CITY OF PEEKSKILL

City Hall
840 Main Street
Peekskill, NY 10566

EMPLOYMENT APPLICATION

CITY USE ONLY		
Candidate Name		
	Name / Dept.	Date
Received by:		

This application is for internal use only by the City of Peekskill and should not be filed with the Westchester County Department of Human Resources.

CITY OF PEEKSKILL
Employment Application

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate such. We appreciate your interest in employment with the City of Peekskill.

The City of Peekskill is an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, sexual orientation, arrest/criminal record, genetic predisposition or carrier status, domestic violence victim, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Human Resources Department.

BIOGRAPHICAL DATA

Name (First, Middle, Last)	Phone Number
Address	E-Mail Address
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 City of Peekskill? ☐ Newspaper ☐ Internet ☐ Civil Service Job Posting ☐ Walk-in

☐ Employee Referral _____ ☐ Other _____

Are you currently employed? If yes, may we contact your employer to obtain employment information?	☐ Yes ☐ No ☐ Yes ☐ No
Have you ever filed an application or interviewed for employment with the City of Peekskill? If yes, give month and year ____/_____	☐ Yes ☐ No
Have you ever been employed with the City of Peekskill 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 have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?	☐ Yes ☐ No ☐ Not Applicable

EDUCATIONAL BACKGROUND

Type of School Attended	Name and Location of School	Number of Years Completed *(do not give dates)*	Course of Study	Diploma or Degree Obtained
High School				
College				
Other				

SKILLS		
	Typing Speed: WPM	Data Entry: # Numeric Keystrokes/Hour # Alpha Keystrokes/Hour
	Computer Skills:	
	List certificates, licenses (*including driver license or CDL endorsement*) or professional achievements that would support your qualifications for employment: If you are applying for a position which requires a Commercial Driver License, provide Driver License # here:_____	List any additional skills, technical or professional knowledge that you feel would support your application:

List your previous four (4) employers whether or not they seem relevant to the position for which you are applying.

Present or Last Employer		
Name of Employer		Phone Number
Address	City State Zip	
Employment Dates (Month/Year) From To	Salary	Hours per Week:
Title of Position		Name and Title of Supervisor
Description of job duties and responsibilities		
Reason for leaving		

Next Previous Employer		
Name of Employer		Phone Number
Address	City State Zip	
Employment Dates (Month/Year) From To	Salary	Hours per Week:
Title of Position		Name and Title of Supervisor
Description of job duties and responsibilities		
Reason for leaving		

Next Previous Employer		
Name of Employer		Phone Number
Address	City State Zip	
Employment Dates (Month/Year) From To	Salary	Hours per Week:
Title of Position		Name and Title of Supervisor
Description of job duties and responsibilities		
Reason for leaving		

Next Previous Employer

Name of Employer				Phone Number	
Address	City		State	Zip	
Employment Dates (Month/Year) From	To		Salary		Hours per Week:
Title of Position			Name and Title of Supervisor		
Description of job duties and responsibilities					
Reason for leaving					

U.S. MILITARY HISTORY

☐ Yes ☐ No

U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty

References (Other than relatives or former 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

Conviction Record Status

Have you ever been convicted of and/or plead guilty to a felony? ☐ Yes ☐ No

Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? ☐ Yes ☐ No

If you answered 'yes' to either question, 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 City of Peekskill.** The nature of the violation and all other appropriate circumstances will be considered. The City of Peekskill reserves the right to reject individuals for employment based on job-related convictions.

Date	County/State	Conviction/Explanation

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation 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 the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment with the City of Peekskill, a pre-employment controlled substance test will be required and must be passed.

Date: _____ Signature of Applicant: _____