

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) _____ _____ _____ _____ _____
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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