

Town of Fishkill Application For Employment



The Town of Fishkill is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed color, national origin, sexual orientation, gender identity, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, or prior conviction records, prior arrests, youthful offender adjudications or sealed records unless based upon a bona fide occupational qualification of 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 Human Resources at 845-831-7800 ext. 3318.

(PLEASE PRINT)

Position(s) Applied For _____

EMAIL ADDRESS: _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone () _____ Social Security No. XXX-XX-_____

Are you under 18 years of age YES () NO ()

If employed and you are under 18,
can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, provide the date: _____

Have you ever been employed here before? Yes No If yes, provide the date: _____

Are you employed now? Yes No May we contact your employer? Yes No

Are you legally authorized to work in the United States? Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part Time Seasonal As Needed

Do you currently have a valid driver license that allows you to operate a motor vehicle? Yes No

If yes, please indicate the Class: CDL A B C D E Other (Specify) _____

For positions requiring operation of a motor vehicle or heavy equipment, appointees must possess a driver license in NYS at the time of appointment, and continuously thereafter. Do you have a NY license? Yes No

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Potential for Conflict of Interest

Please provide the names of any relative(s) employed by the Town of Fishkill. For the purpose of this application, a "relative" is defined as a person living in the same household, parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, and in-laws.

Relative Name: _____ Relationship to you: _____

____ Check here if you have no relative(s) employed by the Town of Fishkill.

Employment and Experience

Name of Present or Last Employer _____

Address: _____

Supervisor's Name & Title _____ Dates Employed: _____

Phone Number: _____ Job Title: _____

Duties: _____

Reason for Leaving: _____

Name of Former Employer _____

Address: _____

Supervisor's Name & Title _____ Dates Employed: _____

Phone Number: _____ Job Title: _____

Duties: _____

Reason for Leaving: _____

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Name of Former Employer _____

Address: _____

Supervisor's Name & Title _____ Dates Employed: _____

Phone Number: _____ Job Title: _____

Duties: _____

Reason for Leaving: _____

Please attach additional sheets as needed

EDUCATION

Have you graduated from high school? Yes No

If yes, please provide name and location of High School _____

If you have a high school equivalency diploma, indicate issuing governmental authority and number: _____

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL INFORMATION:

Name of school & location _____

Number of years you attended _____

_____ Did you graduate? _____ Degree

received _____

State any additional information you feel may be helpful to us in considering your application.

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Please provide Professional References

Name _____ Relationship: _____

Telephone Number: _____ Email Address: _____

Name _____ Relationship: _____

Telephone Number: _____ Email Address: _____

Name _____ Relationship: _____

Telephone Number: _____ Email Address: _____

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired, and may be cause for criminal prosecution. I authorize investigation of any information provided on this application which may include a criminal background check, and/or fingerprint supported background history. Costs related to such investigation may be borne by the applicant. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to the Town. I understand and agree that if hired, my employment is for no definite period, and may be terminated at any time, subject to applicable federal, state, and/or local rules and regulations and/or collective bargaining agreements. For positions subject to federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition of employment with the Town of Fishkill, a pre-employment controlled substance test will be required and must be passed.

Signature of Applicant

Date