

TOWN OF CORTLANDT DEPARTMENT OF RECREATION AND CONSERVATION
***EMPLOYMENT APPLICATION - Please Fill in Completely**

Last Name		First Name		Initial		Age		Date of Birth		Date Available	
Address		City		ZIP		Male <input type="checkbox"/> Female <input type="checkbox"/>		Phone No.		Soc. Sec. No.	
EDUCATION (Name and Location of School)											
High School											
College											
Military/Other											
Other											
EMPLOYMENT HISTORY											
From To	Employer	Address		Supervisor		Phone		Sent	Rec'd	REF.	
From To	Employer	Address		Supervisor		Phone		Sent	Rec'd	REF.	
PERSONAL REFERENCES (Fill in Completely)											
Name		Address		Phone		Phone		Sent	Rec'd	REF.	
Name		Address		Phone		Phone		Sent	Rec'd	REF.	
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>											
CERTIFICATIONS				OTHER CERTIFICATIONS				RECREATION EXPERIENCE			
<input checked="" type="checkbox"/>	Expiration Date	<input checked="" type="checkbox"/>	Expiration Date	<input checked="" type="checkbox"/>	Expiration Date	List: Sports, hobbies, special interests, extra-curricular activities, certifications.					
	CPR										
	1 st Aid/RTE										
	Waterfront										
Positions applied for in order of preference:											
1.				2.				3.			
Applicant's Signature: _____ Date _____ Interviewed by: _____ Date _____											
Recommended for employment Yes <input type="checkbox"/> No <input type="checkbox"/>				Title				Salary			
Practical Exam				Comment				Dates			