

SUMMER EMPLOYMENT OPPORTUNITY

Applications are being accepted until
FRIDAY, APRIL 17, 2026 until 3:00 pm for the

SUMMER EMPLOYMENT PROGRAM
for all divisions of the Village of Springville
Department of Public Works.

The requirements are as follows:

1. Applicants must have graduated from High School prior to beginning of employment and be 18 years of age.
2. Applicants must be residents of the Village of Springville and have a valid New York State driver's license.
3. Applicants must be actively applying to or attending college for the following fall semester and will be required to verify same.

Applications are available at the Village Office
5 W. Main Street, Springville NY (8:00 am – 4:00 pm)
and also, on the Village of Springville's website (News
& Events; News; Employment Opportunity)

PLEASE NOTE ON YOUR APPLICATION YOUR
EARLIEST AVAILABLE START DATE FOR SUMMER
EMPLOYMENT

"This institution is an equal opportunity provider and employer."

Application for Employment

Village of Springville
5 W. Main St.
P.O. Box 17
Springville, NY 14141
(716)592-4936

Summer Work Program Supplement

SUMMER WORK PROGRAM POLICY:

The intent of the summer work program in the Village is to accomplish seasonal work that is in excess of that which can be handled by full time employees, but does not justify additional full time help. It is the intent of the Village Board to place in these positions young people who are in or about to enter college. The program will normally cover the summer vacation period.

Requirements for the Summer Work Program are as follows:

1. Applicant must have graduated from high school and be 18 years of age during the first summer employed.
2. Applicant must be a resident of the Village of Springville.
3. Applicant must be actively applying to college and provide evidence of same by providing the name and address of the college and name of Guidance Officer. Also, anticipated date of entering college and date of graduation. Your Supervisor and/or the Village Office must be notified immediately if it is determined while in the Village employ, that you will not be returning to college for the fall term.
4. A physical examination is required for successful applicants prior to employment. (The Village will pay \$25.00 toward the physical)
5. A new employment application is required each year.

The Summer Work Program is intended to provide employment and work experience during the college career of Village residents. Employment one year does not guarantee reemployment. Employees are subject to termination of employment or not being rehired based on the following:

- Performance.
- Willingness to perform all assigned tasks.
- Failure to follow instructions and the Village Rules and Regulations.
- Respect and cooperation extended to supervisor, fellow employees and the public.

I am actively applying for acceptance at the following college(s) and understand that the Village may verify application of same.

Name of College

Address

Name of Guidance Officer

Signature of Applicant

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position for which you are applying. _____

Educational Background

Name and Location	Years Completed	Did You Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

References

Name	Telephone	Years Known

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. 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.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____

EMPLOYMENT APPLICATION PART 1 – PRE-INTERVIEW

Village of
Springville

Village of Springville is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, gender identity or prior conviction records, or prior arrests, youthful offender adjudications, or sealed records unless based upon a bona fide occupational qualification or other exception.

If you are a person with a disability and wish to request that a reasonable accommodation be provided for you to participate in a job interview, please contact: Village Administrator 716-592-4936 x1467. Village of Springville 5 W. Main St. PO Box 17 Springville, NY 14141

IDENTIFYING INFORMATION

Please read all instructions carefully. All pages of this application must be completed, and the application signed. If you need additional space, please use the **ADDITIONAL REMARKS** section. Applicants may be required to complete additional components of the Employment Application as directed by the Village.

Name: _____
Last
First
MI
XXX/XX/_____
SSN (last 4 digits only)

Current Mailing/Street Address: _____
City
State
Zip Code
EMPLID (if assigned)

County of Residence: _____
Area Code/Home Phone

Email Address: _____

Permanent Street Address (if different from above): _____
Area Code/Business Phone

List any other names by which you have been known (including nicknames): _____
Area Code/Cell Phone

APPLICANT INFORMATION

1. All candidates must be eligible for employment in the United States and maintain this eligibility throughout their employment with NYS. Employment is contingent upon the provision of proof of the right to accept employment in the United States.

