

Philipstown **Recreation** Department

APPLICATION FOR EMPLOYMENT

Personal Background

Name _____ Social Security # only when requested _____

Address _____

College Address _____

Town of Residence _____ Phone Number _____

Position Applying For _____ Date You Can Start ___/___/___

Full Time _____ Part Time _____ Specific Hours _____ Salary Desired _____

Is there any reason we may not inquire of your present employer or prior employers? If yes, please explain

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Y N

If you are a minor, can you produce the work certificate necessary to obtain employment? Y N

Are you able, at the time of employment, to submit verification of you legal right to work in the U.S.? Y N

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position(s) for which you are applying? Note: This question does not apply to convictions which have been expunged, sealed, pardoned or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment?) Y N

| Educational Background | Name and Location of School | Highest Grade Completed | Major Area of Study |
|------------------------------------|-----------------------------|-------------------------|---------------------|
| High School | | | |
| College | | | |
| Trade, Business or Graduate School | | | |

Specialized technical skills _____

Are you currently certified in First Aid or CPR? If yes, please list level completed and expiration dates? _____

List any other experiences, skills, certifications, specialized training, you have that might have a bearing on this application? _____

Work Experience

(Please list below your last four employers, stating with your present or last place of employment. You may include any verifiable work performed of a volunteer basis, internship or military service.)

| Date (Month/Year) | Name, Address and Phone # of Employer | Salary | Position | Name of Supervisor | Reason for Leaving |
|-------------------|---------------------------------------|--------|----------|--------------------|--------------------|
| From: | | | | | |
| To: | | | | | |
| From: | | | | | |
| To: | | | | | |
| From: | | | | | |
| To: | | | | | |
| From: | | | | | |
| To: | | | | | |

References

Please give the name of three additional references that we may call. Please do not list relatives.

| | Name & Position | Company | Telephone Number |
|----|-----------------|---------|------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

I certify that the above is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, me immediate dismissal.

Applicant's Signature _____ Date ___/___/___