

TOWN OF WAPPINGER

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590

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SUPERVISOR
Steve Frazier

SECRETARY
Donna Lenhart

Buildings and Grounds

Application for Seasonal Maintenance Employment PLEASE PRINT CLEARLY

Name: _____ SS#: _____
Last First

Address: _____

Phone: _____ Driver's License #: _____

Email: _____

Are you eligible to work in the United States? (check one) Yes No

Position applying for: _____

Have you previously been employed by the Town of Wappinger? (check one) Yes No

If yes, date and department: _____

EDUCATION

High School: _____ Graduated Yes No

College/Major: _____ Graduated Yes No

Vocational/Major: _____ Graduated Yes No

PERSONAL REFERENCES (not family or former employers) List name, address and phone for each

1) _____

2) _____

3) _____

MILITARY SERVICE RECORD

Have you served in the US Armed Forces? (check one) Yes No Branch: _____

Dates of Duty: _____ Rank at discharge: _____

WORK EXPERIENCE

Please provide a full accounting of your work experience. If job-related, include military service and volunteer work. If you were known by another name at a previous place of employment, please state the name and date(s) of use. List job duties and pay rates for all.

Present employer: Name, address. Reason for wanting new job. Can they be contacted? If yes, provide phone number.

Past employer: Name, address, phone number.

Past employer: Name, address, phone number.

Past employer: Name, address, phone number.

Skills: Describe the skills you have that you believe are of value to the position you are applying for.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This employer is hereby authorized to make any investigations of my prior educational and employment history.

Signed: _____ Date: _____