

TOWN OF CATSKILL



Employment Application

| TOWN USE ONLY | | |
|--------------------------------------|--------------------------------------|--|
| Candidate Name | _____ | |
| Civil Service Job Title: | _____ | |
| Civil Service Job Classification: | <input type="checkbox"/> Competitive | <input type="checkbox"/> Non-Competitive |
| | <input type="checkbox"/> Exempt | <input type="checkbox"/> Labor |
| Interview Cycle (as applicable): | Initials | Date |
| Hiring Department | _____ | ____/____/____ |
| Town Supervisor | _____ | ____/____/____ |
| Other | _____ | ____/____/____ |

This application is for internal use only by the Town of Catskill and should not be filed with the Greene County Civil Service Department.

TOWN OF CATSKILL 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 Catskill. The Town is an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, physical or mental disability, marital status, veteran status, 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 Town Supervisor's Office. This application for employment will be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should reapply by completing another employment application.

| | | | | |
|---|---|--|---|--|
| BIOGRAPHICAL DATA | Name (First, Middle, Last) | | E-mail Address | |
| | Address | | Phone Number | |
| | City | | State | Zip |
| | Position Applied For | | Salary Desired | |
| | Are You Available For | | Date Available For Work | |
| | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary | | | |
| | How were you referred to the Town of Catskill? | | | |
| | <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? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, may we contact your employer to obtain employment information? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Have you ever filed an application or interviewed for employment with the Town of Catskill? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, give month and year ____/____/____ | | | |
| Have you ever been employed with the Town of Catskill before? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, give dates From ____/____/____ To ____/____/____ | | | | |
| 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 BACKGROUND | 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 or Preparatory 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: | List any additional skills, technical or professional knowledge that you feel would support your application: | |
| If you are applying for a position which requires a Commercial Driver License, provide Driver License Number here: | | | |

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) | | | |
| Title of Position | | Name and Title of Supervisor | |
| Description of duties, responsibilities and significant accomplishments | | | |
| _____ | | | |
| Reason for leaving | | | |

| Next Previous Employer | | | |
|---|------|------------------------------|-----|
| Name of Employer | | Phone Number | |
| Address | City | State | Zip |
| Employment Dates (Month/Year) | | | |
| Title of Position | | Name and Title of Supervisor | |
| Description of duties, responsibilities and significant accomplishments | | | |
| _____ | | | |
| Reason for leaving | | | |

| Next Previous Employer | | | |
|---|------|------------------------------|-----|
| Name of Employer | | Phone Number | |
| Address | City | State | Zip |
| Employment Dates (Month/Year) | | | |
| Title of Position | | Name and Title of Supervisor | |
| Description of duties, responsibilities and significant accomplishments | | | |
| _____ | | | |
| Reason for leaving | | | |

| Next Previous Employer | | | |
|---|------|------------------------------|-----|
| Name of Employer | | Phone Number | |
| Address | City | State | Zip |
| Employment Dates (Month/Year) | | | |
| Title of Position | | Name and Title of Supervisor | |
| Description of duties, responsibilities and significant accomplishments | | | |
| 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 or former supervisors; 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. The nature of the violation and all other appropriate circumstances will be considered. The Town 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. 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 (Part 382) or a collective bargaining agreement regarding controlled substances and alcohol use testing, I understand that as a condition for employment with the Town of Catskill, a pre-employment controlled substance test will be required and must be passed.

Date: _____ Signature of Applicant: _____