

TOWN OF



EASTCHESTER

EMPLOYMENT APPLICATION

TOWN USE ONLY

Applicant Name _____

Civil Service Job Title: _____

Civil Service Job Classification

Competitive

Non-Competitive

Exempt

Labor

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

TOWN OF EASTCHESTER 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 Eastchester.

We are 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.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		E-mail Address		
	Address		Phone Number		
	City		State	Zip	
	Position Applied For		Salary Desired		
	Are You Available For <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date Available For Work		
	How were you referred to the Town of Eastchester? <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 Eastchester? If yes, give month and year ____/____/____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you ever been employed with the Town of Eastchester 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? Employment eligibility verification will be required upon employment.			<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	Type of School Attended	Name and Location of School	Number of Years Completed (do not give dates)	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 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 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)		Salary	
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)		Salary	
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)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
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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

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. 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 Eastchester, a pre-employment controlled substance test will be required and must be passed.

Date: _____ Signature of Applicant: _____