

TODAY'S DATE: _____ / _____ / _____

Village of Brightwaters

Village Office • 40 Seneca Drive • Brightwaters, NY 11718
Phone (631) 665-1280 • Fax (631) 665-2830

Before answering the following questions, please be advised that the Village of Brightwaters does not discriminate in employment practices because of race, creed, color, national origin, sex, age, disability, and marital status or arrest records. Please print all answers below.

Position applied for _____ Full-Time Part-Time

If Part-Time, days and hours available _____

Were you previously employed by us? Yes No

If yes, when _____

and what position? _____

PERSONAL INFORMATION

Mr. / Mrs. / Miss / Ms. ← (Circle One)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (cell) _____ (home) _____

Social Security #: _____

Have you ever been convicted of any crime (felony or misdemeanor)? Yes No

Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? Yes No

Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No

Did you ever resign from any employment rather than face dismissal? Yes No

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 honorable circumstances? Yes No

If you answered "yes" to any of the above five questions, please provide details:

Date of Birth _____ / _____ / _____

Are you over 18 years of age? Yes No

Are you a veteran of the U.S. Forces? Yes No

Are you an exempt volunteer firefighter? Yes No

Do you have any certifications, licenses, or CDL's? Yes No

If yes, please indicate which _____

EDUCATION INFORMATION

	Name of School	Course/ Major	Circle Last Year Completed	Did you Graduate?	Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT INFORMATION

Most recent position first. You may attach resume if available.

		Length of Employment	Position Held	Describe duties	Last Salary	Reason for Leaving
Company Name						
Employer Name						
Address						
Company Name						
Employer Name						
Address						
Company Name						
Employer Name						
Address						

May we contact the employers? Yes No

TWO REFERENCES (Not Relatives)

Name	Address	Telephone #
		() -
		() -

Add any other information you consider relevant to your employment application.

The facts set forth in this application are true and complete. I understand that any false statement is cause for immediate dismissal. I also understand that a pre-employment examination relative to minimum physical standards for employment may be necessary.

(Signature)