



PRE-ONBOARDING CHECKLIST – PART-TIME SEASONAL EMPLOYEE

Welcome to the Town of West Seneca! As part of your pre-onboarding process, we will need you to complete ALL REQUIRED DOCUMENTS in the pre-onboarding packet. Below is a list of the documents included in the pre-onboarding packet. Please complete all required documents before submitting to Human Resources. Use the Document List below to confirm you have completed all required documents. Please be aware that incomplete paperwork may delay your expected start date.

Please note that your appointment is pending successful completion of the employment contingencies and approval from the West Seneca Town Board. Failure to meet the contingency requirements may delay your start date.

If you have any questions, please feel free to reach out to Lisa Scibetta, HR Director at lscibetta@twsny.org or phone at (716) 558-3267.

DOCUMENT NAME

CHECK WHEN COMPLETED

APPLICATION	_____
PHYSICAL	_____
BACKGROUND CHECK AUTHORIZATION	_____
DRUG TEST AUTHORIZATION	_____

For your records:

HEALTHWORKS EMPLOYER'S AUTHORIZATION – Bring to your drug screening with a photo ID. If you are under the age of 18, you will need to have a parent or guardian with you to give permission for the test.

LIST OF ACCEPTABLE DOCUMENTS - On your first day of employment, you will need to provide appropriate documentation for the Form I-9 that confirms your immigration status and eligibility to work in the United States. Included in this packet you will find a list of acceptable documents.



APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, color, citizenship status, religion, gender (including pregnancy), national origin, ancestry, age, physical or mental disability, domestic victim status, sexual orientation, marital status, military status, or any other characteristic protected by law, ordinance, or regulation. Those applicants requiring accommodation to complete the application and/or interview process should contact Human Resources. Please print.

Position(s) Applied for		Date of Application		
Print Name (Last, First, & Middle)		Other Names Used		
Street Address		City	State	Zip Code
Home Phone Number	Cell Phone Number	Email		

Have you ever worked for the Town of West Seneca before?..... Yes No

If yes, please give dates and position: _____

DEPARTMENT DESIRED

Please mark next to any departments for which you are applying. For certain positions, there are specific certifications that are required.

Highway
 Buildings & Grounds
 Engineering
 Police
 Clerk's Office
 Senior Center
 Assessor's Office
 Recreation
 Code Enforcement

Position Applying For: _____ Are you at least 16 years old? Yes No

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, please provide the name of the firm. [Add additional page if necessary]

Company Name & Address	Position	Dates From/To	Reason for Leaving
1.) _____ _____	_____	_____ (mm/yy-mm/yy)	_____
2.) _____ _____	_____	_____ (mm/yy-mm/yy)	_____

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, please explain:

Please explain any gaps in your employment history:

--

Please list any other experience, job related skills, additional languages, certifications and/or specialized training or other qualifications that you believe should be considered in evaluating your application for employment.

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EDUCATION

Please describe your educational background in the table provided below:

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Course of Study/Major
High School				
College/ University				
Graduate/ Professional School				
Trade School				
Other				
Military Service				

PROFESSIONAL AND PERSONAL REFERENCES

Please list one to two professional/personal references of individuals who are **not** related to you:

Name and Title	Relationship and Years Acquainted	Phone Number or Email

GENERAL INFORMATION

1. On what date are you available to begin work? _____

2. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

3. Are you available to work? Full-time Part-time Seasonal

If seasonal, what date do you need to end work? _____

4. Minimum salary desired.....Per Hour \$_____ Per Month \$_____

5. If hired, would you have a reliable means of transportation to and from work?..... Yes No

- a. Do you have a valid NY driver license?..... Yes No
- 6. Are you at least 18 years old?..... Yes No
 - a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
- 7. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No
- 8. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No
 - a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the Town to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Town any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Town, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. My employment is contingent upon acceptable results of a drug screen, background check, and driving history. My employment is also contingent upon providing to the Town a receipt of a medical physical.

_____ In the event of my employment with the Town, I understand that I am required to comply with all rules and regulations of the Town.

