



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: _____