

City of Beacon

Application For Employment

The City of Beacon is an equal opportunity/affirmative action employer. NYS Law prohibits discrimination because of age, race, creed color, national origin, sexual orientation, gender identity, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, carrier status, or prior conviction records, prior arrests, youthful offender adjudications or sealed records unless based upon a bona fide occupational qualification of other exception

If you are a person with a disability, and wish to request that a reasonable accommodation be provided for you to participate in a job interview, please contact Human Resources at 845-838-5038.

(PLEASE PRINT)

Position(s) Applied For _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone () _____ Social Security No. _____

Are you under 18 years of age YES () NO ()

If employed and you are under 18,
can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes give date: _____

Have you ever been employed here before? Yes No If yes give date: _____

Are you employed now? Yes No May we contact your employer? Yes No

Are you legally authorized to work in the United States? Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Do you currently have a valid driver license that allows you to operate a motor vehicle? Yes No

If yes, please indicate the Class: CDL A B C D E Other(Specify) _____

For positions requiring operation of a motor vehicle or heavy equipment, appointees must possess a driver license in NYS at the time of appointment, and continuously thereafter.

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Potential for Conflict of Interest

Please provide the names of any relative(s) employed by the City of Beacon. For the purpose of this application, a “relative” is defined as a person living in the same household, parents, grandparents, spouse, siblings, children, aunts, uncles, nieces, nephews, and in-laws.

Relative Name: _____ Relationship to you: _____

_____ Check here if you have no relative(s) employed by the City of Beacon.

Employment and Experience

Name of Present or Last Employer _____

Address: _____

Supervisor’s Name & Title _____ Dates Employed: _____

Phone Number: _____ Job Title: _____

Duties: _____

Reason for Leaving: _____

Name of Former Employer _____

Address: _____

Supervisor’s Name & Title _____ Dates Employed: _____

Phone Number: _____ Job Title: _____

Duties: _____

Reason for Leaving: _____

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Name of Former Employer _____

Address: _____

Supervisor's Name & Title _____ Dates Employed: _____

Phone Number: _____ Job Title: _____

Duties: _____

Reason for Leaving: _____

Please attach additional sheets as needed

EDUCATION

Have you graduated from high school? Yes No

If yes, please provide name and location of High School _____

If you have a high school equivalency diploma, indicate issuing governmental authority and number: _____

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL INFORMATION:

Name of school & location _____

Number of years _____

Did you graduate? _____ Degree received _____

State any additional information you feel may be helpful to us in considering your application.

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Please provide Professional References

Name _____ Relationship: _____

Telephone Number: _____ Email Address: _____

Name _____ Relationship: _____

Telephone Number: _____ Email Address: _____

Name _____ Relationship: _____

Telephone Number: _____ Email Address: _____

I affirm that the statements made by me on this form, including attachments, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment.

Signature of Applicant

Date