

Town of Fishkill Employment Application

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate such. We appreciate your interest in employment with the Town of Fishkill.

The Town of Fishkill is an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, sexual orientation, arrest/criminal record, genetic predisposition or carrier status, domestic violence victim, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Office of Human Resources and Risk Management at (845) 831-7800, ext. 3318.

BIOGRAPHICAL DATA	Name (First, Middle, Last)	Phone Number
	Address	E-Mail Address
	City	State Zip
	Position Applied For	Date Available For Work
	Are You Available For <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
	How were you referred to the Town of Fishkill? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Civil Service Job Posting <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____	
	Are you currently employed? If yes, may we contact your employer to obtain employment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever filed an application or interviewed for employment with the Town of Fishkill? If yes, give month and year ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with the Town of Fishkill before? If yes, give dates From ____/____/____ To ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <i>Employment eligibility verification will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

EDUCATIONAL	Type of School Attended	Name and Location of School	Number of Years Completed <i>(do not give dates)</i>	Course of Study	Diploma or Degree Obtained
	High School				
	College				
	Other				

SKILLS	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.

Present or Last 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			
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			
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			

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			
Yes		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. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the Town of Fishkill. 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, and may be cause for criminal prosecution.. I authorize investigation of any information provided on this application form, 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 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: _____