar to employment.*)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please describe fully the criminal conviction(s) listing the nature of the offense(s) and your rehabilitation since the conviction(s). \_\_\_\_\_

***(Note: It is your duty to inform the Town of Clarence Supervisor's Office if any information on this application has changed since your date of application with the Town. This duty is ongoing even if applicant is appointed).***

**REFERENCES:** (Give names of three person(s) not related to you, whom you have known for at least 3 years.)

<u>Name &amp; Occupation</u>	<u>Address</u>	<u>Phone Number</u>	<u>Years Known</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**APPLICANT'S STATEMENT:**

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for disqualification/dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

This application is current for six months. At the conclusion of this time, if I have not heard from the Town and still wish to be considered, it will be necessary to fill out a new application.

I understand and agree that, if appointed by the Town Board, I will abide by its rules and regulations, which I understand, are subject to change. I further understand that, if appointed, the terms of the appointment will be those presented to me by the Town Board.

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Recipients Signature

\_\_\_\_\_  
Date

Copies give to: \_\_\_\_\_