



VILLAGE OF SAG HARBOR

APPLICATION FOR EMPLOYMENT

P.O. Box 660 · 55 Main Street · Sag Harbor, NY · 11963
Phone: 631-725-0222 · Fax: 631-725-0316 · www.sagharborny.gov
(PRE-EMPLOYMENT QUESTIONNAIRE – AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME: _____

LAST

FIRST

MIDDLE

MAILING

ADDRESS: _____

STREET/PO BOX

CITY

STATE

ZIP

PERMANENT

ADDRESS: _____

STREET

CITY

STATE

ZIP

PHONE NUMBER: () _____ EMAIL: _____

ARE YOU 18 YEARS OR OLDER? YES NO ARE YOU A U.S. CITIZEN: YES NO

IF NOT, DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE U.S.: YES NO

DO YOU HAVE A VALID DRIVER'S LICENSE: YES NO TYPE OF DRIVER'S LICENSE: _____

DRIVER'S LICENSE STATE/NUMBER: _____ EXPIRATION: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: YES NO

EMPLOYMENT

POSITION: _____ DATE YOU CAN START: _____

ARE YOU EMPLOYED NOW: YES NO

IF SO, WHERE: _____

MAY WE INQUIRE OF YOUR PRESENT EMPLOYMENT: _____

HAVE YOU EVER APPLIED FOR THIS JOB BEFORE: YES NO IF SO, WHEN: _____

WHERE DID YOU SEE THIS JOB POSTING/HEAR ABOUT THIS POSITION:

***AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE**

EDUCATION

GRAMMER

SCHOOL _____

NAME AND LOCATION OF SCHOOL

NUMBER OF YEARS ATTENDED

DID YOU GRADUATE

HIGH

SCHOOL _____

NAME AND LOCATION OF SCHOOL

NUMBER OF YEARS ATTENDED

DID YOU GRADUATE

UNIVERSITY/

COLLEGE _____

NAME AND LOCATION OF SCHOOL

NUMBER OF YEARS ATTENDED

DID YOU GRADUATE

TRADE/BUSINESS

OR OTHER SCHOOL _____

NAME AND LOCATION OF SCHOOL

NUMBER OF YEARS ATTENDED

DID YOU GRADUATE

FORMER EMPLOYEES (LIST BELOW LAST THREE EMPLOYEES STARTING WITH THE LAST ONE FIRST)

START/END DATE

EMPLOYER NAME

POSITION

ADDRESS

REASON FOR LEAVING

START/END DATE

EMPLOYER NAME

POSITION

ADDRESS

REASON FOR LEAVING

START/END DATE

EMPLOYER NAME

POSITION

ADDRESS

REASON FOR LEAVING

REFERENCES (LIST THREE BELOW)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

"I certify that the facts contained in this application are true and completed to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information that may have, personal or otherwise and release all parties from liability for any damage that may result from furnishing same to you. I understand and agree that if hired, my employment is for no definite period and may, regardless of the date or payment of my wages and salary, be terminated at any time without prior notice."

SIGNATURE_____
DATE