



# *Town of Concord*

DARLENE G. SCHWEIKERT  
TOWN CLERK  
TAX COLLECTOR  
(716) 592-4948  
(716) 592-0123 FAX

## TOWN OF CONCORD PART-TIME EMPLOYMENT OPPORTUNITIES

The Town of Concord is accepting applications for:

Part-time position-Court Officer. Monday evenings at the Town Hall. Applicants are required to have NYS Peace Officer status. Perfect part-time job opportunity for retired or active police officers or correction officers.

Part-time position-Van Driver. 8-16 hours/week; no nights, weekends or holidays. Applicants are required to have a clean Drivers License. This Van Driver drives the Town's Senior Citizens to and from medical appointments.

Applications are available on the Town's website [www.townofconcordny.com](http://www.townofconcordny.com) or at the Town Clerk's Office located at 86 Franklin Street, Springville, New York. Applications should be sent to the Town Supervisor's Office, PO Box 368, Springville, New York 14141 by no later than Thursday, December 1, 2022. Preference will be given to Town of Concord residents. For further information, call Supervisor Drozd at (716) 592-4946 x 311.

Darlene G. Schweikert  
Town Clerk

# TOWN OF CONCORD APPLICATION FOR EMPLOYMENT

POSITION:

Answer all questions fully and carefully. Print in ink or use a typewriter. Attach additional sheets if necessary in order to give complete and detailed information.

1. NAME, MAILING ADDRESS AND PHONE *(Please Print)*

Last Name	First	M.I.
Street Address		
City or Post Office	State	Zip Code
Phone <i>(Including Area Code)</i> Home		Business

2. SOCIAL SECURITY NUMBER

-      -

3. Are you 18 years of age or older?  Yes  No

If minimum and/or maximum age requirements are established for this position, enter your birth date:

MO.: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

4. Are you a citizen of the United States?  Yes  No

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?  Yes  No

*(Non-Citizens may be required to produce I-151 or I-551 Alien Registration Cards at time of appointment.)*

DO NOT WRITE IN THIS SPACE

Number \_\_\_\_\_ Approved \_\_\_\_\_

Conditional \_\_\_\_\_ Disapproved \_\_\_\_\_

5. Check appropriate box to the right of each question.

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?  Yes  No
- B. Did you ever resign from any employment rather than face dismissal?  Yes  No
- C. Did you ever receive a Dishonorable Discharge from the armed forces of the United States?  Yes  No
- D. Have you ever been convicted of a crime? (felony or misdemeanor)  Yes  No
- E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?  Yes  No

If you answered "YES" to any of the Questions 5 A-E above, you may give specifics under "REMARKS" on page 4 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information.

**None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.**

6. State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

	NAME	YEARS	MOS.
School District: _____			
Village of: _____			
Town of: _____			
County of: _____			
State of: _____			

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Email: \_\_\_\_\_

Indicate any other name(s) by which you have been known that is necessary to verify former employment and/or education. *(Please Print)*

FOR OFFICIAL USE ONLY

APPROVED	DISAPPROVED	DATE
VC		
DVC		

DO NOT  
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**NOTE: When completing the application, make sure that all appropriate questions have been answered. An incomplete application may result in disapproval.**

**7.. EDUCATION**

If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment.

Have you graduated from High School?  YES  NO If yes, name and location of High School.

If you have a High School Equivalency Diploma, indicate: issuing Government Authority. Number Date of Issue

	NAME OF SCHOOL AND CITY IN WHICH LOCATED	DATES OF ATTENDANCE (MONTH AND YEAR)		FULL OR PART TIME	NO. OF YEARS CREDITED	WERE YOU GRADUATED?	TYPE OF COURSE OR MAJOR SUBJECT	NUMBER OF COLLEGE CREDITS RECEIVED	TYPE OF DEGREE	DATE DEGREE RECEIVED OR EXPECTED
		FROM	TO							
COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL										
OTHER SCHOOLS OR SPECIAL COURSES										
LIST TYPING & STENO COURSES HERE										

**8.. LICENSES:** If a license, certificate or the authorization to practice a trade or profession is listed as a requirement of the examination for which you are applying, complete the following questions: If not currently licensed, check this box.

NAME OF TRADE OR PROFESSION	LICENSE #	GRANTED BY (LICENSING AGENCY)	CITY OR STATE OF
SPECIALTY	DATE LICENSE FIRST ISSUED	REGISTERED FROM: (MO./YR.)	TO: (MO./YR.)

9.. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State?  YES  NO

**10.. DESCRIBE EXPERIENCE:** Beginning with the most recent list ALL employment, military service, volunteer experience that shows you meet the minimum qualifications for the examination. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do NOT send your resume. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.

LENGTH OF EMPLOYMENT MO.    YR.    MO.    YR. FROM    /    TO    /	FIRM NAME	ADDRESS	CITY AND STATE
DESCRIBE DUTIES BELOW:			
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (excluding overtime)			
LENGTH OF EMPLOYMENT MO.    YR.    MO.    YR. FROM    /    TO    /	FIRM NAME	ADDRESS	CITY AND STATE
DESCRIBE DUTIES BELOW:			
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MAIL OR DELIVER TO:

TOWN OF CONCORD  
86 FRANKLIN STREET  
PO BOX 368  
SPRINGVILLE, NY 14141

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, 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, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

REMARKS: (Use this space to provide any additional information, as necessary.)

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