

DATE: \_\_\_\_\_

## The Buffalo City Cemetery

The Buffalo City Cemetery is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, marital status, age, national origin or disability.

### PERSONAL INFORMATION (Please print or type all information)

LAST NAME	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
STREET AND NUMBER		CITY	STATE
ZIP CODE			
HOME TELEPHONE: (     )		BUSINESS TELEPHONE (     )	
CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		ARE YOU OF LEGAL AGE TO WORK?	

HAVE YOU EVER BEEN CONVICTED OF A CRIME, VIOLATION, OR AN OFFENSE?

YES     NO    IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

*\* RECORD OF CONVICTION DOES NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT CONSIDERATION.*

### JOB INTEREST

POSITION DESIRED	SALARY DESIRED	
HOW WERE YOU REFERRED TO THE BUFFALO CITY CEMETERY?		
<input type="checkbox"/> Employment Advertisement (Name of Publication) _____ <input type="checkbox"/> Employment Agency (Name of Agency) _____ <input type="checkbox"/> The Buffalo City Cemetery Employee Referral (Name of Employee) _____ <input type="checkbox"/> Other (Please Specify) _____		
HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE BUFFALO CITY CEMETERY?		
<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DATE(S) _____ LOCATION _____		
HAVE YOU EVER BEEN EMPLOYED BY THE BUFFALO CITY CEMETERY?		
<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DATE(S) _____ LOCATION _____		
ARE YOU ACQUAINTED WITH OR RELATED TO ANY CURRENT BUFFALO CITY CEMETERY EMPLOYEE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, PLEASE IDENTIFY _____		
AVAILABLE FOR WORK:	OVERTIME AVAILABILITY:	DAYS / HOURS AVAILABLE:
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME DATE AVAILABLE:	<input type="checkbox"/> WEEKDAYS <input type="checkbox"/> SATURDAYS <input type="checkbox"/> SUNDAYS	

### EDUCATION

SCHOOL NAME	CITY AND STATE	MAJOR COURSE OF STUDY	HIGHEST GRADE COMPLETED
HIGH SCHOOL:			
COLLEGE:			
COLLEGE:			
BUSINESS, TECHNICAL OR TRADE:			
ACTIVITIES, HONORS, OFFICES HELD THAT ARE JOB RELATED:			
DESCRIBE OTHER JOB RELATED TRAINING COMPLETED:			

## U.S. MILITARY SERVICE

BRANCH / DUTY LOCATION	MILITARY SPECIALTY	HIGHEST RANK	SPECIAL HONORS / SPECIAL TRAINING / SERVICE SCHOOLS ATTENDED

WERE YOU DISHONORABLY DISCHARGED?  NO  YES

### EMPLOYMENT HISTORY (Begin With Most Recent Position)

1

EMPLOYER:	DATES EMPLOYED From                      To		POSITION:
STREET & NUMBER:			RESPONSIBILITIES:
CITY, STATE, ZIP CODE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE: (       )	ANNUAL SALARY OR HOURLY RATE		
SUPERVISOR:	STARTING	FINAL	
REASON FOR LEAVING:			

2

EMPLOYER:	DATES EMPLOYED From                      To		POSITION:
STREET & NUMBER:			RESPONSIBILITIES:
CITY, STATE, ZIP CODE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE: (       )	ANNUAL SALARY OR HOURLY RATE		
SUPERVISOR:	STARTING	FINAL	
REASON FOR LEAVING:			

3

EMPLOYER:	DATES EMPLOYED From                      To		POSITION:
STREET & NUMBER:			RESPONSIBILITIES:
CITY, STATE, ZIP CODE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE: (       )	ANNUAL SALARY OR HOURLY RATE		
SUPERVISOR:	STARTING	FINAL	
REASON FOR LEAVING:			

4

EMPLOYER:	DATES EMPLOYED From                      To		POSITION:
STREET & NUMBER:			RESPONSIBILITIES:
CITY, STATE, ZIP CODE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE: (       )	ANNUAL SALARY OR HOURLY RATE		
SUPERVISOR:	STARTING	FINAL	
REASON FOR LEAVING:			

## PROFESSIONAL REFERENCES

GIVE NAMES OF THREE PERSONS TO WHOM YOU ARE NOT RELATED AND BY WHOM YOU HAVE BEEN EMPLOYED.

NAME	ADDRESS (BE SPECIFIC)	TELEPHONE/FAX	OCCUPATION	YEARS KNOWN
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## CONDITIONS FOR EMPLOYMENT

Please read the following statements carefully.

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I affirm that I have read this completed application and I have not withheld any information or response to any questions and that the information I have furnished is true and correct. I understand that any misrepresentation or omission of a fact on my application or during the interview process, regardless of when such misrepresentation or omission is discovered, may result in the refusal of employment, or if employed, immediate termination from The Buffalo City Cemetery employment.
3. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide The Buffalo City Cemetery with information that may be requested by The Buffalo City Cemetery to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools current and prior, employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release The Buffalo City Cemetery from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
4. I agree to protect The Buffalo City Cemetery's confidential information, trade secrets, and names or addresses of clients, and I will not disclose to The Buffalo Cemetery any confidential information of others.
5. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
6. In the event that I am employed, I agree to conform to The Buffalo City Cemetery rules and regulations. I understand and agree that if I am employed, I may be employed in an at-will position. As an at-will employee, I understand and agree that either The Buffalo City Cemetery or I can terminate our employment relationship at any time for any reason, with or without cause. I understand and agree that, although over the course of employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no representative of The Buffalo City Cemetery has any authority to make an agreement contrary to the foregoing or to enter into any agreement for employment for any specific period fo time.
7. I understand that any offer of employment is conditioned upon my consent to and successful completion of a criminal history record check through the New York State Office of Court Administration, and that The Buffalo City Cemetery reserves its right to impose additional conditions on employment in particular situations in its discretion.

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

## **FCRA NOTICE AND AUTHORIZATION**

I understand that The Buffalo City Cemetery may order and obtain a consumer report, including an investigative consumer report, in connection with my application for employment with The Buffalo City Cemetery or any of its affiliates as well as throughout my employment, if I am hired. These reports may include information as to my credit, any criminal background, general reputation, personal characteristics and mode of living. I hereby authorize The Buffalo City Cemetery to order and obtain such consumer report, and authorize any consumer reporting agency to provide The Buffalo City Cemetery with such a consumer report.

I further understand that I have the right to make a written request for a copy of a summary of my rights under the Fair Credit Reporting Act, and/or concerning whether such report(s) have been requested, and/or the nature and scope of the investigation requested. If I so request, and a consumer report has been requested, I will be informed of the name and address of the consumer reporting agency that furnished the report.

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Signature of Applicant

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Date