



TOWN OF SMITHTOWN

Personnel Department
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APPLICATION FOR PART-TIME EMPLOYMENT

<u>POSITION APPLYING FOR:</u>	<u>DEPARTMENT:</u>
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LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	TOWN	ZIP CODE
DAYTIME PHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO
(PROOF OF ELIGIBILITY WILL BE REQUIRED PRIOR TO COMMENCEMENT OF EMPLOYMENT)

HAVE YOU PREVIOUSLY WORKED FOR THE TOWN OF SMITHTOWN? YES NO

IF YES, PLEASE LIST DATES:

HAVE YOU GRADUATED FROM SENIOR HIGH SCHOOL? YES NO

IF YES, COMPLETE NAME AND LOCATION OF SCHOOL:

IF YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA, INDICATE ISSUING AUTHORITY:

DAYS AVAILABLE TO WORK: _____

HOURS AVAILABLE TO WORK: _____

COMPUTER EXPERIENCE: WINDOWS EXCEL OUTLOOK OTHER

ADDITIONAL CLERICAL SKILLS:

NAME AND ADDRESS OF FIRM:

TYPE OF BUSINESS:

YOUR EXACT TITLE:

HOURS WORKED PER WEEK:

DUTIES:

LENGTH OF EMPLOYMENT:

FROM:

TO:

NAME AND ADDRESS OF FIRM:

TYPE OF BUSINESS:

YOUR EXACT TITLE:

HOURS WORKED PER WEEK:

DUTIES:

LENGTH OF EMPLOYMENT:

FROM:

TO:

DO YOU NEED SPECIAL ACCOMMODATIONS TO PERFORM THE DUTIES OF THIS POSITION? YES NO

IF YES, PLEASE DESCRIBE THE TYPE OF ASSISTANCE YOU REQUIRE.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (FELONY OR MISDEMEANOR)? YES NO

HAVE YOU EVER FORFEITED BAIL BOND POSTED TO GUARANTEE YOUR APPEARANCE IN COURT ANSWER TO ANY CRIMINAL CHARGE? YES NO

WERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS? YES NO

DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL? YES NO

DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES WHICH WAS ISSUED UNDER OTHER THAN HONORABLE CIRCUMSTANCES? YES NO

IF YOU ANSWERED YES TO ANY PART OF THIS SECTION YOU MUST GIVE SPECIFICS BELOW:

I DECLARE, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS MADE IN THIS APPLICATION (INCLUDING STATEMENTS MADE IN ANY ACCOMPANYING PAPERS) HAVE BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE AND CORRECT. I FURTHER REQUEST AND AUTHORIZE ANY FORMER OR PRESENT EMPLOYER, MILITARY RECORDS CENTER, POLICE, PAROLE AND PROBATION AGENCIES AND FORMER SCHOOL TO PROVIDE TO THE TOWN OF SMITHTOWN ANY AND ALL INFORMATION INCLUDING, BUT NOT LIMITED TO, INFORMATION AS TO MY CHARACTER, HABITS, WORK ABILITY AND/OR EDUCATION. IN CONSIDERATION OF COMPLIANCE WITH THIS REQUEST, I HEREBY RELEASE AND DISCHARGE SAID INSTITUTIONS FROM ANY CLAIMS, LIABILITIES OR DAMAGES.

SIGNATURE OF APPLICANT

DATE

STATE FORMER NAME(S) BY WHICH YOU HAVE BEEN KNOWN:

THE TOWN OF SMITHTOWN DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE, REED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, AGE, MARITAL STATUS OR SEXUAL PREFERENCE.