

VILLAGE OF SAG HARBOR

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____
 LAST FIRST M.I.

SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____
 STREET CITY STATE ZIP

PERMANENT ADDRESS _____
 STREET CITY STATE ZIP

PHONE NO. () _____ ARE YOU 18 YEARS OR OLDER? YES NO

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSABLE REASONS.

- HEIGHT: _____ FEET _____ INCHES
- ARE YOU PREVENTED FROM LAWFULLY BEING LAWFULLY EMPLOYED IN THE UNITED STATES? _____ YES _____ NO
- WEIGHT: _____ LBS. DATE OF BIRTH*: ____/____/____
- WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____
 READ: _____ WRITE: _____

*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.

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: ____/____/____

ARE YOU EMPLOYED NOW? _____

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYMENT? _____

EVER APPLIED FOR THIS JOB BEFORE? _____ IF SO, WHEN? _____

EDUCATION

NAME & LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	DID YOU GRADUATE
GRAMMER SCHOOL		
HIGH SCHOOL		
COLLEGE		
TRADE, BUSINESS, OR OTHER SCHOOL		

*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.

GENERAL: DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO
TYPE OF NEW YORK DRIVER'S LICENSE: _____
RESTRICTIONS: _____ EXPIRES: _____
ANY SUBJECT TO STUDY, QUALIFY ON HEAVY MACHINERY: _____

FORMER EMPLOYEES (LIST BELOW LAST THREE EMPLOYERS, STARTING LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
START: END:			
START: END:			
START: END:			

REFERENCES: (LIST BELOW THREE, INCLUDING CONTACT NAME & TELEPHONE NUMBER)

NAME: _____ TELEPHONE NUMBER: () _____
NAME: _____ TELEPHONE NUMBER: () _____
NAME: _____ TELEPHONE NUMBER: () _____

"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 all 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."

DATE: _____ **SIGNATURE:** _____