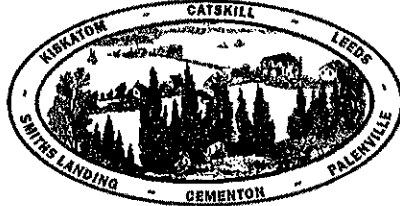


TOWN OF CATSKILL

Established 1788

Town of Catskill



townofcatskillny.gov

Employment Application for Summer Recreation

TOWN USE ONLY

Candidate Name: _____

Job Title: _____

Application Received By: _____ Date: _____

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 (including driver license or GDL endorsement) 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) From	To	Salary	Hours per Week:
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) From	To	Salary	Hours per Week:
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) From	To	Salary	Hours per Week:
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
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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 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), a collective bargaining agreement or Town policy 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: _____