

**TOWN OF COPAKE**  
**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_ Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_

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

Telephone # \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

N.Y.S. Driver's License # \_\_\_\_\_ Expires \_\_\_\_\_

CDL Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Job Duties \_\_\_\_\_

Phone # \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Job Duties \_\_\_\_\_

Phone # \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Job Duties \_\_\_\_\_

Phone # \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Job Duties \_\_\_\_\_

Phone # \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Job Duties \_\_\_\_\_

Phone # \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**EDUCATION & MILITARY BACKGROUND**

High School: \_\_\_\_\_ Graduated: Yes No Year \_\_\_\_\_

College: \_\_\_\_\_ Graduated: Yes No Year \_\_\_\_\_

Trade School: \_\_\_\_\_ Graduated: Yes No Year \_\_\_\_\_

Military Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**GENERAL PHYSICAL CONDITION**

Do you have any chronic or disabling injury or illness? \_\_\_\_\_

If yes explain: \_\_\_\_\_

Would you say your health is: Excellent Good Fair Poor (Circle One?)

**REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**ADDITIONAL INFORMATION**

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**APPLICANT'S STATEMENT**

I hereby certify that answers given herein are true and complete to the best of my knowledge and I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

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

**INTERVIEWERS COMMENTS**

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Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_