

# TOWN OF HUNTINGTON EMPLOYMENT APPLICATION

Date \_\_\_\_\_

*Please print legibly*

Name \_\_\_\_\_  
*Last* *First* *M.*

Street Address \_\_\_\_\_  
*Street* *Town* *State* *Zip*

Mailing Address \_\_\_\_\_  
(if different than above) *Street* *Town* *State* *Zip*

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Position(s) Applied For

(1) \_\_\_\_\_ Department \_\_\_\_\_

(2) \_\_\_\_\_ Department \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

Are you eligible to work in the U.S.? \_\_\_\_\_ *(Proof of eligibility will be required prior to commencement of employment)*

Are you licensed to operate a Motor Vehicle? \_\_\_\_\_ Class \_\_\_\_\_

License # \_\_\_\_\_ Is your license currently valid? \_\_\_\_\_

Licenses/Certificates: Do you have any licenses, Certificates other authorizations to practice a trade or profession?

\_\_\_\_\_  
Name of Trade or Profession License # Issued By City/State

Have you ever been convicted of a crime? \_\_\_\_\_

If yes, identify \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**  
**APPLICATION MUST BE FULLY COMPLETED TO BE CONSIDERED**

**EMPLOYMENT HISTORY** (*Beginning with most recent. If more space is necessary, attach additional sheet*)

\_\_\_\_\_  
Firm Name Address Dates (From) (To)

\_\_\_\_\_  
Position Reason for Leaving

\_\_\_\_\_  
Firm Name Address Dates (From) (To)

\_\_\_\_\_  
Position Reason for Leaving

HAVE YOU PREVIOUSLY WORKED FOR THE TOWN OF HUNTINGTON? \_\_\_\_NO \_\_\_\_YES WHEN? \_\_\_\_\_

**EDUCATION**

Schools Attended	Name & Address	Major Subject	Last Grade Completed	Degree Obtained
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High School \_\_\_\_\_

College \_\_\_\_\_

Graduate \_\_\_\_\_

Other Training or Education \_\_\_\_\_

**REFERENCES** (*No Family Members*)

1.Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

2.Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Applicant's Declaration:**

*I declare, subject to penalties of perjury, that the statements made in this application (including statements made in accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

RETURN COMPLETED APPLICATION AND APPLICANT DATA FORM TO: *Town of Huntington, Personnel Office, 100 Main Street, Huntington, NY 11743*

**THE TOWN OF HUNTINGTON IS AN EQUAL OPPORTUNITY EMPLOYER**

## APPLICANT DATA INFORMATION

*Pursuant to federal regulations, the Town of Huntington collects responses to the questions below for record keeping purposes. The form will be detached from your application and will be kept separate and confidential. Providing this information is voluntary.*

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***Check the box for the racial or ethnic group with which you identify:***

- White*
- Black*
- Hispanic*
- Asian or Pacific Islander*
- American Indian or Alaskan Native*

***Check the appropriate box:***

- Female*
- Male*

***Please indicate your date of birth*** \_\_\_\_/\_\_\_\_/\_\_\_\_

***Please indicate the position you have applied for:***

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