

INCORPORATED VILLAGE OF GARDEN CITY EMPLOYMENT APPLICATION



In compliance with Federal and State Equal Opportunity Laws, qualified applicants are considered for all positions, without regard to age, race, color, religion, sex, national origin, marital status, veterans status or presence of a non-job related disability.

Name _____
Last First Middle Date

Street Address _____
Home Phone

City, State, Zip _____
Cell Phone

Email Address: _____

Are you under 18 years of age? _____ Are you a U.S. Citizen? _____

If no, have you the legal right to remain permanently in the U.S.? _____

Do you possess a valid driver's license? _____
State Class

Have you ever been convicted of a crime? _____
If yes, give details _____

Have you ever been employed by the Village of Garden City? _____

Department	Date of Employment	Date of Separation
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Position Desired _____
Full-Time Part-Time Seasonal

Salary \$ _____

Do you have any disabling condition which would prevent you from performing in a reasonable manner the essential functions of this position? _____
If yes, give details: _____

Are you a volunteer firefighter? _____
Location Date Joined

Have you ever served in the U.S. Armed Forces? _____
Branch Rank Serial No.

List any additional skills, knowledge, experience or other relevant qualifications:

List three persons, not related to you, to whom you have known at least one (1) year:

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Telephone No.</u>

EDUCATION:

List highest grade completed _____ Month/Year of High School Graduation: _____

Name and location of High School: _____

Describe any education you have had since high school:

Name and address of School	Years Attended	Major Subject	Did you Graduate	Date Degree Received

EMPLOYMENT:

List below positions you have held starting with the most recent:

From _____ To: _____ Employer's Name _____

Address _____ Telephone No. _____

Your position _____ Supervisor's Name _____

Specific Duties _____

May we contact this employer? _____ Reason for leaving _____

From _____ To: _____ Employer's Name _____

Address _____ Telephone No. _____

Your position _____ Supervisor's Name _____

Specific Duties _____

May we contact this employer? _____ Reason for leaving _____

APPLICANT'S CERTIFICATION

I certify that all matters contained in this application are true, authorize their investigation and agree that any misleading or false statements on this application or during the interview would render this application void, and would be grounds for immediate dismissal in the event of my employment.

I understand that my employment may be dependent upon satisfactory completion of a medical examination; receipt of satisfactory references, and attendance at employee orientation.

I agree, if employed, to provide acceptable proof of age and to abide by all rules and regulations of the Village of Garden City.

I understand that I may be fingerprinted as a condition of securing or continuing employment pursuant to Section 201a of the New York State Labor Law.

Signature

Date