



APPLICATION FOR EMPLOYMENT

Village of Port Chester, New York

222 Grace Church Street, Port Chester, New York 10573

(914) 939-2200 • (914) 937-3169 Fax

www.portchesterny.gov

(PLEASE PRINT ALL INFORMATION)

POSITION TITLE _____				
NAME _____				
Last Name	First Name	MI		
MAILING ADDRESS _____				
Number	Street	City	State	Zip Code
E-MAIL ADDRESS _____				
HOME PHONE: (____) _____		1 2 3	MOBILE PHONE: (____) _____	
			1 2 3	
WORK PHONE: (____) _____				
1 2 3 <i>(Circle preferred order of contact)</i>				

- 01) Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
- 02) Did you ever resign from any employment rather than face dismissal? YES NO
- 03) 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 than honorable circumstances? YES NO
- 04) May we contact your present employer? YES NO
- 05) Are you related to any employee of the Village of Port Chester? YES NO
- 06) Are you currently a volunteer firefighter? YES NO

If you answered "YES" to any of the questions 1-5 above, you must give specifics. (Attach additional 8 W by 11" sheets.) If such explanation is insufficient, a confidential investigation supplement will be sent to you.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

EDUCATION & TRAINING

Are you 18 years of age or older?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you a citizen of the United States?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.	
Do you have a High School Diploma?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Name and location of High School	
Or a High School Equivalency (GED) Diploma?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Issuing Governmental Authority	Document Number
CIRCLE HIGHEST GRADE COMPLETED		NAME OF SCHOOL	
8	9	10	11 12
COLLEGE, BUSINESS OR TRADE SCHOOL	LOCATION	DEGREE	MAJOR SUBJECT SEMESTER UNITS

EXPERIENCE – List your present or most recent job first. A thoroughly completed application may improve your chances for employment. If you need more space, you may attach additional sheets. **NOTE: A resume may be attached, but will not be substituted for completion of this section. Omissions or vagueness will not be interpreted in your favor.**

Length of Employment Mo. Yr. / From / To Mo. Yr. /		Name of Employer	Address	City and State
Earnings \$	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Type of Business		Describe duties below:		
Your Exact Title				
Name of your Supervisor				
Supervisor's Title				
Reason for Leaving				
Length of Employment Mo. Yr. / From / To Mo. Yr. /		Name of Employer	Address	City and State
Earnings \$	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Type of Business		Describe duties below:		
Your Exact Title				
Name of your Supervisor				
Supervisor's Title				
Reason for Leaving				
Length of Employment Mo. Yr. / From / To Mo. Yr. /		Name of Employer	Address	City and State
Earnings \$	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Type of Business		Describe duties below:		
Your Exact Title				
Name of your Supervisor				
Supervisor's Title				
Reason for Leaving				
Length of Employment Mo. Yr. / From / To Mo. Yr. /		Name of Employer	Address	City and State
Earnings \$	# of hours/week	Was this experience gained after receiving a High School or Equivalency Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Type of Business		Describe duties below:		
Your Exact Title				
Name of your Supervisor				
Supervisor's Title				
Reason for Leaving				

U.S. MILITARY HISTORY YES NO

If YES, you must give specifics below:

U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty
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Professional or Vocational Certificates or Licenses. Please attach a copy to the application if required for the position you are applying for:

Other Special Training or Skills: (Language, office equipment, machine operations, etc.)

List names, addresses and relationships of three persons **not related** to you who know your qualifications:

NAME	ADDRESS	PHONE	RELATIONSHIP

Is additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your school and/or work record? YES NO

If yes, please indicate here: _____

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. IT IS A CRIME PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, PUNISHABLE AS A CLASS "A" MISDEMEANOR, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

By my signature below, I hereby authorize the Village of Port Chester to request verbal or written verification of any or all information contained herein. I further authorize a review and consent to a full disclosure of all records concerning me whether said records are of a public, private or confidential nature. I further release the Village of Port Chester and its officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand this "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of the front page of the Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. Applicants are further advised that any statements made by them in connection with their application(s) for examination/employment are subject to investigation and verification, including a background investigation by the respective appointing authority.

SIGNATURE: _____

DATE: _____

We are an Equal Opportunity Employer. We do not discriminate on the basis of age, creed, color, sex, sexual orientation, national origin, marital status, disability, military status, domestic victim status, arrest record, conviction record and predisposing genetic characteristics.

OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____