

PROMOTIONAL INFORMATION FORM

(For completion by current Town of Colonie employees only)

Applying for position of: _____

Last Name: _____

First Name: _____

MI: _____

Mailing Address/
Street Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____

State Your Actual Permanent Legal Residence: (if different than Mailing Address)

Street Address: _____

City: _____ State _____ Zip Code _____

Describe your Education/Background/Experience/Certifications/Licenses which demonstrate that you qualify for the position that you are applying for:

Attended High School (circle one) Yes or No Name of School _____

Graduate – Yes or No GED – Yes or No

College/University/Technical School:

Name _____

Address/Location _____

Dates of Attendance: From _____ To _____

Did you complete Program? – Yes or No

Date of Certification/Licensure/Graduation: _____

Certification/Licensure/Degree obtained: _____

Describe type of Course/Subject/Profession/Technical Training: _____

Licenses, Certificates, or other authorization to practice a trade or profession listed as a requirement of the notice of vacancy for which you are applying: _____

Name of Trade of Profession _____ License No. _____

Name of Licensing Authority _____

Address of Licensing Authority _____

Specialty _____ Date License Issued _____

Period of License, if Granted: From (Mo./Yr.) _____ To (Mo./Yr.) _____

If required on the notice of vacancy for the position which you are applying, do you have a valid license of the required level to operate a motor vehicle in New York State (circle one)- Yes or No

License Class: _____ Endorsements _____ License No. _____

12/11/01

1

Description of Prior Work Experience: Beginning with the most recent, describe in accurate, adequate and clear detail ALL employment, including military, volunteer, unpaid experience and special skills, abilities, interests or training which is pertinent to the position being applied for to enable a reasonable assessment of your qualifications for this position in question:

Length of Employment _____ To (Mo./Yr.) _____ From(Mo./Yr.) _____

Name of Company _____

Street Address of Company _____

City and State Company is Located _____

Type of Business _____ Your Exact Title _____

Name of Your Supervisor _____ Hours Worked per Week _____

Describe Duties Below:

Length of Employment _____ To (Mo./Yr.) _____ From(Mo./Yr.) _____

Name of Company _____

Street Address of Company _____

City and State Company is Located _____

Type of Business _____ Your Exact Title _____

Name of Your Supervisor _____ Hours Worked per Week _____

Describe Duties Below:

Length of Employment _____ To (Mo./Yr.) _____ From(Mo./Yr.) _____

Name of Company _____

Street Address of Company _____

City and State Company is Located _____

Type of Business _____ Your Exact Title _____

Name of Your Supervisor _____ Hours Worked per Week _____

Describe Duties Below:

Attach Additional Information if required for fully explaining prior work experiences.

APPLICANT SIGNATURE _____ DATE: _____

DEPT. USE ONLY:

STAMP DATE FORM RECEIVED _____

INITIAL DEPARTMENT STAFF ACCEPTING FORM _____

(RETURN ONE COPY OF FORM TO APPLICANT).

12/11/01