

TOWN OF NEW CASTLE  
200 S. GREELEY AVE.  
CHAPPAQUA, NY 10514

APPLICATION FOR APPOINTMENT  
AS:

TOWNS, VILLAGES, SPECIAL  
DISTRICTS, CITY OF RYE,  
AND SCHOOL DISTRICTS

(EXACT TITLE OF POSITION)

Indicate  
Locality:

Please print or type

|              |        |        |       |
|--------------|--------|--------|-------|
| Last         | First  | Middle |       |
| address: No. | Street | City   | State |

|           |   |
|-----------|---|
| Telephone | Do you have a driver's license? Yes ( ) No ( )<br>TYPE: |
|-----------|---|

|                        |  |  |  |
|------------------------|--|--|--|
| Social Security Number | Residence in Westchester<br>Years ..... Months ..... | Residence in New York State<br>Years.....Months..... |  |
|------------------------|--|--|--|

| EDUCATION                          | NAME and LOCATION | No. of<br>YEARS<br>Completed | Graduated<br>Yes/no | Course or Major | Degree |
|------------------------------------|-------------------|------------------------------|---------------------|-----------------|--------|
| GRAMMAR SCHOOL                     |                   |                              |                     |                 |        |
| HIGH SCHOOL                        |                   |                              |                     |                 |        |
| COLLEGE or<br>BUSINESS SCHOOL      |                   |                              |                     |                 |        |
| GRADUATE or<br>PROFESSIONAL SCHOOL |                   |                              |                     |                 |        |
| OTHER                              |                   |                              |                     |                 |        |

|   |  |           |        |             |
|---|--|-----------|--------|-------------|
| List any professional or trade licenses you have: |  | Issued by | Number | Date Issued |
|---|--|-----------|--------|-------------|

|                                 |   |   |
|---------------------------------|---|---|
| Can you type?<br>yes ( ) no ( ) | Can you take Shorthand?<br>Yes ( ) No ( ) | Can you operate any other office machine? Yes ( ) No ( )<br>If so, specify: |
|---------------------------------|---|---|

PREVIOUS EMPLOYMENT AND EXPERIENCE (Describe additional exp. on reverse)

| Name and Address of Employer | From<br>mo. yr. | To<br>mo. yr. | TITLE and DUTIES | Salary | Reason for leaving |
|------------------------------|-----------------|---------------|------------------|--------|--------------------|
|                              |                 |               |                  |        |                    |
|                              |                 |               |                  |        |                    |
|                              |                 |               |                  |        |                    |

List any other training or experience which might qualify you for the position sought: (If more space is needed use reverse side)

|             |   |
|-------------|---|
| Veteran ( ) | Exempt volunteer Fireman?<br>Yes ( ) No ( ) |
|-------------|---|

|   |      |    |                   |
|---|------|----|-------------------|
| If veteran, fill in the following:<br>Branch of Service | From | To | Type of Discharge |
|---|------|----|-------------------|

Do you operate any other automotive equipment? If so, specify:

Have you ever been convicted of a felony or misdemeanor, other than a traffic violation? If yes, explain on reverse side.

Have you ever taken a New York State Civil Service Examination? Yes ( ) No ( ) If so, list dates and titles:

The answers to the foregoing questions are true and correct to the best of my knowledge and belief, and I fully understand that any willful misstatement of material facts may lead to disqualification from work for the jurisdiction.

Date \_\_\_\_\_ Applicant's signature \_\_\_\_\_

(Office Use Only) Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_ \*NEW YORK STATE LAW PROHIBITS DISCRIMINATION BECAUSE OF AGE.