## **Town of Stillwater**

881 Hudson Avenue, Stillwater NY 12170 ~ Mailing: PO Box 700, Stillwater NY 12170 ~ 518-664-6148

The Town of Stillwater is an equal opportunity employer. This application will not be used for limiting or excluding ay applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the Town Supervisor, Edward Kinowski.

Please fill out all of the sections below:

Applicant Information:	
Applicant Name:	
Address:	
City, State & Zip:	
Phone: Ema	il Address:
Employment Position Position Applying for: Seasonal/Part Time Brown's Beac Hours of Operation: Daily 10am - 7pm. Dates of Operation: May 28th – Sept.4th	h Worker. (Gate Attendant)
How did you hear about this position?:	
What days are you available for work?:	
What hours/ shift are you available (circle): Any Hours	Early Shift (9:30am-2pm) Late Shift (2pm-7pm)
On what date can you start working if you are hired:	
Do you have reliable transportation:	
Job Skills/Qualifications: Please list below the skills and qualifications you possess for t	he position for which you are applying:
Education and Training	
High School:	Year /Anticipated of Graduation:
College/University:	Year /Anticipated of Graduation:
Specialized Training:	Year /Anticipated of Graduation:
Previous Employment:	
Employer Name:	Job Title:
Employer Address:	Phone:
Dates Employed: Reason for Lea	aving:

List a Reference (Teacher, Neighbor, Previous Employer) : Name/Contact: \_\_\_\_\_\_

## **At-Will Employment**

The relationship between you and the Town of Stillwater is referred to as "employment at will". This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Town of Stillwater. No representative of the Town of Stillwater has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employments "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter you at-will employment status, except for a written statement signed by you and our Town Supervisor, Edward Kinowski.

Applicant Signature: Dated: Dated:
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