_____ If hired, unless subject to any other agreement, I understand and agree that my employment with the Town is at-will, and that neither I, nor the Town is required to continue the employment relationship for any specific term. I further understand that the Town or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete a Form I-9 in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature _____

Date _____



TOWN OF WEST SENECA PROOF OF PHYSICAL FORM

This form is to be completed by the (prospective) employee’s physician and must be presented to Human Resources on the employee’s first day of employment. Please be aware that incomplete paperwork may delay employee’s start date.

*****As an alternative to this Physical Form, the Town will accept a record of a physical (documented and signed by a medical provider) that has been performed within the last 12-months, prior to the employee's date of hire.***

Employee’s Information

Full Name _____
(Last) (First) (Middle Initial)

Address _____
(Number and Street) (Town, State)

Date of Birth _____
(MM/DD/YYYY)

Department _____ Job Title _____

Employee Acknowledgement:

My employment is also contingent upon providing the Town with required proof of a recent medical physical. The Town Board of the Town of West Seneca may refuse to hire candidates whose proof of physical form indicates they are physically unable to perform the work for which they were hired.

Signature of Employee

Date

Job Information (Highway, Buildings & Grounds, Sanitation, Sewers, Electrical)

Employees in these departments may be required to perform tasks that involve motions such as:

- Lifting, Pulling or Pushing up to 50 pounds
- Climbing (such as ladders or into equipment)
- Driving
- Bending, Twisting, Stooping
- Operation of motorized equipment
- Standing for at least four (4) hours continuously without a break
- Walking for at least four (4) hours continuously without a break



Physician's Statement

Employee Name: _____

Is the employee able to perform the following work duties:

- 1. Lifting, Pulling or Pushing up to 50 pounds?..... Yes No
- 2. Climbing (such as ladders or into equipment)..... Yes No
- 3. Driving..... Yes No
- 4. Bending, Twisting, Stooping Yes No
- 5. Operation of motorized equipment Yes No
- 6. Standing for at least four (4) hours continuously without a break Yes No
- 7. Walking for at least four (4) hours continuously without a break Yes No
- 8. Is the employee able to perform the essential job functions of the job for which he/she is applying with or without reasonable accommodation? Yes No

If the response to any of the above questions was "No", please explain (i.e. lifting restrictions, etc.):

If the response to any of the above questions was "No", please indicate the anticipated duration of the condition:

Provider Name and Name of Practice: _____

Provider Address: _____

Provider Signature: _____

Date: _____



BACKGROUND CHECK AUTHORIZATION/RELEASE

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: _____ Date of Birth: _____

Telephone: _____
(Home) (Work) (Mobile)

Driver's License Number/State of Issue: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize the Town of West Seneca and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, credit report/history, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to the Town of West Seneca or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the Town of West Seneca, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____

Date: _____



**EMPLOYEE AGREEMENT AND CONSENT TO
DRUG AND/OR ALCOHOL TESTING**

I hereby agree, upon a request made under the drug/alcohol testing policy of the **Town of West Seneca, New York**, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under Town policy, or if I otherwise fail to cooperate with the testing procedures, I may be subject to immediate termination. I further authorize and give full permission to have the Town and/or its Town physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Town and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Town to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Town officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

WE HEREBY RELEASE AND HOLD HARMLESS THE TOWN, ITS OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, CONTRACTORS, GDY, INC. AND ITS EMPLOYEES AND REPRESENTATIVES FROM ANY AND ALL HARM, LIABILITY, CLAIMS, DAMAGES AND COSTS THAT MAY ARISE FROM OR BE RELATED DIRECTLY OR INDIRECTLY TO A DRUG TEST. SUCH HARM, LIABILITY, CLAIMS, DAMAGES AND COSTS SHALL INCLUDE BUT NOT BE LIMITED TO: PHYSICAL HARM OR INJURY; LOSS OF EMPLOYMENT OR ADVERSE JOB ACTION THAT MIGHT ARISE AS A RESULT OF THE TEST; ALLEGED HARM THAT MIGHT RESULT FROM THE RELEASE OR USE OF INFORMATION OR DOCUMENTATION RELATING TO THE TEST.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

Signature of Employee

Date

Employee's Name - Printed

Town Representative

Date

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.