



TOWN OF EAST HAMPTON  
 159 Pantigo Road  
 East Hampton, New York 11937



## EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to age, race, color, creed, religion, sex, nation origin, Veteran status, disability, marital status, or any other legally protected status pursuant to federal, state, and local laws. Please contact our Human Resources office if you are need of accommodation to complete this form.

(Please print or complete the form as a fillable PDF document)

Position:	Date of Application		
Last Name	First Name	Middle Initial	
<b>Address:</b>			
Street	City	State	Zip Code
<b>Phone Numbers:</b>			
Home	Work	Cell	

1. Are you under 18 years of age? Yes    No  
*(If you answered yes to question 1, you must provide proof of eligibility to work.)*
2. Are you currently employed? Yes    No
3. Have you previously been employed with the Town of East Hampton? Yes    No
4. Have you ever filed an application with us in the past? Yes    No
5. Are you related to anyone currently working for the Town of East Hampton? Yes    No
6. Are you prevented from lawfully being employed in this country because of Visa or Immigration status? Yes    No  
*(proof of citizenship or immigration status will be required for employment)*
7. Are you currently on "lay off" status or subject to recall? Yes    No
8. Can you travel if employment with us requires you to do so? Yes    No
9. On what date would you be available for work? Date:
10. Available to work:    Full Time    Part Time    Temporary    Weekends
11. Do you have a valid Driver's License?    State Issued    Number    Class
12. Have you been convicted of a felony or misdemeanor within the last 7 years? Yes    No  
*(If you answered Yes to Question 12, please explain)*  
*(conviction will not necessarily disqualify an applicant from employment)*

# EDUCATION

School Name/Location	Elementary School	High School	Undergraduate College/University	Graduate/Professional
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course Study				
Describe any specialized training apprenticeship, skills and extra-curricular activities				
Describe any honors you may have received				

13. Indicate any foreign languages you speak, read and or write

Language	Speak	Read	Write	Fluent	Good	Fair
Language	Speak	Read	Write	Fluent	Good	Fair
Language	Speak	Read	Write	Fluent	Good	Fair
Language	Speak	Read	Write	Fluent	Good	Fair

14. Do you have any job related training from any branch of the United States military (if you answered Yes to question 13 please describe the training received) Yes No

15. List any professional, trade, business, or civic activities and offices held.

# REFERENCES

Provide name, address and telephone number of three (3) references who **are not** related and **are not** previous employers.

Name	Address	Telephone Number
Name	Address	Telephone Number
Name	Address	Telephone Number

# **EMPLOYMENT EXPERIENCE**

Begin with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer	Address	Telephone Number
From            To	Job Title	Supervisor
Starting Hourly Salary	Final Hourly Salary	
Reason for Leaving		
Work Performed		
Employer	Address	Telephone Number
From            To	Job Title	Supervisor
Starting Hourly Salary	Final Hourly Salary	
Reason for Leaving		
Work Performed		
Employer	Address	Telephone Number
From            To	Job Title	Supervisor
Starting Hourly Salary	Final Hourly Salary	
Reason for Leaving		
Work Performed		
Employer	Address	Telephone Number
From            To	Job Title	Supervisor
Starting Hourly Salary	Final Hourly Salary	
Reason for Leaving		
Work Performed		

*(If you require additional space, please continue on a separate sheet of paper and attach it to this application)*

# **APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information or any other deception given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Applicant's Signature

Date

<b>FOR HUMAN RESOURCES USE ONLY BELOW THIS LINE</b>
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Interview Arranged?	Yes	No	Date of Interview	
Remarks:				
Interviewer(s)				
Employed?	Yes	No	Date Employed	Hourly Rate / Salary
Job Title			Department	
By			Date	

Additional Notes: