

Sandra J. Beston
Chairwoman
Charles A. Jeseo
Vice-Chairman
Jeffrey Czarnecki
Roberta Gilson
Regina Warner
Bert Bouchey
Jane Hayes

Watervliet Housing Authority

Administration Office
2400 Second Avenue
Watervliet, New York 12189
Phone: 518-273-4717
Fax: 518-273-4730
E-mail: Office@WatervlietHousing.org

Charles V. Patricelli
Executive Director

Tracey Freemantle,
C.P.A.
Fee Accountant

Application for Employment Part-Time/Summer Youth Program

Name: _____ Date of Birth: _____

Address: _____

Social Security #: _____

Telephone: (____) _____ E-Mail address: _____

Current Education

Name of School

No. of Years

In case of an emergency contact:

1) Name: _____

Telephone: **Home** _____ **Work** _____

2) Name: _____

Telephone: **Home** _____ **Work** _____

Personal References:

1: _____

2: _____

3: _____

**I further understand that in accordance with the Watervliet Housing Authority's drug testing program
I agree to submit to a urinalysis test as a condition of employment.**

Signature: _____

Date: _____

I am available to begin work on: _____

**You may need working papers; they can be obtained at the Watervliet High School Nurse's Office. If you need a card you
cannot start until you have the "blue card".**

