



# CITY OF PEEKSKILL

City Hall  
840 Main Street Peekskill, NY 10566  
[www.cityofpeekskill.com](http://www.cityofpeekskill.com)

## 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 <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date Available For Work	
	How were you referred to the City of Peekskill? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Civil Service Job Posting <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____			
	Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, may we contact your employer to obtain employment information?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever filed an application or interviewed for employment with the City of Peekskill? If yes, give month and year    ____/____/____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been employed with the City of Peekskill before? If yes, give dates    From    ____/____/____    To    ____/____/____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <i>Employment eligibility verification will be required upon employment.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	Number of Years Completed <i>(do not give dates)</i>	Course of Study	Diploma or Degree Obtained
	High School				
	College				
	Other				

<b>SKILLS</b>	Typing Speed: _____ WPM	Data Entry: _____ # Numeric Keystrokes/Hour	_____ # Alpha Keystrokes/Hour
	Computer Skills:		
	List certificates, licenses ( <i>including driver license or CDL endorsement</i> ) 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.

<b>Present or Last Employer</b>			
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			
<b>Next Previous Employer</b>			
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			
<b>Next Previous Employer</b>			
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			
<input type="checkbox"/> Yes <input type="checkbox"/> 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

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: \_\_\_\_\_