



TOWN OF NORTH CASTLE EMPLOYMENT APPLICATION

FOR TOWN USE ONLY

APPLICANT NAME: _____

CIVIL SERVICE JOB TITLE: _____

CIVIL SERVICE JOB CODE: _____

COMPETITIVE _____ NON-COMPETITIVE _____

CLASSIFICATION: EXEMPT _____ LABOR _____

PROBATIONARY: FULL-TIME _____

PART TIME: HOURLY _____

SEASONAL EMPLOYEE: _____

TOWN OF NORTH CASTLE – EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT CLEARLY. This application must be completed and signed by the applicant. Each question must be answered in full. If answer is no, please indicate. We appreciate your interest in seeking employment with the Town of North Castle.

The Town of North Castle is an Equal Opportunity Employer. We consider all applicants for all positions without regard to race, religion, color, gender, age, national origin, physical or mental disability, marital status, genetic predisposition or carrier status, sexual orientation, or any other legally protected status or class. Applicants required a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Town Administrator's – Personnel office. This application for employment will be considered active for but not to exceed 60 days. Any applicants wishing to be considered for employment for positions other than indicated on this application after 60 days should re-apply by completing another application.

Name (First, Middle, Last)	Social Security Number
Address (Street)	Phone Number
City	State Zip
Position Applied For	Salary Desired
Are you available for: [] Full Time [] Part Time [] Temporary	Date Available For Work
How were you referred to the Town of North Castle? [] Internet [] Walk-in [] Town website [] Employee Referral : _____ [] Other: _____	
Are you currently employed? If yes, may we contact your employer to obtain employment information	[] YES [] NO
Have you ever filed an application or interviewed for employment with the Town of North Castle? If YES, give month and year ____/____	[] YES [] NO
Have you ever been employed by the Town of North Castle before? If yes, give dates: From: ____/____ To: ____/____	[] YES [] NO
Are you legally eligible for employment in the United States (Employment eligibility verification will be required upon employment)	[] YES [] NO
If you are under 18 years of age, can you provide required proof of your eligibility to work?	[] YES [] NO [] Not applicable
If you were provided a description of the job for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?	[] YES [] NO [] was not provided a job description

Type of School Attended	Name and Location of School	Number of Years completed	Course of Study	Diploma or Degree Obtained
High School, Vocational or Preparatory School				
College				
Other				

CERTIFICATES/LICENSES: List certificates, licenses (including licenses with CDL endorsement) or professional achievements that would support your qualifications for employment:	SKILLS: List any additional skills, technical or professional knowledge that you feel would support your application:

PLEASE LIST YOUR FOUR (4) PREVIOUS EMPLOYERS:

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 accomplishments: <hr/> <hr/> <hr/>			
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 accomplishments: <hr/> <hr/> <hr/>			
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 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 accomplishments:			

Reason for Leaving: _____			

U.S. MILITARY HISTORY			
[] YES [] NO			
U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty

CONVICTION RECORD STATUS		
Have you ever been convicted of and/or plead guilty to a felony? [] YES [] NO		
Have your ever been convicted of and/or plead guilty to a misdemeanor within the past five years? [] YES [] NO		
<p>If you answered 'yes' to either questions, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the Town. The nature of the violation and all other appropriate circumstances will be considered. The Town reserves the right to reject individuals based on job-related convictions.</p>		
Date	County/State	Conviction/Explanation

REFERENCES (Other than relatives or formers 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 in this application are true and complete to the best of my knowledge. I understand that any misinterpretation 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 and/or collective bargaining agreements. For positions subject to federal Department of Transportation regulations regarding controlled substances and alcohol testing (Part 382), I understand that as a condition of employment with the Town of North Castle, a pre-employment controlled substance test will be required and must be passed.

DATE: _____ SIGNATURE OF APPLICANT: _____