

Sag Harbor Village Police Department Application For Employment

Please type or print clearly

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(PO Box & Street) (Town/State) (Zip)

PHONE NO. _____ CELL NO. _____

SOCIAL SECURITY NO. _____ DATE OF APPLICATION: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ YES _____ NO

LICENSE STATE: _____ MOTORIST ID NO: _____

PRESENT/FORMER EMPLOYER: _____

ADDRESS: _____

TEL. NO. _____ NUMBER OF YEARS/MONTHS EMPLOYED _____

IF STUDENT NAME OF SCHOOL ATTENDING: _____

PRESENT GRADE LEVEL: _____ COLLEGE LEVEL: _____

REFERENCE-NAME: _____ PHONE NO: _____

JOB TITLE THAT YOU ARE SEEKING WITH THE SAG HARBOR VILLAGE POLICE.

- | | |
|-----------------------------------|-----------------------------------|
| 1. FULL TIME POLICE OFFICER _____ | 2. PART TIME POLICE OFFICER _____ |
| 3. TRAFFIC CONTROL OFFICER _____ | 4. SCHOOL CROSSING GUARD _____ |
| 5. ACADEMY FOR S.P.O. _____ | 5. MATRON _____ |

DATE YOU CAN START _____ DATE YOU CAN WORK TO: _____

"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 the investigation of all statements contained herein and release all parties from all liability for any damage that may result from furnishing said information to you.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Signature: _____ Date: _____