

TOWN OF COEYMANS

APPLICATION FOR EMPLOYMENT

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 same. The Town of Coeymans is an Equal Opportunity Employer and subscribes to all Federal and State statutes which prohibit discrimination. The Town of Coeymans considers all applications for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, sexual orientation, veteran status, or any other legally protected status. *This application is for internal use only by the Town of Coeymans and should not be filed with the Albany County Civil Service Department unless so authorized.*

Name: Last _____ First _____ M.I. _____ Social Security Number _____

PERMANENT ADDRESS:

Street _____ City _____ State _____ Zip Code _____

Phone _____ E-mail address _____

MAILING ADDRESS (IF DIFFERENT):

Street _____ City _____ State _____ Zip Code _____

1. Are you eighteen (18) years of age or older? yes no
2. Are you employed now? yes no
If so, may we inquire of your present employer? yes no
3. Position applied for: _____ Rate of pay expected \$ _____ /wk
4. Other position(s) qualified for: _____
5. Are you legally eligible for employment in the United States? yes no
6. Check shift(s) you can work: Full-Time Part-Time Day Evening Night
7. Special Licenses or Certifications: _____
Expiration Date: _____
8. Have you ever been employed by the Town of Coeymans? yes no
9. **American with Disabilities Act Clarification:** If a job description has been provided, can you perform the essential job functions of the position you have applied for with or without reasonable accommodation?
 yes no

EDUCATION:

Circle Highest Grade Completed:	Grade School	High School	College	Graduate
	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
	Name and Location	Course	Degree	

High School _____
 College _____
 Other Graduate, Business or Vocational School, or Other Training Skills: _____

Military Service Branch: _____ Years Served: _____ Rank: _____

EMPLOYMENT RECORD *(List most recent first.)*

Name of Company _____	Address _____	Phone _____
Dates of Employment: From _____ To _____	Salary: _____	Start: \$ _____ per _____
Type of Business: _____		Last: \$ _____ per _____
Your Position/Title _____	Supervisor: _____	
Reason for Leaving: _____		
Briefly Describe Your Duties and Responsibilities: _____		

Name of Company _____	Address _____	Phone _____
Dates of Employment: From _____ To _____	Salary: _____	Start: \$ _____ per _____
Type of Business: _____		Last: \$ _____ per _____
Your Position/Title _____	Supervisor: _____	
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Briefly Describe Your Duties and Responsibilities: _____		

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Type of Business: _____		Last: \$ _____ per _____
Your Position/Title _____	Supervisor: _____	
Reason for Leaving: _____		
Briefly Describe Your Duties and Responsibilities: _____		

BUSINESS REFERENCES: (Other than relatives or former supervisors) (List Three)

Name	Complete Address	Phone	Occupation	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, references, and job required motor vehicle license, 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 or local rules and regulations and/or collective bargaining agreements. For positions subject to the Town of Coeymans Controlled Substances and Alcohol Testing Policy, I understand that as a condition for employment with the Town of Coeymans, a pre-employment controlled substance test will be required and must be passed.

Date _____ Signature of Applicant _____