



# TOWN OF FISHKILL

Town Hall  
807 Route 52  
Fishkill, New York  
12524

## EMPLOYMENT APPLICATION

TOWN USE ONLY		
Candidate Name		
	Name / Dept.	Date
Received by:		

*This application is for internal use only by the Town of Fishkill and should not be filed with the Dutchess County Department of Human Resources.*



<b>SKILLS</b>	Typing Speed: _____ WPM	Data Entry: _____ # Numeric Keystrokes/Hour	_____ # Alpha Keystrokes/Hour
	Computer Skills:		
	List certificates, licenses ( <i>including driver license or CDL endorsement</i> ) or professional achievements that would support your qualifications for employment:  If you are applying for a position which requires a Commercial Driver License, provide Driver License # here: _____	List any additional skills, technical or professional knowledge that you feel would support your application:	

List your previous four (4) employers whether or not they seem relevant to the position for which you are applying.

<b>Present or Last Employer</b>			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year) From	To	Salary	Hours per Week:
Title of Position		Name and Title of Supervisor	
Description of job duties and responsibilities _____			
Reason for leaving			
<b>Next Previous Employer</b>			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year) From	To	Salary	Hours per Week:
Title of Position		Name and Title of Supervisor	
Description of job duties and responsibilities _____			
Reason for leaving			
<b>Next Previous Employer</b>			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year) From	To	Salary	Hours per Week:
Title of Position		Name and Title of Supervisor	
Description of job duties and responsibilities _____			
Reason for leaving			

Next Previous Employer				
Name of Employer			Phone Number	
Address		City	State	Zip
Employment Dates (Month/Year) From		To	Salary	Hours per Week:
Title of Position			Name and Title of Supervisor	
Description of job duties and responsibilities				
Reason for leaving				

U.S. MILITARY HISTORY			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty

References (Other than relatives; list three)				
Name/Occupation			Phone Number	
Address		City	State	Zip
				Years Known
Name/Occupation			Phone Number	
Address		City	State	Zip
				Years Known
Name/Occupation			Phone Number	
Address		City	State	Zip
				Years Known

Conviction Record Status		
Have you ever been convicted of and/or plead guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. <b>Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the Town of Fishkill.</b> The nature of the violation and all other appropriate circumstances will be considered. The Town of Fishkill reserves the right to reject individuals for employment based on job-related convictions.		
Date	County/State	Conviction/Explanation

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. I authorize investigation of any information provided on this application form, which may include a criminal background check and/or fingerprint supported background history. 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 you. 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 the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment with the Town of Fishkill, a pre-employment controlled substance test will be required and must be passed.

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