



Town of
Brookhaven
Long Island, New York

Application for Employment

Division of Personnel – Highway Department
1140 Old Town Road, Coram, NY 11727
Phone: (631) 451-9200 Fax: (631) 732-0592

PN-01 rev. 6/2018

PLEASE TYPE OR PRINT CLEARLY

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status

1. Date of Application

2. NAME:	LAST	FIRST	M.I.
3. ADDRESS:	NUMBER	STREET	APT. NUMBER

4. CITY	5. STATE	6. ZIP CODE
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7. TELEPHONE	7a. CELL PHONE	8. SOCIAL SECURITY NUMBER:	8a. EMAIL ADDRESS
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9. If employed and you are under 18, can you furnish working papers? Yes No

10. Are you a resident of The Town of Brookhaven? Yes No

11. Are you a citizen of the United States? Yes No
If not, are you legally eligible for employment in this country?
 Yes No (Proof of U.S. Citizenship or immigration status will be required upon employment)

12. Do you possess a valid New York State Driver's License? Yes No If yes, is it a CDL? Yes No

13. Have you ever been convicted of a felony, misdemeanor or violation other than a non-moving traffic violation?
 Yes No If Yes, please explain: _____

14. Position(s) applied for:

15. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	16. Date Available for Work:
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17. If part time, please specify days and hours available:

18. Are you able to perform the essential functions of the job you are applying for? Yes No

19. Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. If yes, give date:
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21. Position previously worked:	22. Department previously worked:
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23. EDUCATION

	NAME	COURSE/MAJOR	CIRCLE LAST YEAR COMPLETED
High School			9 10 11 12 GED? Y / N
College			1 2 3 4 Degree:
Graduate School			Degree Earned:
Technical School/Other			

24. PERSONAL/PROFESSIONAL REFERENCES (NOT RELATIVES)

NAME	ADDRESS	TELEPHONE

25. Do you have any relatives by blood, marriage or other legal process who currently work for The Town of Brookhaven or have worked for The Town of Brookhaven in the past, or are an elected official, a member of an appointed board, a Bingo Inspector or a member of the Board of Ethics?
 Yes No (If yes, please list their name(s) and their relation to you)

26. EMPLOYMENT EXPERIENCE
 Start with your present or last job. Include military service and volunteer activities.

DATES OF EMPLOYMENT: FROM: TO:	JOB TITLE:
EMPLOYER NAME AND ADDRESS:	
TELEPHONE NUMBER:	SALARY:
DUTIES PERFORMED:	
SUPERVISOR:	REASON FOR LEAVING:

DATES OF EMPLOYMENT: FROM: TO:	JOB TITLE:
EMPLOYER NAME AND ADDRESS:	
TELEPHONE NUMBER:	SALARY:
DUTIES PERFORMED:	
SUPERVISOR:	REASON FOR LEAVING:

DATES OF EMPLOYMENT: FROM: TO:	JOB TITLE:
EMPLOYER NAME AND ADDRESS:	
TELEPHONE NUMBER:	SALARY:
DUTIES PERFORMED:	
SUPERVISOR:	REASON FOR LEAVING:

27. Is additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work records? If yes, please explain:

28. Do you possess any special skills, training or certifications that make you qualified to perform the duties of the position for which you are applying? If yes, please explain:

29. Applicant's Statement:
 I certify that the answers and information given herein are true and accurate. I understand that if hired, false or misleading information provided herein or in an interview shall be grounds for disciplinary action up to and including termination. I further understand that I am required to abide by all rules and regulations of the Town. I authorize the Town to investigate all information I have provided herein as well as other relevant information as may be necessary in arriving at an employment decision. I hereby release from any liability whatsoever the Town and its representatives for seeking and obtaining any such information, as well as any person, corporation or organization, including but not limited to previous employers, for furnishing information to the Town. I understand this application is considered active for a period of time not to exceed one year, and should I wish to be considered for employment beyond this time period, I must submit a new application. Finally, I understand that my employment is for no definite period of time.

SIGNATURE:	DATE:
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