



**Town of Beekman**  
**4 Main Street**  
**Poughquag, NY 12570**

**Maintenance Worker Application**  
**(please print clearly)**

Last Name	First Name	Middle Initial	Email
Home Phone	Cell Phone	Work Phone	
Street	Town	State	Zip

Do you meet the minimum age requirement described in the position description? \_\_\_\_No \_\_\_\_Yes \_\_\_\_DNA

Are you a resident of the Town of Beekman? \_\_\_\_No \_\_\_\_Yes

Have you been previously employed by, or contracted with, the Town of Beekman \_\_\_\_No \_\_\_\_Yes:

List years & positions: \_\_\_\_\_

Have you ever been convicted of a crime (other than traffic violations)? \_\_\_\_No \_\_\_\_Yes:  
please state offense: \_\_\_\_\_, date: \_\_\_\_\_ and location: \_\_\_\_\_. (A conviction  
record will not necessarily be cause for disqualification)

Describe any experience you have had working fr the position you are applying to work with:


Please list any relevant professional experience and affiliations (continue on separate paper if needed): \_\_\_\_


**EDUCATION**

Name of Schools (High School, College, Graduate School)	Major area of study	Dates	Highest Grade Completed	Degree or Credits

**OVER**

**EMPLOYMENT EXPERIENCE** - *List most recent experiences first-enclose resume or use additional paper as needed*

EMPLOYER'S NAME , ADDRESS & EMAIL	POSITION/MAJOR RESPONSIBILITIES	REASON FOR LEAVING	
MAY WE CONTACT?	TYPE of BUSINESS	DATES EMPLOYED From      To	SUPERVISOR'S NAME & PHONE
EMPLOYER'S NAME , ADDRESS & EMAIL	POSITION/MAJOR RESPONSIBILITIES	REASON FOR LEAVING	
MAY WE CONTACT?	TYPE of BUSINESS	DATES EMPLOYED From      To	SUPERVISOR'S NAME & PHONE
EMPLOYER'S NAME , ADDRESS & EMAIL	POSITION/MAJOR RESPONSIBILITIES	REASON FOR LEAVING	
MAY WE CONTACT?	TYPE of BUSINESS	DATES EMPLOYED From      To	SUPERVISOR'S NAME & PHONE

**List 3 non-relatives and non-peers** who can attest to your character, work ethic and ability to do the type of work you are applying to perform and then distribute your references to those individuals.

**Reference 1:**

Printed Last Name	Printed First Name	Position/Title		
Cell phone	Work phone	Home land line		
email address	Street address	Town	State	Zip

**Reference 2:**

Printed Last Name	Printed First Name	Position/Title		
Cell phone	Work phone	Home land line		
email address	Street address	Town	State	Zip

**Reference 3:**

Printed Last Name	Printed First Name	Position/Title		
Cell phone	Work phone	Home land line		
email address	Street address	Town	State	Zip

- I certify that the statements made on submitted materials are true and correct to the best of my knowledge.
- I understand that any misinformation, falsification or failure to disclose pertinent information will result in the termination of my services.
- I authorize all present or prior employers, educational institutions and the individuals listed by me, to release to Beekman Recreation, any information relevant to my application, including information about my employment record, and hereby release them from liability and responsibility for doing so.
- I understand that Beekman Rec reserves the right to conduct a criminal background check.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date