



236 Third Street
Greenport, NY 11944
Tel: (631) 477-0248 Fax: (631) 477-1877

Job Application Form

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Street Address _____

City, State, Zip Code _____

Phone Number (____) _____

Social Security Number _____ - _____ - _____

If you are under age 18, do you have an employment/age certificates? ___Yes ___No

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain:

Do you have a Driver's license? ___Yes ___No Special Class License _____ Expires _____

What is your means of transportation to work? _____

Driver's license number _____

State of issue _____ ___Operator ___Commercial (CDL) ___Chauffeur

Have you had any accidents during the past three years? ___ How Many? _____

Have you had any moving violations during the past three years? ___ How Many? _____

Have you ever been in the Armed Forces? Yes No

Are you now a member of the National Guard? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

POSITION/AVAILABILITY:

Position Applied For: _____

How many hours can you work weekly? _____

Employment desired Full-Time Only Part-Time Only Full-or Part-Time

What date are you available to start work? _____

EDUCATION: High School, College, Business or Trade School, Professional school

Name and Address of School - Degree/Diploma - Graduation Date

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Skills and Qualifications: Skills, Licenses, Training, Awards

Typing: ___Yes ___ No ___WPM Word Processing ___Yes ___NO ___WPM

Personal Computer ___Yes ___No ___PC ___Mac

LICENSES: If a license, certificate or other authorization to practice a trade or profession is a requirement for position for which you are applying, complete the following:

Name of Trade or Professional License_____

Granting Agency - City - Town_____

Date License first issued_____ Registered From:_____ To:_____

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary_____ Reason for Leaving: _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

References:

Name/Title Address Phone

Name/Title Address Phone

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local state or federal law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____