



## Town of Beekman Maintenance Department

29 Recreation Center Road  
Hopewell Junction, NY 12533  
845-227-5783 845-227-9685F  
[www.townofbeekman.com](http://www.townofbeekman.com)

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*Town of Beekman provides equal opportunities to employees and applicants without regard to race, color, religion, sex, national origin, age, disability, or veteran status.*

### Job Announcement

#### The Maintenance Department is looking for an Individual:

- 18 years of age or older that passes a pre-employment physical and drug test and has the manual dexterity and physical condition commensurate with the demands of working outdoors in summer heat, rain, and wind
- With an excellent work ethic that can be verified by references from teachers, advisors, club leaders, supervisors, coaches (not friends or relatives)
- With a valid driver's license and clean driving record; and ability to perform the activities listed below.

#### Typical work activities:

- Assist in the upkeep of grounds by mowing lawns, trimming shrubbery, weed whacking, leaf blowing, raking, and taking care of flower beds
- Assist in the preparation of fields, by dragging, lining and adjusting bases
- Assist in a variety of tasks in regard to the upkeep of buildings such as cleaning, washing windows and scrubbing floors
- Clean bathrooms, floors, kitchen and kitchen equipment, meeting rooms, and other facilities
- Collect and remove trash and garbage
- Set up and take down chairs, tables and equipment for programs
- Help clean and maintain tools and other equipment
- Operate trucks, mowers, weed whackers and other equipment
- Help maintain water quality in lake by managing chlorine and opening and closing valves
- Prepare surfaces for painting by scraping, sanding, washing, and applying paint

**Interested and qualified individuals should:** Complete the attached Dutchess County Application and return to the Rec Office ASAP

#### What we do with your application:

It will be reviewed and if the and evaluated to determine if you will be called for an interview. If we leave you a phone message, we expect you to play it before you respond.

#### What you must do if offered a position:

- Within 3 days of the offer:
  - Schedule and attend an appointment with TEK Medical Services, Inc., 1075 Rte. 82, Hopewell Junction, for a physical and drug test
  - Make cash or check payment to TEK of up to \$100 to be reimbursed by the Town if you pass the test and accept the position
- Complete additional paperwork supplied to you by the office such as tax forms, and I-9

# Dutchess County General Application (see page 1 for specific instructions)

1. Title of Position \_\_\_\_\_

Exam Number(s) (if applicable) \_\_\_\_\_

www.dutchessny.gov

For Office Use Only

Approved \_\_\_\_\_

Conditional \_\_\_\_\_

Disapproved \_\_\_\_\_

Fee Paid \_\_\_\_\_

Waiver \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_

Last Name	First Name	Initial
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Address \_\_\_\_\_

City	State	Zip
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Day Phone _____	Evening Phone _____
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4. State your permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date. Village of Wappingers Falls residents should also include town.

	Area	Yrs/Mos
School District	_____	_____
Village/Town/City	_____	_____
County of	_____	_____
State of	_____	_____

5. If you are under 18 years of age, can you provide proof of your eligibility to work? Yes \_\_\_\_\_ No \_\_\_\_\_

6. If the position you are applying for has minimum or maximum age limits (see announcement), please enter your date of birth:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

7. Are you currently a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", give alien registration number: \_\_\_\_\_

8. Have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", omit questions 9 through 12. If "Yes", refer to Veterans Credits instruction sheet, available upon request.

9. Did you serve in the Armed Forces of the United States during any of the following periods? Yes \_\_\_\_\_ No \_\_\_\_\_

- A. December 7, 1941 to December 31, 1946
- B. June 27, 1950 to January 31, 1955
- C. February 28, 1961 to May 7, 1975
- D. August 2, 1990 to "end of such hostilities"
- E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

10. Did you receive an expeditionary medal for any of the following conflicts? Yes \_\_\_\_\_ No \_\_\_\_\_

- A. Lebanon - June 1, 1983 to December 1, 1987
- B. Grenada - October 23, 1983 to November 21, 1983
- C. Panama - December 20, 1989 to January 31, 1990

