

Town of Hague Employment Application Form

PO Box 509, Hague, New York, 12836, Tel: (518) 543-6161

Name _____
Last
First
Middle

Present address _____
Street
City
State
Zip

Telephone number (____) _____ e-mail address _____

Position applied for _____

When are you available to start work? _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	DATES ATTENDED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Work Experience

Please list work experience, beginning with most recent job held. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To
Your last job title		
Reason for leaving (be specific)		

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To
Your last job title		
Reason for leaving (be specific)		

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates
		From To
Your last job title		
Reason for leaving (be specific)		

Military Service

Have you ever served in the military? No Yes

Specialty _____ Date Entered _____ Discharge Date _____

References

Name	Relationship (i.e. supervisor, teacher, mentor, etc.)	Address	Phone number

Driver's license (if required for position)

License #	State	Class	Expiration date

Have you ever been convicted of a felony? No Yes
 (A conviction record will not necessarily disqualify you from employment.)

Signature

Date