



## SENIOR TAX WORK-OFF PROGRAM APPLICATION

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### **ELIGIBILITY REQUIREMENTS:**

I am at least 60 years of age. Yes \_\_\_\_\_ No \_\_\_\_\_

I am a resident of the Town of Oxford. Yes \_\_\_\_\_ No \_\_\_\_\_

I am the Owner of record (or spouse of the Owner of the above property).\* Yes \_\_\_\_\_ No \_\_\_\_\_

I occupy the property for which Oxford taxes are paid. Yes \_\_\_\_\_ No \_\_\_\_\_

I am willing and able to work in the United States. Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that if I am selected as a participant in the program that I will not be exempt from Federal, Social Security, or Medicare taxes. Yes \_\_\_\_\_ No \_\_\_\_\_

\* If the property is in a trust, please provide a copy of the trust documents together with the application.

## **EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

## **PLACEMENT INFORMATION**

What are your past work and/or volunteer experiences and what types of skills do you possess: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share any hobbies and/or interests you may have that may aid in placement:  
\_\_\_\_\_  
\_\_\_\_\_

Placement may be available in a variety of Town Departments.

Using the numbers 1-4, please rank the areas of work that you are most interested in, with 1 being the most interested.

Office Work/Clerical  Lunch/Recess Aide

Program/Event Assistant  Custodial/Light Maintenance

Rocky Hill Yard Waste Monitor  Kennel Work

Canvasser for Building Department  
(requires driving)

If there is a particular Town Department(s) that you are interested in working for, please indicate here: \_\_\_\_\_