



TOWN OF HYDE PARK

4383 Albany Post Road
Hyde Park, NY 12538

EMPLOYMENT APPLICATION

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

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

APPLICATION FOR EMPLOYMENT

Please 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 Hyde Park.

The Town of Hyde Park is an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, gender, national origin, age, physical or mental disability, marital status, veteran status, sexual orientation, arrest/criminal record, religion, 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 Personnel Department at (845) 229-5111 ext.101.

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 Hyde Park? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Civil Service <input type="checkbox"/> Job Posting <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? Yes No Yes No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application or interviewed for employment with the Town of Hyde Park before? If yes, give dates From ___/___/___ To ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with the Town of Hyde Park before? 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
Are you legally eligible for employment in the United States?	<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

EDUCATIONAL BACKGROUND				
Type of School Attended	Name and Location of School	Number of Years Completed	Course of Study	Diploma or Degree
High School				
College				
Other				

SKILLS
Computer Skills:

List certificates, licenses (including driver license or CDL endorsement) 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
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Address	City	State	Zip
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Employment Dates (Month/Year) From To	Salary	Hours per Week:
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Title of Position	Name and Title of Supervisor
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Description of job duties and responsibilities

Reason for leaving

Next Previous Employer

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

Reason for leaving

Next Previous Employer

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

Reason for leaving

Next Previous Employer

Name of Employer	Phone Number
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