

# TOWN OF WAPPINGER

**HIGHWAY  
SUPERINTENDENT**  
Michael Sheehan

10 HIGHWAY DRIVE  
WAPPINGERS FALLS, NY 12590

(845) 297-9451 Office  
(845) 298-0524 Fax

**SECRETARY**  
Karol Kelly



**SUPERVISOR**  
Richard Thurston  
(845) 297-4158

**TOWN BOARD**  
William H. Beale  
Angela Bettina  
Christopher Phillips  
Alfred Casella

**TOWN CLERK**  
Joseph Paoloni

## OFFICE OF THE SUPERINTENDENT OF HIGHWAYS

### APPLICATION FOR EMPLOYMENT

**\*\*PLEASE PRINT CLEARLY\*\***

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible upgrading.

#### PERSONAL

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? \_\_\_\_\_ Age: \_\_\_\_\_

What method of transportation will you use to get to work? \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ wkly

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other experiences, skills or qualifications, which you feel would Especially fit you for work with our organization? \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

RECORD OF EDUCATION

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	GRADUATED
ELEMENTARY	_____		YES or NO
_____	_____		
HIGH SCHOOL	_____	_____	YES or NO
_____	_____		
COLLEGE	_____	_____	YES or NO
_____	_____		
OTHER	_____	_____	YES or NO
_____	_____		

\*\*\*\*\*

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME & ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_

NAME & ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_

NAME & ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_

\*\*\*\*\*

MILITARY SERVICE RECORD

WERE YOU IN THE US ARMED FORCES? YES OR NO IF YES, WHAT BRANCH? \_\_\_\_\_

DATES OF DUTY: FROM \_\_\_\_\_ TO \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

LIST DUTIES IN THE SERVICE INCLUDING SPECIAL TRAINING \_\_\_\_\_

\_\_\_\_\_

HAVE YOU TAKEN ANY TRAINING UNDER THE GI BILL OF RIGHTS? \_\_\_\_\_ IF YES, WHAT TRAINING DID YOU TAKE ? \_\_\_\_\_

TOWN OF WAPPINGER HIGHWAY DEPT .

**19. WORK EXPERIENCE  
(Cont'd)**

(Attach additional sheets if necessary, following this format. A resume is not sufficient You must indicate months and hours worked per week to receive credit for work experience.)

Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____

# TOWN OF WAPPINGER

**HIGHWAY  
SUPERINTENDENT**  
Michael Sheehan

10 HIGHWAY DRIVE  
WAPPINGERS FALLS, NY 12590

(845) 297-9451 Office  
(845) 298-0524 Fax

**SECRETARY**  
Karol Kelly



**SUPERVISOR**  
Richard Thurston  
(845) 297-4158

**TOWN BOARD**  
William H. Beale  
Angela Bettina  
Christopher Phillips  
Alfred Casella

**TOWN CLERK**  
Joseph Paoloni

## OFFICE OF THE SUPERINTENDENT OF HIGHWAYS

### Motor Vehicle Driver License Information Consent Form

I, \_\_\_\_\_ HEREBY AGREE AND GRANT PERMISSION  
(print name)

TO \_\_\_\_\_ TO SECURE AND REVIEW MY MOTOR VEHICLE  
(insured, print name)

RECORD.

I HEREBY UNDERSTAND THAT THIS REVIEW IS FOR INSURANCE  
UNDERWRITING PURPOSES ONLY.

DRIVERS LICENSE # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SIGNED: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

A COPY OF THE REPORT CAN BE OBTAINED BY WRITING TO:

CHOICEPOINT CONSUMER CENTER  
PO BOX 105108  
ATLANTA, GA 30348-5106