- a. Are you legally authorized to work in the United States? Yes No
- b. Will you now, or in the future, require sponsorship for employment visa status (e.g. for an H-1B Visa)? Yes No
- c. If under age 18, can you provide a work permit? Yes No N/A

Name: _____

POSITIONS MAY REQUIRE TRAVEL AND/OR OPERATION OF A MOTOR VEHICLE OR HEAVY EQUIPMENT

2. Certain positions may require extensive travel within a designated area of assignment; to otherwise travel in areas that may not be served by public transportation; to routinely operate a motor vehicle; and/or to routinely operate heavy equipment requiring a specialized license.

For positions requiring operation of a motor vehicle or heavy equipment, appointees must possess a driver license valid in NYS at the time of appointment and continuously thereafter. Candidates who do not possess a driver license valid in NYS must be able to demonstrate their capacity to meet the transportation needs of the job at the time of interview. **If you are required to possess a driver license for the position you are applying for, please complete the following questions:**

a. Do you currently have a valid driver license that allows you to operate a motor vehicle in New York State? Yes No

b. If yes, please select your license class: A B C D E Other (specify) _____

Licensing State: _____ License Number: _____ Expiration Date: _____

c. For Commercial Driver License (CDL) holders, please list your endorsements or restrictions:

POSITIONS MAY REQUIRE PROFESSIONAL LICENSURE OR CERTIFICATION

3. For some positions, professional licensure, registration, certification, or other authorization to practice a trade or profession is required. Applicants claiming these credentials will be required to provide proof as a part of the screening process. If you are required to possess such credentials for the position you are applying for, please complete the following questions:

a. Name of Trade or Professional License/Certificate: _____

Type/Specialty: _____ Issued By: _____

License No.: _____ Issue Date: _____ Expiration Date: _____

Registration Date: _____ Registration Expiration Date: _____

b. Do you have any conditional limitations or restrictions on your ability to practice under your professional license/certification/registration? Yes No N/A

c. Has your license/certification/registration ever been suspended or revoked? If yes to 3b or 3c, please specify in detail: Yes No N/A

POTENTIAL FOR CONFLICT OF INTEREST

4. Please provide the names of any relative(s) employed by the agency with which you are seeking employment. For the purposes of this application, a "relative" is defined as a person living in the same household; OR parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, or in-laws.

Relative Name: _____ Relationship to you: _____

Check here if you have no relative(s) employed by the agency with which you are seeking employment.

5. If offered a position with this agency, will you also intern, volunteer or maintain employment concurrently elsewhere? Yes No

Please note that if you intend to maintain other employment while employed by the hiring agency, that agency's approval to do so may be required. Applicants should inquire about their ability to maintain other employment at the time of interview.

JOB INTERESTS AND EMPLOYMENT AVAILABILITY

6. Type of work or position desired: _____

7. Geographic work location(s) desired: _____

8. Some positions require different work schedules. Please indicate which schedules you would be able to perform.

Hours	Ability to Work	Schedule	Ability to Work	Duration	Ability to Work
Shift Work	Yes <input type="checkbox"/> No <input type="checkbox"/>	Saturday hours	Yes <input type="checkbox"/> No <input type="checkbox"/>	Permanent	Yes <input type="checkbox"/> No <input type="checkbox"/>
Overtime	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sunday hours	Yes <input type="checkbox"/> No <input type="checkbox"/>	Temporary	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Full-time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Seasonal	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Part-time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Summer Only	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Per diem	Yes <input type="checkbox"/> No <input type="checkbox"/>	Winter Only	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. If offered a position with the Village, when would you be available for work? _____

EDUCATION

Applicants will be required to provide proof of diploma and/or degrees claimed.

School	Name/Location	Credits	Diploma or Degree Received	Courses of Study (Major/Minor)
High School				
Equivalency Program	Issued by:			Number:
Vocational or Technical Schools				
Colleges or Universities				
Other Training or Military Schools				

Name: _____
Employment Application: Part 1 Pre-Interview

EMPLOYMENT & EXPERIENCE

Please list all periods of employment*, beginning with the most recent, and include all prior experiences with any state or local government. You must include all concurrent employment. Resumes will not be accepted in lieu of completing this Section. If you need extra space please attach additional sheets. Agencies reserve the right to contact any or all of your employers to verify the information provided.

