TOWN OF BETHLEHEM
445 Delaware Avenue
Delmar, NY 12054
(518) 439-4955 x127

EMPLOYMENT APPLICATION RECORD

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non job related medical condition or disability

- PLEASE PRINT -

PERSONAL DATA: TODAY'S DATE_____

NAME_____ DATE OF BIRTH (IF UNDER 18) _____
Last First MI

CURRENT ADDRESS

_____SOCIAL SECURITY #_____
Number Street

_____TELEPHONE # _____
City State Zip

Referred by_____
Name Address Telephone

If you are not a U.S. citizen, what is your Alien Registration or Visa Classification Form Number?_____

Do you have a valid N.Y. State driver's license?_____ Class_____

WORK PREFERENCE – *Please check as many as desired*

_____	Clerical	_____	Labor	_____	Typing	_____	Maintenance
_____	Technical*	_____	Custodial	_____	Other		
_____	Full Time	_____	Part Time	_____	Temporary		

*Describe specific field(s)_____

DATE AVAILABLE TO BEGIN WORK (BE SPECIFIC)_____

EMPLOYMENT AND BUSINESS EXPERIENCE

Indicate all permanent cooperative, summer and voluntary work. List most recent job first.

Name & Address of Employer	Nature of Work	Reason for Leaving	Hours Per Week	Dates From/To Mo. & Yr.

Were you ever an employee of a Public Agency excluding Military Service? _____

If 'Yes', complete the following:

Agency _____ Department_____

Location _____ Title_____

Dates of employment – From _____ To _____

Indicate any certifications, special training skills you would like considered (e.g., Typing, Steno, Keypunch, 1st or 2nd Class Radio License, Programming, First Aid, Commercial Drivers License)

_____

_____

EDUCATION

Indicate all periods of schooling. List most recent first.

Name and Address of High School, College(s) or other Schools	Years Completed	Major Field	Degree

MILITARY EXPERIENCE

Branch of Service_____ From_____ To_____ Grade or Rank at Discharge_____

Occupational Specialization_____

Special/Technical Training_____

Dates, Name and Address of School(s)_____

As an applicant you agree to and understand the following

1. Employment is conditional until results of your physical are known and until information given by you is verified.
2. You must meet minimum age requirements of applicable laws.
3. Your eligibility for a pension is based on the requirements set forth in the New York State Retirement Plan, the provisions of which will be described to you upon your employment. Additionally, if you do not satisfy the service and age requirements provided by the Plan, you will not be eligible to receive a pension.
4. The Town may conduct investigations including verification of prior employment history and education. By signing this application, you authorize the Town to make these investigations, and you indicate your awareness that false statements or failures to disclose information may be sufficient to disqualify you for employment, or if employed may result in your dismissal.

Signature of Applicant_____ Date_____
First Middle Last

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FOR OFFICE USE ONLY

Previous Government Service

Attendance_____ Performance_____

Unit_____ Engaged_____ Resigned_____

Title/Department_____ Salary_____

Reason for leaving_____ Eligible_____

Initial Job Choice_____ Subsequent Job Choice_____

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DATE APPLICATION RECEIVED_____

APPLICATION REVIEWED BY_____ DATE_____

INITIAL INTERVIEWER_____ DATE_____

COMMENTS_____