

TOWN OF WAPPINGER
HIGHWAY DEPARTMENT

APPLICATION
FOR
EMPLOYMENT

** PLEASE PRINT CLEARLY **

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible upgrading.

PERSONAL

Date _____

Name _____ Social Security # _____
Last First Middle

Present Address _____

Telephone _____

Are you legally eligible for employment in the U.S.A.? _____ Age _____

What method of transportation will you use to get to work? _____

Position(s) applied for _____ Rate of pay expected \$ _____ wkly

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills, or qualifications, which you feel would especially fit you for work with our organization? _____

Driver's License # _____ Date of Birth _____

RECORD OF EDUCATION

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	GRADUATED
ELEMENTARY	_____		YES or NO
_____	_____		
HIGH SCHOOL	_____	_____	YES or NO
_____	_____		
COLLEGE	_____	_____	YES or NO
_____	_____		
OTHER	_____	_____	YES or NO
_____	_____		

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME & ADDRESS	_____		
OCCUPATION	_____	PHONE	_____
NAME & ADDRESS	_____		
OCCUPATION	_____	PHONE	_____
NAME & ADDRESS	_____		
OCCUPATION	_____	PHONE	_____

MILITARY SERVICE RECORD

WERE YOU IN THE US ARMED FORCES? YES OR NO IF YES, WHAT BRANCH? _____

DATES OF DUTY: FROM _____ TO _____ RANK AT DISCHARGE _____

LIST DUTIES IN THE SERVICE INCLUDING SPECIAL TRAINING _____

HAVE YOU TAKEN ANY TRAINING UNDER THE GI BILL OF RIGHTS? _____ IF YES, WHAT TRAINING DID YOU TAKE ? _____

TOWN OF WAPPINGER HIGHWAY DEPT.

**19. WORK EXPERIENCE
(Cont'd)**

(Attach additional sheets if necessary, following this format. A resume is not sufficient. You must indicate months and hours worked per week to receive credit for work experience.)

Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____ _____
Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____ _____
Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____ _____
Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____ _____

TOWN OF WAPPINGER

SUPERINTENDENT
GRAHAM FOSTER



SUPERVISOR
CHRISTOPHER J. COLSEY

TOWN COUNCIL
WILLIAM H. BEALE
VINCENT BETTINA
MAUREEN McCARTHY
JOSEPH P. PAOLONI

HIGHWAY DEPARTMENT

10 Highway Drive
WAPPINGERS FALLS, NY 12590
(845) 297-9451
FAX: (845) 298-0524

Motor Vehicle Driver License Information Consent Form

I _____ HEREBY AGREE AND GRANT PERMISSON
(print name)

TO _____ TO SECURE AND REVIEW MY MOTOR
(print name insured)

VEHICLE RECORD.

I HEREBY UNDERSTAND THAT THIS REVIEW IS FOR INSURANCE
UNDERWRITING PURPOSES ONLY.

DRIVERS LICENSE # _____

DATE OF BIRTH _____

SIGNED: _____

WITNESS: _____

DATE: _____

A COPY OF THE REPORT CAN BE OBTAINED BY WRITING:

CHOICEPOINT CONSUMER CENTER
PO BOX 105108
ATLANTA, GA 30348-5106