

**TOWN OF SOUTHOLD
RECREATION DEPARTMENT
APPLICATION FOR EMPLOYMENT**

**PHONE: 631.765.5182
Ken.Reeves@town.southold.ny.us**

**P.O. BOX 267
PECONIC NY 11958**



PLEASE PRINT:

1. _____
Last Name
First Name
Middle Initial

_____ _____
Mailing Address
Legal Address (if different)

_____ _____ _____ _____ _____ _____
City
State
Zip Code
City
State
Zip Code

_____ _____ _____
Home Telephone Number
Cell phone number
E-Mail Address (Please print legibly)

2. Description of experience
Beginning with the most recent, describe below your last three (3) employments:

A. Length of Employment	Firm Name	Address	City and State
From: _____ To: _____ Month/Year Month/Year			
Supervisor's name and title:	Supervisor's telephone number:		
Brief description of duties:			

B. Length of Employment	Firm Name	Address	City and State
From: _____ To: _____ Month/Year Month/Year			
Supervisor's name and title:	Supervisor's telephone number:		
Brief description of duties:			

B. Length of Employment	Firm Name	Address	City and State
From: _____ To: _____ Month/Year Month/Year			
Supervisor's name and title:	Supervisor's telephone number:		
Brief description of duties:			

3. List each high school, college, university and/or technical schools attended:

Full Name of School, City & State in which located	Dates of Attendance (Month & Year)	Were You Graduated?	Type of Course Major Subject	Type of Degree Received	Date Degree Received

4. Personal References

Name	Address	Phone Number

5. Drivers License:

Class of your NYS motor vehicle license: _____ Date of expiration: _____

6. Please check the appropriate box to the right of each question:

- A. Have you ever been convicted of any crime?
(felony or misdemeanor)..... YES NO
- B. Have you ever forfeited bail bond posted to guarantee your
appearance in court to answer to any criminal charge?..... YES NO
- C. Were you ever dismissed or discharged from any employment for
reasons other than lack of work or funds?..... YES NO
- D. Did you ever resign from any employment rather than face dismissal?..... YES NO
- E. Did you ever receive a discharge from the armed forces of the United
States which was other than honorable or which was issued under
other than honorable circumstances?..... YES NO

DECLARATION:

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole, probation agencies, and former school to provide to the Town of Southold any and all information including, but not limited to, information as to my character, habits, work ability, and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities, or damages.

_____ X _____
Today's Date Signature

Are you 18 years of age or older? Yes No ~ If not, do you have working papers? _____

_____ Please indicate position you are applying for

Southold Town is an equal opportunity/affirmative action employer.