11. Are you classified as: (Check appropriate)

A non-disabled war veteran \_\_\_\_\_

A disabled war veteran \_\_\_\_\_

12. Since January 1, 1951, have you used additional credits as a veteran for appointment to any position in the public employment of New York State or any of its civil divisions? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Do you possess certification as an Exempt Volunteer Firefighter? Yes \_\_\_\_\_ No \_\_\_\_\_

14. If you have been employed by the County of Dutchess or by any civil division therein (city, town, village, school district or special district), please state location(s) and dates:

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

15. For examination purposes only:  
Indicate if you desire accommodation because you ...

- \_\_\_\_\_ ... cannot be tested on the announced exam date due to a conflict with a religious observance or practice.
- \_\_\_\_\_ ... are a handicapped individual and require the following assistance or accommodations:

\_\_\_\_\_

\_\_\_\_\_

# Dutchess County General Application

## Exam Fee Waiver Request

All examinations offered by Dutchess County currently require a non-refundable processing fee. This fee will be waived in accordance with Civil Service Law Section 50.5(b) for candidates who certify they are unemployed *and* primarily responsible for the support of a household, *or* who are receiving public assistance.

Yes	No	
_____	_____	I am unemployed, primarily responsible for the support of a household, and cannot be claimed as a dependant on another person's tax return.
_____	_____	I am currently receiving Supplemental Security Income (SSI) payments.
_____	_____	I am currently on Medicaid.
_____	_____	I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance). Case number: _____ (must be entered)
_____	_____	I am currently certified for Job Training Partnership Act /Workforce Investment Act programs.

I affirm that the information I have provided is true under the possible penalties of disqualification and perjury.

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

## Affirmation and Authorization to Investigate and Release

The undersigned applicant hereby affirms that the statements made on this application and any attached papers or documents are true under the penalties of disqualification and perjury.

The undersigned applicant hereby authorizes the Department of Human Resources of the County of Dutchess or its agents to investigate matters necessary for the verification of the qualifications of the applicant. Such authorization shall include the right to examine any and all records, files, histories or other information relating to the applicant in the possession of any federal, state or municipal authority, corporation, agent or person. Furthermore, such investigation may include a criminal background investigation, which would require a fingerprint check, to determine overall suitability for employment. Failure to meet standards for the background investigation may result in disqualification. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

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

**Dutchess County General Application** (Complete in full – attaching a resume is *not* sufficient)

Name \_\_\_\_\_ Position / Exam \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (day) \_\_\_\_\_  
 \_\_\_\_\_ Phone (evening) \_\_\_\_\_

16. LICENSES	Title / Issuing Agency	License Number	Original Date of Issue	Expiration Date
Trade / Professional	_____	_____	_____	_____
Driver	Do you have a valid license to operate a motor vehicle in New York? Yes _____ (Class _____) No _____			

17. EDUCATION AND SKILLS	Name / Location	Dates Attended	F/T or P/T	# Yrs	Major / Type of Course	# of Crds	Degree Earned / Date Awarded
College, Trade or Technical School / Special Courses / Continuing Education	_____	_____	_____	_____	_____	_____	_____
High School	Name of School / Issuing Agency _____						
	Address _____						
	Graduated? Yes _____ No _____		Indicate Equivalency Diploma Number if Applicable _____				
			Indicate Last Grade Completed _____				
Keyboarding	Indicate typing / keyboarding experience and whether from work, training or both: _____						
Computers	Indicate program experience in the following types of software and whether from work or training:						
	word processing	_____					
	spread sheet	_____					
	database management	_____					
	other	_____					
Languages	Indicate languages other than English and general level of ability in speaking, reading and writing: _____						
	_____						

18. WORK EXPERIENCE	List most recent experience first. Attach additional sheets if necessary. A resume is not sufficient. _____ Check to indicate you do not wish your present employer to be contacted at this time.	
Length of Employment Mo/Yr Mo/Yr From To	Firm Name	Address
Hours per Week	Duties (indicate % of time for each) _____	
Earnings	_____	
Title	_____	
Type of Business	_____	
Supervisor	_____	
Supervisor's Title	_____	

## Dutchess County General Application

### 18. WORK EXPERIENCE (Cont'd)

(Attach additional sheets if necessary, following this format. A resume is not sufficient You must indicate months and hours worked per week to receive credit for work experience.)

Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____