Name of Present or Last Employer: _____

Address: _____

Date Employed: _____

Supervisor's Name _____

To: _____

Supervisor's Title: _____

Area Code/Telephone: _____

Your Title and Duties: _____

Reason(s) for Leaving: _____

If this is your current employer, when may we contact them? _____

Name of Present or Last Employer: _____

Address: _____

Date Employed: _____

Supervisor's Name _____

To: _____

Supervisor's Title: _____

Area Code/Telephone: _____

Your Title and Duties: _____

Reason(s) for Leaving: _____

If this is your current employer, when may we contact them? _____

Name of Present or Last Employer: _____

Address: _____

Date Employed: _____

Supervisor's Name _____

To: _____

Supervisor's Title: _____

Area Code/Telephone: _____

Your Title and Duties: _____

Reason(s) for Leaving: _____

If this is your current employer, when may we contact them? _____

Additional Sheets Attached? Yes No

Name: _____

PROFESSIONAL REFERENCES

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Email Address: _____

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Email Address: _____

Name: _____ Relationship: _____
Address: _____ Telephone Number: _____
Email Address: _____

ADDITIONAL REMARKS

Additional Sheets Attached? Yes No

APPLICANT AFFIRMATION & RELEASE AUTHORIZATION

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

I hereby authorize any former or current employer, military records center, or school to provide the New York State Department of Civil Service and/or the Village any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: _____ Date: _____

SUPPLEMENTAL INFORMATION FOR APPLICANTS

Applicants should retain a copy of this page for their records.

Additional Testing Required for Certain Positions: Physical/Medical examinations and/or drug and alcohol tests may be required for certain positions. Failure to participate in any required examinations and/or tests will negatively affect your employment eligibility and/or status.

Former State or Local Government Retirees: Section 150 of the Civil Service Law of New York State prohibits retired state or local employees from being rehired by the state or a political subdivision and receives pension benefits while employed. Applicants who are receiving service retirement benefits from New York State, Municipal or Political Subdivision Retirement System must have approval under Section 211 or 212 of the Retirement and Social Security Law to protect their current service benefits.

Post-Employment Restrictions: Post-employment restrictions apply to all State Officers and Employees subject to Public Officers Law Section 73. They apply to part-time and seasonal employees, and apply equally regardless of the duration of employment while with New York State. For the two year period immediately following separation from State service, former State Officers and Employees are prohibited from:

a. Appearing or practicing, regardless of compensation, before their former agency, and

b. Receiving compensation on behalf of a client in relation to a matter before their former agency.

State Officers and Employees may also be subject to a "reverse two-year bar" that requires State officers and employees to recuse themselves from matters involving their former private sector employers for two years after entering State service.

The "lifetime bar" prohibits a former State Officer or Employee from providing services, regardless of compensation, and from rendering services for compensation, in relation to any case, proceeding, application or transaction with respect to which the former employee was directly concerned and in which he or she personally participated or which was under his or her active consideration while in State service.

Unemployment Insurance: I understand that I cannot collect Unemployment Insurance benefits from a prior or new claim once I begin employment with the NYS Department of Labor. I also understand that if I falsely claim benefits for days I worked, I may be subject to discipline, dismissal, criminal prosecution and/or imprisonment. I also understand that if I have an outstanding Unemployment Insurance overpayment, a repayment schedule will be arranged for me.

Please Initial

Department of Labor policies

The Department of Labor has certain department-specific policies that you, as a prospective employee, should be aware of:

Political Activities: Department policy as well as state and federal statutes govern political activities of state employees. The federal Hatch Act prohibits employees working in federally-funded positions from being candidates for partisan elective office.

Outside Employment: Department policy generally prohibits employees from engaging in any occupational field licensed/regulated by the Department of Labor. Should you accept a position with the Department, you cannot be employed in any occupational field licensed/regulated by the Department of Labor. However, certain part-time employees may be eligible to receive a waiver of this prohibition upon application. If applicable, please consult with the Personnel Bureau for further information on the requirements and process for obtaining such a waiver.

Personal privacy protection law notification

The Information you are providing on this application is requested by the Department of Labor and will be maintained with your personal history file if hired. The principal purpose of collecting this information is to determine eligibility for initial and continued employment. This information may also be used in administering employee benefit programs and will be used in accordance with Section 96(1) of the Public Officers Law. Failure to provide the requested information may hinder your possible hiring and the subsequent administration of your employee benefits.

Name: _____