



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.

TOWN OF HYDE PARK 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
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:	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 # 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	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	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	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		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	Years Known
Address		City State Zip	Email Address
Name/Occupation		Phone Number	Years Known
Address		City State Zip	Email Address
Name/Occupation		Phone Number	Years Known
Address		City State Zip	Email Address
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 Hyde Park. The nature of the violation and all other appropriate circumstances will be considered. The Town of Hyde Park 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 applicaton 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 Hyde Park, a pre-employment controlled substance test will be required and must be passed.

Date: _____

Signature of Applicant: _____