



# NORTH FORK SPECIAL SERVICE DISTRICT

## EMPLOYMENT APPLICATION

| APPLICANT INFORMATION                     |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Last Name                                 | First                        | M.I.                        | Date  |
| Street Address                            |                              | Apartment/Unit #            |   |
| City                                      | State                        | ZIP                         |   |
| Phone                                     | E-mail Address               |                             |   |
| Date Available                            |                              | Desired Salary              |   |
| Position Applied for                      |                              |                             |   |
| Are you a citizen of the United States?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you 18 years or older?                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |   |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |
| List hobbies & interests:                 |                              |                             |   |
|   |                              |                             |   |

| EDUCATION   |    |  |        |
|-------------|----|--|--------|
| High School |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES  |               |
|---|---------------|
| <i>Please list three professional references.</i> |               |
| Full Name   | Relationship  |
| Company   | Phone (     ) |
| Address   |               |
| Full Name   | Relationship  |
| Company   | Phone (     ) |
| Address   |               |
| Full Name   | Relationship  |
| Company   | Phone (     ) |
| Address   |               |

| <b>PREVIOUS EMPLOYMENT</b>  |                    |                    |  |
|---|--------------------|--------------------|--|
| Employer  |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Employer  |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Employer  |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

| <b>MILITARY SERVICE</b>          |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| <b>DRIVER RECORD</b>  |  |                               |  |
|---|--|-------------------------------|--|
| License #   | State  | Exp                           |  |
| Has your license ever been suspended or revoked?  | YES <input type="checkbox"/> NO <input type="checkbox"/> | Do you have any restrictions? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| List and describe all motor vehicle accidents you have been involved in the last 5 years: |  |                               |  |
|   |  |                               |  |
|   |  |                               |  |

**AVAILABILITY**

Describe in detail your availability (such as other conflicting work schedules, hours you are available per week/days , other)

**CERTIFICATIONS/SKILLS**

List all state and national certifications:

List any additional skills that may be pertinent to this position:

**DISCLAIMER AND SIGNATURE**

I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the North Fork Special Service District, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that if offered a position, I must submit to and pass a drug screen and may be required to submit to and pass a background investigation, and a physical ability test.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations. By signing this form I hereby acknowledge I have read and understood the above statements

Signature

Date

Print Name