



TOWN OF CHESTER

P.O. Box 423
Chestertown, New York 12817
Telephone: (518) 494-2711
Equal Opportunity Employer

Employment Application

Applicant Information

Full Name: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Position Applied For: _____ Date Available For Work: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the United States? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a crime (felony or misdemeanor)? YES NO Are you over 18 years of age? YES NO
(If yes, please explain on Page 3: Remarks)

A conviction does not necessarily represent a disqualification from employment with the Town of Chester.

Social Security #: _____ - _____ - _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment (Beginning With Most Recent)

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Dates Employed
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO



Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Driver's License (If Applicable)

License #: _____ State: _____ Class: _____ Exp. Date: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, please explain: _____

Remarks

(This section can be used to provide additional information to accompany your application.)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____