

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 ___/___/___