

TOWN OF WAPPINGER

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RALPH HOLT



SUPERVISOR
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TOWN COUNCIL
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RECREATION DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
(845) 297-0720

GENERAL APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

NAME _____ DATE OF BIRTH _____

PERMANENT ADDRESS: (If known, use 9 digit zip code)

TELEPHONE (Incl. Area Code):

Home _____ Work _____ Cell _____

EDUCATION: High School _____

College _____

WORK EXPERIENCE:

Employer Name/Address	Supervisor's Name	Telephone # (Including Area Code)	Leave Blank For Office Use

REFERENCES: *References may not be family members. Please get permission from your references to use their name. Notify them they will be called to verify your application.*

Name/Address	Relationship	Phone # (Incl. Area Code)	Leave Blank- For Office Use
		Home: Work: Cell:	
		Home: Work: Cell:	
		Home: Work: Cell:	

DATE _____

SIGNATURE

PLEASE NOTE THAT BY SIGNING THIS APPLICATION YOU AGREE TO ALL THE TERMS AND HAVE READ THE APPLICATIONS CAREFULLY. APPLICANTS UNDER 18 YEARS OF AGE MUST SUBMIT A COPY OF THEIR WORKING PAPERS IN ORDER TO BE CONSIDERED FOR A POSITION. PROPER IDENTIFICATION IS ALSO REQUIRED TO VERIFY EMPLOYMENT ELIGIBILITY.

Completed applications may be dropped off in person between 8:30 am and 3:30 pm, Monday through Friday or mailed to: Town of Wappinger, Recreation Department,
20 Middlebush Rd., Wappingers Falls, NY 12590-0324.